

West Sussex Care Homes Wellbeing Project - Relatives and Carers

Zoom Webinar held on Wednesday, 27 January 2021 from 5:00 to 6:00 pm on

‘COVID-19 Vaccination Roll out programme in Care Homes - progress so far’

Background

- Sussex wide collaboration between Sussex Partnership NHS Foundation Trust, Carers Support Organisations and Healthwatch.
- Part of the Sussex Care Home Wellbeing Project led by Dr Padma Dalby.
- The project running to the end of March to support Care Home Communities in the context of the Covid-19 pandemic.
- Working with staff but are concerned with the wellbeing of the whole community - staff, residents and their families.

Panel

Dr Padma Dalby, Consultant Clinical Psychologist (SPFT)

Rebecca Matthews substituted for Dr Mathew Thomas, East Sussex Clinical Commissioning Group (CCG) Care Home GP Support - due to technical difficult

Sonia Manyan, CEO, Carer Support West Sussex

Dame Phillipa Russell, Carer and Vice Chair Carers UK

Rosemary Pavoni, Chair of West Sussex Partners in Care

Lee Jenner, for West Sussex County Council Care Homes Place Based lead

In attendance

Zoe Fry - Owner of Valerie Manor Care Home in West Sussex

Pam Thomson - Carers Support West Sussex

Cheryl Berry - Healthwatch West Sussex

Emma Radley - West Sussex County Council, Adult Social Care

Liz Mackie - Healthwatch East Sussex, Project Lead

Event Facilitator

Katrina Broadhill (KB)

Healthwatch West Sussex

Care Homes Wellbeing Project Team

Dr Padma Dalby (PD) Consultant Clinical Psychologist

Deborah Becker (DB) Care Homes Wellbeing Project

1 Introduction to the Webinar

Katrina Broadhill welcomed attendees to the webinar. She stated that the webinar would be in two parts. The first would run from 5-6pm and would be recorded and notes would be taken. Katrina invited participants to use the chat and raise their hands for questions. The second part would be run by Dr Dalby (Padma) from 6pm and would not be attended by the Health and Care partners, recorded, or have notes taken. She said that Padma would offer safe environment opportunities to explore questions and for supportive conversation.

Padma introduced herself as a Consultant Clinical Psychologist who specialises in working with older people. Padma and Deborah Becker are running the Care Homes Wellbeing Project to think about the wellbeing and mental health needs of care home communities during the pandemic. This includes staff, residents, and the family and friends of residents. This service is aimed at education, small group support, and signposting for care home communities. The Project became involved with Healthwatch in the initial webinar in November. It acknowledges the importance of family carers having clear information about what's going on with Covid, staying connected, and communicating with the whole care home community. The Care Homes Wellbeing Project is working with Healthwatch and carers' organisations across Sussex to facilitate these monthly webinars. This webinar will focus on vaccination.

2 Setting the scene

Katrina noted that Dr Matthew Thomas had been scheduled to present this section of the webinar, but that he appeared to have been held up. Katrina invited Rebecca Matthews from West Sussex Clinical Commissioning Group to present the section, noting that she had not seen the presentation before and could give limited clinical information. Rebecca agreed to give an overview of the Vaccine Programme in West Sussex. Katrina noted that a recording giving an overview of how the vaccines work could be shared with attendees. (We have included in these notes the East Sussex Webinar so people can see the presentation given by Dr Thomas.)

Rebecca noted that although the vaccine had been developed quickly, it was safe. The Joint Committee on Vaccination and Immunisation have set out the key groups of the population and prioritised for vaccination those most at risk of having serious

consequences from Covid. The first group is residents in care homes for older adults and their carers. Next is those over 80 years of age, and frontline health and social care workers. By mid-February, all those in the top four priority groups should have received the first dose of their Covid vaccination. Katrina noted that only care home carers were included in the first group. Family carers will be vaccinated along with those under 60 years old.

Rebecca stated that there are a number of routes for priority groups to be vaccinated in Sussex. There are hubs at the main hospital sites, including Conquest Hospital, Brighton Sussex University Hospital, Worthing Hospital, and St Richard's Hospital. Health and social care staff are currently being invited into these sites. Primary Care Networks, which are groups of GP practices, have set up local vaccination sites. A mass vaccination site has also opened at the Brighton Centre. There was a push in West Sussex to get all people in care homes vaccinated by last weekend. This was broadly achieved, with 90% of homes in Sussex, and 94% in West Sussex having been visited by someone providing vaccinations. They won't have vaccinated everyone, as it is clinical advice to wait 28 days after a positive Covid test before receiving the vaccine. 50 homes across Sussex were not visited as they had a large Covid outbreak. Mop-up visits are planned for the future to ensure that all residents are vaccinated.

Rebecca noted that it was initially going to be 3 weeks before patients received their second vaccine dose. The clinical advice has changed, and patients will now wait 12 weeks. They will still receive good immunity. The second dose will be of the same vaccine and will be given in the same place. She confirmed that patients did not currently have a choice about which vaccine to take.

Katrina queried how soon after vaccination visiting could resume to care homes. Rebecca stated that this was being kept under review. Those who have received a vaccine are immune, but can still pass on Covid. Katrina noted that the first dose alone also did not provide total immunity.

Rosemary Pavoni shared her experience of the vaccine programme. She noted that it was seamless and run professionally by the local Primary Care Network (PCN). Rosemary and all her staff have all received their first dose. The residents of the care home were vaccinated with the AstraZeneca vaccine around 2.5 weeks ago. There will be a mop-up in future for new residents and new staff. Rosemary noted that she was aware that some staff at other care homes had had to queue to receive their vaccines. Around 95% of Rosemary's care homes have received vaccines. Zoe Fry noted that she was also very impressed with the PCN's vaccine distribution. She had had to lobby to get the vaccine delivered onsite, as homes with 50 beds or above were initially prioritised. Katrina noted that this was because the Pfizer vaccine was split into batches of 75. This is no longer an issue due to the distribution of the AstraZeneca vaccine. The Pfizer vaccine also needs to be stored at a low temperature, which is why staff were vaccinated before residents. Zoe stated that some local GPs were not

providing the vaccine, and smaller, independent care homes had struggled if their GPs were not in the catchment area.

Zoe noted that visiting residents was, at present, not to do with the vaccine. The guidance around visits has changed since March. Care homes can currently facilitate visits if they are at a window, in a visitor's pod, or if there's a Perspex screen. If more than one member of staff or resident tests positive, no visiting is allowed except in exceptional circumstances. Zoe stated that it would be a long time before open visiting could resume.

Katrina noted that vaccination was now moving from older care homes to other care homes that specialise in supporting younger adults. Zoe noted that, where there was an outbreak, visiting would only be allowed to resume 28 days from the date of the last positive test.

(Dr Thomas's presentation can be viewed in ([Appendix 1](#) and [Link to the recording of the East Sussex webinar](#)))

3 Your views and questions

Katrina put forward a question from an attendee: 'My mother has Alzheimer's and has had a stroke so window or online visits are inappropriate for her. Can we insist on a resumption of screened visits?'

Rosemary clarified that not every care home would have the facilities to enable this. It is down to the individual care home provider to risk assess and see what's appropriate. Relatives cannot insist on a screened visit if the care home doesn't have one. This will depend on the layout of the care home. Katrina suggested that the relevant paragraphs of the guidance could be sent to attendees. Rosemary noted that this differed between local authorities. Zoe agreed and stated that it could be confusing for care home managers, who are erring on the side of caution. Zoe suggested that relatives talk to the managers. Each visit must be risk assessed, and Lateral Flow Device (LFD Testing) and Personal Protective Equipment (PPE) could be used to enable visits. Lee Jenner noted that the local authority is referring to the national guidance where possible.

Katrina asked whether care homes in the area were taking new residents at the moment. Lee confirmed that many are. It is dependent on the care home manager, and if they have an outbreak. If there is an outbreak, new patients cannot be accepted for 28 days. Placement teams are working with the homes taking new patients.

Sonia Magan noted that relatives with concerns should first speak to the care home manager, but could also contact Public Health via email. Katrina asked whether the carers of people in care homes should be given priority for vaccination. Sonia stated that family and friend carers are in vaccination Priority Group 6. However, one-third of these carers will be picked up in Groups 1-4. Carer Support West Sussex has 29,000 carers registered. After mid-February, 18,000 carers still won't be vaccinated. Sonia

noted that carers should keep an eye on the Sussex Vaccination programme. People will be contacted by the NHS when it is their turn to be vaccinated. She is working with the NHS to see if there are other ways carers can be identified.

Katrina noted that the target for getting through Groups 1-4 remains at mid-February and stated she would distribute the link to the [Sussex Health and Care Partnership Vaccination Web-page](#) which has the latest vaccination information.

Katrina queried whether relatives could ask the home to test key visitors on a regular basis to support the resumption of visiting. Zoe clarified that although the government said that all care homes had access to the LFDs, there had been a delay in receiving them. There will be a supply of LFDs for people to use for essential visits. Staff are also being tested twice a week. Rosemary agreed, noting that visits are currently only for end of life. It is something to consider moving forward. Care home staff now have permission to take the LFDs home and test themselves before they go into work. The results take half an hour to come through. There are concerns around the LFDs, as they can produce false negatives. Zoe stated she would send Katrina a link with videos explaining the LFDs. (Here is the link to the [video](#) ¹)

Katrina stated that attendees should raise any transport issues to attend their vaccination when making the appointment. If the NHS cannot help, those in the voluntary and charitable sector, including Healthwatch, can assist.

Liz Mackie queried whether Carer Support were hearing from families in other care settings around the vaccine rollout. Pam Thomson confirmed that it had been a big concern for parent carers. Not being able to visit has put a long-term emotional strain on families.

Attendee queried who relatives could contact. He has been unable to visit his sister in [name given] Home, and had asked whether he can visit once he's been vaccinated as his sister has already received her vaccination. The home has said no, due to the mutations. Katrina noted that it was challenging for care homes, who have to deal with insurers and differing guidance. Katrina offered to ensure that the elements of the guidance around safe visiting be made clear. If the home offers screening, that should be looked at. Dynamic risk assessments should be used to keep the assessment active as the situation changes.

Rosemary noted that care homes are very fearful of Covid coming in, especially with the new mutation. It is hard to balance the responsibility of allowing relatives to see their loved ones with keeping staff and residents safe. Zoe stated that she has established a relatives' group with regular Zoom meetings, and that they talk through the risks and make the visiting policy together. Zoe invited any attendees to observe

¹ https://www.youtube.com/watch?v=f_10MTytQZI&feature=youtu.be&wp-linkindex=10&utm_campaign=Coronavirus_social_care_update_24.12.20&utm_content=dhsc-mail.co.uk&utm_medium=email&utm_source=Department_of_Health_and_Social_Care

one of these meetings. Zoe stated that some care home managers were very scared and noted that she and RP are happy to assist any care home managers with their decision making.

Attendee expressed his feeling that the staff at his sister's care home were paranoid. The visits are non-invasive into the home, requiring him to enter round a side door in full PPE, and go only 2.5 feet into the home. He questioned whether care homes will continue to react this strongly to the yearly flu virus. It was queried what could be done about mental health issues when someone has a learning disability, and how relatives could work with the home to counteract feelings of abandonment. Katrina noted that this would be explored in the second part of the session. Support organisations are working on what can be learned from this crisis. Katrina noted there would be a lot of mental health needs for all generations once the crisis has ended.

In wrapping up Katrina confirmed that a short report and recording would be made available. Katrina stated that they would also be looking for feedback on the webinar and urged attendees to provide this where possible.

Katrina thanked the Health and Care colleagues, Rosemary, and Zoe for joining the meeting, and ended the first part of the session.

Part two of the programme was for carers only and was facilitated by Dr Padma Dalby, Deborah Becker and Sonia and Pam from Carers Support West Sussex. This was a confidential forum to discuss wellbeing and support needs.

A list of Advanced Questions can be viewed, together with their responses in Appendix 2

Conclusion

Vaccination brings hope but it doesn't solve the problem as soon as you receive it!

Keys themes emerged from discussions in Part One:

- Pleased the vaccination roll out in Care Homes is going well and on track.
- Disappointed carers cannot be vaccinated within the same time frame of their relative, cared for person.
- Unpaid carers have to wait until Priority Group 6 to be vaccinated - causing lots of distress.
- Welcome more communications/updates for relatives/carers.
- Include FAQ's for Relatives and Carers in local updates.
- Concerns around people living in sheltered accommodation, supported living etc getting the vaccine and wider care settings.
- Uncertainty around when visiting will resume? This will be picked up in the Next Webinar:

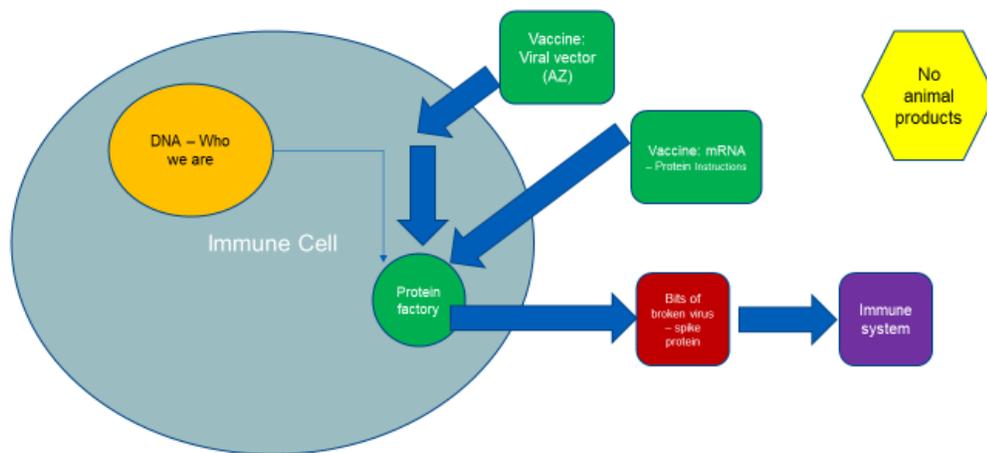
Tuesday 23 February 3 - 3.45pm (Closed session 3.45 - 4.30pm)

(Appendix 1)

Covid19 Vaccination Roll Out in Care Homes.

Dr Mathew Thomas (GP and East Sussex Clinical Lead) -
Jan 2021

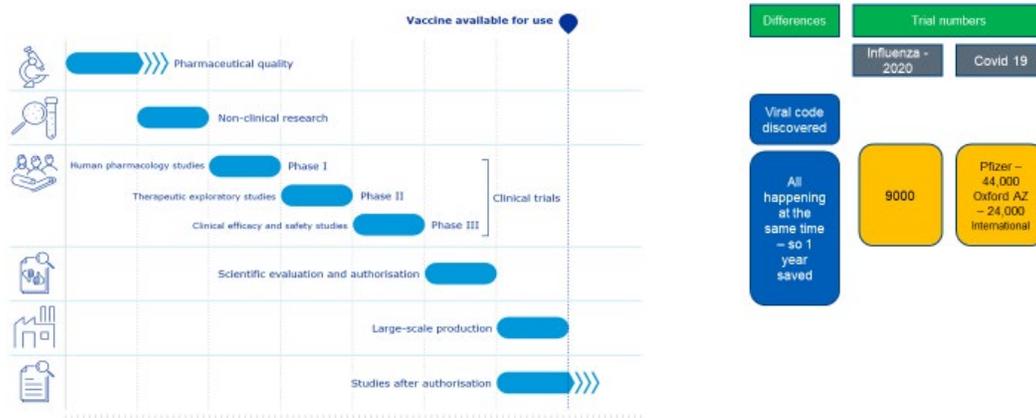
How do the Pfizer and AZ vaccines work? Do they change me?



Working Together

West Sussex CCG ♦ Brighton and Hove CCG ♦ East Sussex CCG

Speed of vaccine development and safety.



Working Together

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The priority groups – Joint Committee on Vaccination and Immunisation (JCVI) 6th Jan 21.

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals^[footnote 1]
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19. The next phases relate to Policy decisions eg Police, Public Transport etc.

- Implementation should also involve flexibility in vaccine deployment at a local level with due attention to:
 - vaccine product storage, transport and administration constraints
 - availability of suitable approved vaccines, for example for specific age cohorts

How Homes with outbreaks are being managed – assessment by the vaccinating team.

- 1. **Known or possible cases of COVID-19 infection in the care home**
 - total number of cases/suspected cases,
 - whether the outbreak is emerging or resolving,
 - the ability of the home to adequately isolate cases or care for them in larger cohorts.
 - This information will be available from the home, DPH and/or PHE Health Protection Team and via the Adult Social Care dashboard
 - If there is a low number of cases and/or cases are well isolated from the wider population in the care home, then prompt vaccination of unaffected or recovered staff and residents should be planned.
- 2. **The built environment and its adaptability for COVID vaccination**
 - Working with the care home manager or nominated deputy, an assessment of the care home should be undertaken.
 - use of space and movement of staff and residents. For example, does the immunisation team need to access all areas of the care home, or can they confine their activity to a specific area, ideally accessed using alternative routes from main thoroughfares? Can they establish an immunisation station(s) to which residents can be brought for vaccination? Can this be safely achieved without residents and staff transiting through affected areas of the home?
- 3. **Infection prevention and control (IPC)**
 - Home testing, Vaccination team testing, PPE etc
- 4. **Pre-assessment**
 - Capacity, LPA, Families.

The next phase – second doses and beyond.

- Second dose roll out - uncertain how this will be rolled out at present but current guidance:
 - should be the same vaccine and at the same site as the first.
 - Should be in the twelfth week after first vaccination.
- What changes and when?
 - How soon is the person immune? Some protection after 14 days of first vaccination and best protection 7 days after second vaccine.
 - How soon after vaccination can visiting resume? We are not sure yet. It depends on local infection rates, how many are vaccinated, how many respond and by how much and transmission rates. The Government advisors are monitoring infection rates.
- Do I have a choice of vaccine? – No. This is the optimal delivery model for the supply available. The only reason for another vaccine is significant allergic response to a previous Covid19 vaccine or component of it.

Appendix 2 - Care Homes Wellbeing Project Relatives and Carers

Vaccination Roll out in Care Homes/settings - Advanced Questions

1. I'm an unpaid key parent care worker and an important part of my sons care and support plan.

I provide important continuity of care for him to maintain his positive wellbeing and physical health.

My son needs and wants me and his regular contact routines without which he would suffer extreme emotional, physical and psychological damage.

I see him more often than some of the carers at his care home do. He lives in a single person self-contained flat within a residential care home for adults with autism and learning disabilities and has shared staff.

Carers at his residential care home are getting vaccinated and I'm hoping my son will be vaccinated soon as he is extremely vulnerable.

This is important for my sons and my wellbeing.

I've been told that I'm not eligible to get vaccinated because I don't get carers allowance or a carers payslip.

Would a supporting letter from the health and social care managers help and if so to whom should it be addressed and what would the content have to be?

Response: Unpaid carers are included in Priority 6 (Priority 1 - 4 completed by 15th February). Please refer to the published guidance.



Pan Sussex Holding
statement Carers ar

2. I have a question about my Son. He has an Inborn Error of Metabolism and is a brittle Epileptic as they say. He has an invite to have a Covid19 vaccinations at St Thomas's in London. We live in Brighton. He is shielding and we do not go on public transport, can we transfer this appt to the Racecourse vaccination centre to avoid any risk of travelling. Many thanks,

Response: This is a clinical decision. The hospital should speak to the patients GP. Possibly eligible for roving GP vaccination service, again check with GP.

3. Will second vaccinations for the top 4 priority groups be prioritised before any shift to vaccinating anyone in priority group 5?

Response: No, the aim is still to vaccinate as many people with the first dose in line with national directive i.e. within the 12 weeks.

- 3a Clarity needed to determine the likelihood of anyone in priority group 5 being vaccinated before priority groups 1-4 receive their first and second vaccinations. Potential impacts on public opinion, as well as implications on system capacity and timeframes.

Response: Due to the nature of where and how people receive their first vaccination, it is not possible to prioritise at this level of detail. Some patients receive this via their GP practice, via the hospital hub, the Brighton Centre and via the housebound service. You will receive a vaccine in line with unpaid carers status in line with national guidance.

Thanks for your quick response. Dad (in a care home) has had his vaccination thankfully. Mum is 68. I thought you could register if you had a relative in a care home, that's how I read it?

Response: You will be called in by your GP or via the national appointment service to book in your vaccination. You cannot register unless you have had an invitation. No however unpaid carers are eligible under category Priority Group 6 see guidance. (link)

4. Will care home family carers come under Category 6 to receive their vaccine - given they aren't providing the regular care?

Response: Yes, please see the guidance here: [add link]

5. I am a Trustee for ASD. A group of very vulnerable people, in 5 houses across East Sussex, (plus one in Kent) who slip through the net, because they are not in a registered care home and the CCG don't seem to understand extra/ sheltered care housing!
Our Ops manager is trying to get them on the care home lists but is not getting any reply for the CCG. The help of Healthwatch would be greatly appreciated, if possible.

Response: Supported housing, extra care and supporting living workers, including on site ancillary are eligible to receive the vaccination and will have already received the booking details from the Local Authority.

6. When can families expect care home visiting to open up after the vaccines? What needs to happen to enable this?

Response: This was covered in the main Q & A as a generic response, however individual care settings will be responsible for undertaking their own risk assessments.

7. What happens when the second dose is due - how will that be delivered?

Response: This was covered in the main Q & A session.

8. What about mental capacity and all this will entail?

Response: This discussion was covered in the main Q & A Session.

Answering your questions

- [Care homes FAQs](#)
- [General vaccine FAQs](#)

If you have a question about the Sussex COVID-19 vaccination programme, which is not answered in our FAQ document, please do let us know using the dedicated mailbox Sxccg.vaccineenquiries@nhs.net