

	<b><u>Agenda Item: 11</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>24 November 2020</b>
<b>TITLE:</b>	<b>HEALTH AND WELLBEING FORUM UPDATES</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>John Williams</b>

<b>Report Type:</b>	<b>Presentation</b>
---------------------	---------------------

<b>1. Purpose:</b>
1.1 To provide the HWBB with an update on the impact of covid 19 on vulnerable groups and the response by Birmingham city council and partners.

<b>2. Implications:</b>		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	Y
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		

<b>3. Recommendation</b>
3.1 To note the contents of the report
3.2 To update the Health and Wellbeing Board on the impact of Covid 19 on vulnerable groups and the response by Birmingham City Council and partners
3.3 To seek the support and engagement of the Board and its members in improving support available to vulnerable adults

## **4. Report Body**

### **4.1 Background**

The report draws together the growing evidence of the disproportionate impact of Covid-19 on diverse and vulnerable service users and citizens across Birmingham and the response to the pandemic by Birmingham City Council and partners. The response has enabled important continuity of support and routine to be maintained for vulnerable service users, whilst also providing channels of communication between carers, providers and social care staff whereby wellbeing and safeguarding issues can be addressed and escalated.

In March 2020, system partners responded to the pandemic by implementing measures aimed to protect citizens and shield the most vulnerable, based on national evidence and guidance. Resources and capacity were re-deployed to focus on saving lives, protecting the NHS and controlling the spread of the virus.

- Non-Essential services were closed – this included Day Centres, respite services, education settings.
- NHS services were re-prioritised to provide essential and critical services only
- Care, nursing and residential homes were closed to external visitors including family and non-essential staff.
- Individuals at high risk were shielded and support packages arranged to ensure their needs were met.
- Community / voluntary support was rallied around vulnerable citizens.

The unintended consequences of these measures have had a disproportionate impact on people with mild to moderate learning disabilities, carers, older people and people with mental health needs, that pre-covid were living independent lives with minimal support and intervention from statutory services. It has also highlighted gaps in systems and processes intended to protect and safeguard individuals whilst shining a light on good practice.

### **4.2 Introduction**

#### **4.2.1 LeDeR**

Nationally, the LeDeR programme has reported that 43 per cent of deaths of people with learning disabilities were attributed to Covid-19 between 16 March to 5 June 2020. In the same period, 24 per cent of deaths in the general population were Covid-19 related.

LeDeR reviewed deaths attributed to Covid-19 of 50 people with learning disabilities. Over half (56%) of the 50 reviews were of people from the Midlands, 20 of which were from the BSOL area, 38% from London and a small proportion from the North West. All the deaths occurred between 19th March and 19th May 2020.

- Of the 50 deaths in question, 60% were of males and 40% of females. This is similar to the overall deaths reported to LeDeR in 2019 (58% males, 42% females). Office for National Statistics (ONS) data for the general population of

England and Wales reports mortality from COVID19 of 55% males and 45% females.

- The majority of the people with learning disabilities (70%, n=35) were aged 50-74 years (the comparative figure for deaths reported to LeDeR in 2019 was 61%). By contrast, (ONS) data for the general population of England and Wales reports that 47% of deaths were in people aged 85 years and over.
- People from Black, Asian or Minority Ethnic Groups (BAME) are disproportionately represented in the sample of people with learning disabilities: 60% are white British and 40% from BAME groups. The overall proportion of deaths notified to LeDeR in 2019 was 90% white British and 10% from BAME groups.
- A small number (10%) of the completed reviews did not report the level of a person's disabilities. 36% had mild learning disabilities; 28% had moderate learning disabilities; and 26% severe disabilities. There are no deaths of people with profound/multiple learning disabilities included in the 50 completed reviews although these accounted for 10% of deaths notified to the LeDeR programme overall in 2019.
- Of the 50 people in the sample of 50 deaths, 15 had Down's syndrome.
- Multimorbidity (the presence of two or more long-term health conditions) is common in people with learning disabilities and almost all of the sample of 50 completed reviews had two or more long term conditions; all had at least one long-term condition.

The review concluded that:

- Mobility impairments and/or mental health needs may be proxy indicators of people at risk of catching the virus, or may underpin prejudicial attitudes towards care, treatment and judgements about ceilings of care.
- It would seem appropriate to consider people with learning disabilities and epilepsy as being at increased risk of death from the virus and pay attention to protecting them.
- The key symptoms of COVID19 in the general population (fever, new continuous cough, loss of sense of smell or taste) may not be as apparent in people with learning disabilities.

The LeDeR multi agency panel highlighted four key areas of consideration:

- There were indications of an ongoing failure to robustly apply the Mental Capacity Act in several cases with DNACPR not always completed in detail or with full involvement of relevant others.
- Where annual health checks were being carried out, these did not always appear to be robust or comprehensive, with some variability in standards apparent.
- The use of hospital passports and advance care planning was inconsistent and the need to build commissioner oversight of both as part of basic quality assurance checks.

#### **4.2.2 Autism**

The coronavirus pandemic has had a disproportionate and devastating impact on the mental health, wellbeing and education prospects of hundreds of thousands of autistic people and their families, according to a new National Autistic Society report. Many autistic children, adults and their families have been left stranded, often without the support or information they need to get by.

A new National Autistic Society report (September 2020) surveyed 4,232 autistic people and families in the UK during June and July and their responses show that coronavirus and the lockdown deepened well established existing inequalities. The disruption, uncertainty and pace of change triggered huge levels of anxiety and for some was made worse by the withdrawal of support from social care, education and mental health services.

- Nine in 10 autistic people worried about their mental health during lockdown; 85% said their anxiety levels got worse
- Autistic people were 7 times more likely to be chronically lonely than the general population\*; and 6 times more likely to have low life satisfaction\*\* (comparisons using ONS data)
- 1 in 5 family members responding to the survey had to reduce work due to caring responsibilities
- If you're autistic, small changes and unexpected events can trigger intense anxiety. Therefore, the disruption and pace of change during the coronavirus outbreak has been incredibly hard.

#### **4.3 Covid 19 BCC and Partner Response**

##### **4.3.1 Safeguarding**

System partners are cognisant of the need to improve quality and ensure that robust processes are in place to safeguard vulnerable adults in the midst of a 2nd wave of Covid-19. The Birmingham Integrated commissioning Partnership (BICP) formerly the Birmingham Older Peoples Partnership (BOPP) have established a thematic group to co-ordinate quality assurance and agreed standards across all care home settings. This work is progressing at pace. To make every contact count, Safe and well checks are prioritised, and robust processes are in place to raise and alert statutory agencies of safeguarding concerns. In addition, Primary care Networks are supporting GP practices to drive up the quality of health checks. There has been evidence of positive practice and the Joint learning disabilities commissioning team will be reviewing the impact of the BCHC Health facilitation teams to support citizens in hospital during the crisis and will make recommendations to inform future commissioning intentions.

Helping citizens to retain their independence whilst addressing the impact of isolation on mental and physical wellbeing has been reflected in our plans for community resilience and wellbeing. Plans have been implemented and are reviewed regularly to re-focus city wide 3rd sector contracts, neighbourhood network activity and community prevention services to working in a more agile way in line with the best interests of the citizen; for example live online coffee mornings, telephone support, peer -peer activities, well-being packs, financial advice, digital safety and befriending services are amongst services offered. In addition, day opportunities services have changed their centre-based offer to citizens and now offer socially distanced home

visits, provision of meals, shopping, on-line activities and classes in addition to safe and well checks.

#### **4.3.2 Day Opportunities**

Day Opportunities services benefit approximately 1600 citizen, over 65% of whom have a primary care need listed as a learning disability and/or autism.

In March 2020, day centres were closed in response to the Covid-19 outbreak and in line with government / public health guidelines on the closure of non-essential service provision, social distancing and shielding.

Evidence emerged of the profound impact of Covid-19 on high risk citizens that are representative of the service users of day opportunity services. This evidence paints a worrying picture of the risk to both service users as well as their carers' from accessing centre-based services in closed environments. Individual risk to the service user due to their disability and co-morbidities is further compounded by risks associated with travel and transport to day centres alongside the challenge of social distancing within some of the buildings from which services are delivered.

Day Opportunity service providers have risen to the challenge and have been creative in their responses. They have offered a range of alternative and creative therapeutic, educational outreach services. These have included the provision of phone and online services, supply of meals, safe and well checks, home visits, support to carers, assistance with medical appointments and shopping deliveries.

The breadth of online services has included providing fitness videos, virtual dance sessions, on-line karaoke, Zoom chats, newsletters and closed Face Book groups. Distance Learning Packs have proved extremely popular with many themed around calendar celebrations such as Easter, VE day and Ramadan. Gardening has been a prominent feature in the activity reporting and pictures and stories of citizen accomplishments have been shared with great enjoyment.

The flexible response of day opportunity providers during Covid-19 has enabled providers to maintain contact with vulnerable citizens and their carers in their homes. They have adapted pre-existing routines to minimise the level of disruption and isolation for each citizen through tailored activities and maintained regular communication with escalation channels to BCC staff where additional support is required or wellbeing / safeguarding concerns are identified.

##### **4.3.2.1 Impact of day centre closure on citizens and their families:**

In July Commissioning officers had conversations with 30 citizens and carers to hear how the closure of day centres was impacting on them and their views about the outreach support

Most notably, lockdown restrictions have impacted on social interaction and routine, physical and mental well-being. Respondents reported the lack of physical exercise, limited stimulation, breakdown of routines, increase in aggressive and destructive behaviours, self-harming behaviours and increasingly poor mental health. There was also the impact on carers of fatigue, stress, reduced sleep time, balancing work and caring.

Comments from the most recent external providers monitoring report (September) include:

*“Carers have commented that without this service clients have found challenges with their mental health and physical Wellbeing. On days they receive no visits, clients become withdrawn and have no motivation to do anything.”*

*“Not having a reopening date. Carers are getting increasingly stressed. One carer had to take redundancy from employment.”*

*“Struggling with having no date to come back. Some families trying to work at jobs and support, no normal routine. Increased challenging behaviours with wanting to come back to the service. “Clients continue to deteriorate both physically and cognitively”*

As there is a move towards a phased reopening of day centres there will be a need to factor in:

- The impact of transitioning back into service – adults with limited capacity to understand and retain information will need support to understand new and changed routines before they can safely return to day care.
- Reduced capacity impacting on established friendship groups – adults may not be able to safely be part of previous social groups.
- Use of PPE – adults who cannot/will not wear masks and those who will need constant prompting and supervision around social distancing and hand washing.
- Potential further lockdown – routines faced significant, unplanned disruption in March when lockdown was enforced. If a new day care routine is then disrupted again by increased restrictions or lockdown it is likely to be increasingly challenging to manage. Christmas closure is likely to have similar impact.

#### **4.3.3 Learning Disabilities Joint Commissioning Team:**

The Joint commissioning Team work across health and social care and support individuals aged 18+ with learning disabilities, dual diagnosis of learning disabilities and mental health as well as individuals with learning disabilities and autism. The team support the work of the Transforming Care Programme as well as the quality assurance of providers for some of our most vulnerable citizens with complex needs. During phase 1 of the pandemic, families and non-essential staff were unable to visit many of the citizens in their accommodation settings and as such the team ensured that systems and processes were in place to identify and respond to safeguarding concerns, conducting essential quality and safety checks where concerns are raised.

The team manage the contract with Birmingham Community Health Care NHS Trust for learning disability services and during the pandemic there was increased LD liaison input into acute hospital services, with nurses from the community trust being redeployed to fulfil this function. This ensured that the team of learning disability Health facilitation nurses were able to support citizens with a learning disability that required a hospital admission. This service was noted as an example of good practice in a recent LGA Peer Review.

#### **4.3.4 Preparation for Adulthood**

The whole system commissioning and development of new and innovative models of support for children and young people transitioning to adulthood and their parent/carers and families in Birmingham is continuing with a focus on interventions and activities using a wide range of engagement to respond to the ongoing Covid-19 situation.

#### **4.3.5 Mental Health**

Birmingham's mental health offer consists of both statutory and non-statutory commissioned services and joint commissioned services.

Statutory services include Mental Health Social Work provided through Constituency Teams, the Birmingham AMHP Service which responds to direct referrals for Mental Health Act Assessments, Out of Hours Adults and AMHP service, carers hub where carers can register for support in an emergency. TIME to CHANGE – Rethink and Mind provide mental health services through a contract with Birmingham City Council to offer additional support with prevention and managing mental illness at a non-statutory level. The Social Work Teams, Commissioners and day Centre service providers have been carrying out welfare calls for citizens known to them or newly referred.

A Mental Health Support offer is in place offering emotional help, guidance and reassurance to people in Birmingham and Solihull who may be finding the current Coronavirus situation overwhelming. As well as supporting the public with their worries and increased anxieties about COVID-19, there is also a dedicated helpline to provide support to frontline and key workers. A number of local organisations are working together to deliver this service including Birmingham Mind, Forward Thinking Birmingham, the Living Well Consortium and Coventry and Warwickshire Partnership NHS Trust

#### **4.4 Community Resilience**

##### **4.4.1 Neighbourhood network Schemes.**

In March, BCC asked existing Neighbourhood teams to connect, co-ordinate, facilitate and enable Covid relief activity for their constituency. Two key changes to their normal practice were introduced. They were asked to support citizens directly; to reach out to the community and connect those in need to local activity. They were also asked to work with citizens in need of all ages, not just over 50s. During April the Children's Partnership launched a new locality model and focussed on children and families in need.

NNS teams were encouraged to develop pathways of support for citizens locally, including linking with the mutual aid groups that sprung up across the city and to set up or commission additional services to do this. Sutton NNS, for example, employed an extra team member to co-ordinate volunteers and help connect older citizens into activity after the pandemic is over too. Hall Green commissioned two community hubs to provide essentials and wellbeing support to citizens.

Their day-to-day work also adapted to respond to the pandemic. They created emergency asset registers of all activities supporting citizens which was held on Route

to Wellbeing and publicised to citizens and social work teams. Between them, the NNS teams identified around 600 organisations and activities. They also redirected their small grants programme to support this voluntary activity and over 50 activities have been funded during the pandemic. These range from food provision to supporting volunteers to shop and collect medicines to on-line health and wellbeing activities. Many organisations developed activity packs and other activities that could fill the long days and, particularly support those citizens who are digitally excluded. As the hard lockdown was lifted, some face-to-face activity has been funded and is taking place in Covid safe ways.

NNS teams have reached out to citizens in new ways, for example, setting up new websites, Facebook or Twitter handles. The teams adapted quickly to work on-line, and also managed to deepen relationships with local assets.

#### **4.4.2 Prevention and Community Resilience**

BCC Prevention and communities programme have 46 grants under the P&C programme and all of these organisations adapted to covid delivery, amending their outcomes and activities to respond to the emergency situations. Some paired up with other organisations to achieve better results. All voluntary, community and faith groups were invited to bid through a simple and accelerated process designed to get the money out to where it would make the most difference.

Community Catalysts continue to engage, signpost and provide advice and help to established community enterprises engaged in the programme – both virtually and in the community and target specific geographical areas where there is limited availability of day opportunities.

The wider VCFSE responded very quickly and effectively. It's clear we wouldn't have achieved the response we did without the sector and BVSC's role as our strategic VCFSE city-wide coordinator.

#### **4.4.3 Neighbourhood Development and Support Unit (NDSU)**

Since March the NDSU has:

- Circulated a weekly production of External Grants Support internally within BCC to key officers and externally to community organisations.
- Commissioned research and report by Locality on the impact of Covid on small and medium sized community organisations across Birmingham – “Birmingham's Collaborative Neighbourhoods – A snapshot of the community-led response to coronavirus and what this means for resetting the civic and community relationship”. The Report was published in early August with a series of recommendations forming part of the Community Recovery workstream lead by Neighbourhoods.
  - To support a community powered economic recovery
  - Build collaborative public services
  - Turn community spirit into community power
  - Develop an approach to culture change across the council

- Provided support to the 10 Pioneer Places across Birmingham, including small grants to enable local covid support in the Pioneer Place neighbourhoods. In addition to Virtual session on the Re-opening of community buildings and risk assessments (run by Birmingham Community Matters).
- Restarting of virtual ward forum meetings in May. Enabling the information flow, particularly Public Health on Covid and measures to local residents
- The regular sending of important information out to citywide community organisations and neighbourhood forums throughout the lockdown period April – ongoing
- The running of the emergency support and co-ordination in Selly Oak and Perry Barr NNS schemes – including the provision of guidance and support to community organisations, emergency grant scheme, peer to peer led virtual support sessions, virtual networking meetings and weekly updates to wider network of community organisations and key stakeholders across the Constituency

#### **4.5 Covid-19 Carer Support initiatives**

To ensure the resilience of carers' across Birmingham, there has been a significant shift in the support, information, advice and guidance provided. This has included a significant increase in telephone responders and ongoing outreach/safe and well checks via telephone-targeting most vulnerable registered carers' first. There has been dedicated Covid specific webpages established to provide advice/guidance/hyperlinks to up-to-date government guidance. Carers' have been supported to have contingency planning toolkits, i.e. 'what if plan' in place and there has been tailored dementia carer Covid specific support. Carers' have been signposted to national resources such as Carers UK.

In addition, there has been significant progress in updating of carer assessments and subsequent well-being plans with authorised one-off Covid specific payments to carers who have been identified as being in financial hardship or destitute. Work has been undertaken to link carers to neighborhood networks/ BVSC coordinated third sector offers for companionship, food deliveries, shopping etc. Work has been implemented to ensure the widespread distribution of carers ID cards to enable carers to have the same concessions as key workers.

To ensure that carers' remain safe, tailored guidance has been shared specific to minimizing the spread of Covid 19 and specifically what to do if a carer or their household member becomes symptomatic. In addition, an emergency council phone number has been shared with carers who may become symptomatic or are in household that requires interim emergency care package.

Support to carers has seen a significant increase in social media notifications, outgoing emails giving contemporary advice/guidance as well as increased access to videoconferencing for mutual aid/support groups and wellbeing activities (exercise/cooking).

The Adult Social Care Directorate has held fortnightly Microsoft teams meeting with providers and integrated commissioning partners-adult social care/CCG/Children's Trust to ensure the co-ordination of support to carers. It has delivered global text messages to registered carers through <https://www.notifications.service.gov.uk/>

advising of available services/support/emergency council numbers. Has advised carer support services of additional funding opportunities/sources and reimbursed Birmingham Carers Hub for additional costs incurred in mobilising to respond to the Covid 19 challenge.

The ASC directorate has recognised carers as Partners in Care and taken measures to ensure that PPE equipment is made available to carer households as appropriate, as well as providing coordinated responses to get hot meals to carer households as required (high demand for young carers in the city). There has been provision of bespoke supermarket guidance and liaison with local branches of national supermarket chains and provided emergency food parcels to carer households where need has been present. Adult Social care has successfully collaborated with the education department and facilitated the dissemination of information relating to young carer support services through the school networks, where parents and pupils have received targeted communications promoting services and has procured and implemented internal BCC carer awareness e-learning training with additional e-learning carer awareness training to become available for all businesses/citizens of Birmingham soon.

#### **4.6 Winter Plan**

The new government Covid-19 winter plan policy paper applies to all adults whatever the reason they need care and support. It applies to all settings and contexts in which people receive adult social care, including people's own homes, extra care housing, supported living, residential care homes, nursing homes, and other community settings, such as day services and Shared Lives schemes.

The co-chairs of the ADASS Advisory Group for People with Learning disabilities and Autistic people recently published a response to the Social Care Taskforce and the Winter Plan which says that much more attention is needed on those of all ages including those who live in their own homes and those who receive care in the community and that the five areas which are of most concern to the people, families and community groups are:

1. Producing timely accessible guidance and communications to ensure people with learning disabilities and autistic people have the same information at the same time as everyone else.
2. Restoring, maintaining and adapting vital support services, pausing unwanted reviews of support packages during the crisis, to give individuals and families stability and to reduce the anxiety and pressure which many have been experiencing over many months.
3. Financially stabilising provider organisations, and expanding PPE, testing and support to all providers, not just care homes; growing the most effective and personalised community and home-based support models.
4. Tackling the concerning increase in isolation and loneliness through a national awareness campaign and working with mutual aid and other community groups.
5. Councils, CCGs and partners finding and supporting people who are usually too independent to require social care but who may be in crisis due to the many impacts of the pandemic.

They also go on to highlight that the lack of current attention to emotional and mental health, inclusion and social support may be sowing the seeds of a national mental health crisis for disabled and autistic people, and their families.

There should be a rapid move to more personalised, community-based and integrated approaches to social care, in which the state, voluntary services, individuals and families work more closely together. It is vital that we build resilience of people and families, whether or not they currently access formal social care, as we head into what could be the most difficult period of the pandemic.

## **5. Compliance Issues**

### **5.1 HWBB Forum Responsibility and Board Update**

#### **5.1.1**

### **5.2 Management Responsibility**

## **6. Risk Analysis**

<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>

## **Appendices**

The following people have been involved in the preparation of this board paper:  
Saba Rai – Service Lead – Health and Homelessness and Interim Lead – Universal and Prevention Services

John Williams – Assistant Director Adult Social Care