

# East Sussex Care Homes Wellbeing Project - Relatives and Carers

Zoom Webinar held on Monday 25<sup>th</sup> January 2021 from 3:00 to 4:00 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)

Dr Mathew Thomas, East Sussex Clinical Commissioning Group (CCG) Care Home GP Support

Dame Phillipa Russell, Carer and Vice Chair Carers UK

Elizabeth Mackie, Volunteer and Community Liaison Manager, Healthwatch East Sussex

Isobel Warren

Kate Chipping

Lyn Thomas

Jo Egan

Jane Lodge

Dr Rowan Brown

Lynne Phair Carer, Expert Witness and Independent Nurse Adviser in the Care of Older People

Deborah Becker

## 1 Introduction to the Webinar

Elizabeth Mackie (Healthwatch East Sussex) welcomed attendees to the East Sussex and Brighton & Hove webinar and said that the webinar would be in two parts. For Part One, Health and care partners from across East Sussex and Brighton and Hove had joined the webinar to respond to any local questions. Part one would run from 3:00 to 4:00pm and would be recorded and notes would be taken. Elizabeth invited participants to use the chat and raise their hands for questions.

The second part would be run by Dr Padma Dalby from 4:00 pm and would not be attended by the Health and Care partners, recorded, or have notes taken. Padmar would offer safe environment opportunities to explore questions and for supportive conversation.

Dr Padma Dalby introduced herself as a Consultant Clinical Psychologist who specialises in working with older people. Padmar and Deborah Becker are running the Care Homes Wellbeing Project to think about the wellbeing and mental health needs of care home communities during COVID. 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 roll out in Care Homes.

## 2 Setting the scene

Dr Mathew Thomas presented the vaccination priority list, highlighting that covering all nine categories would prevent 99% of deaths from COVID-19. Mathew noted that, given that the vaccines are temporarily licensed, they were unable to roll it out as they would have wished in its initial stage due to the strict administration protocols in place. Mathew next looked at vaccination sites, explaining that these are in hospital trusts, Primary Care Networks (PCNS), Sussex Community Foundation Trust (SCFT) who will cover vaccinations for those who are housebound (Roving Service), and the mass vaccination site at the Brighton Centre, which is booked nationally.

Katie Chipping explained that while they don't have the most recent data, current data shows that clinical teams have vaccinated 8,381 people across

354 care homes. This means that 90% of care home residents have been vaccinated with the remaining 10% to be vaccinated before the end of January.

Looking at managing vaccinations in care homes where there have been outbreaks, Mathew stated that they risk assess on an individual basis, look at whether the known or possible cases are emerging or resolving, and the ability of the care home to adequately isolate cases. If cases are low or isolated, then vaccinations can probably continue unaffected and would usually take place 28 days from when the affected person was positive or displayed symptoms. Mathew added that the adaptability of the building is also considered to ensure that vaccinations can be done safely with adequate spacing and in places with less footfall. He also confirmed that vaccination teams are being tested regularly and are all wearing Personal Protected Equipment (PPE).

Mathew next looked at the pre-assessment of the patient, and Lasting Power of Attorney (LPAs) are in place where necessary to provide consent, which can be written or verbal, and there is documentation in place to show that family members have been consulted.

Mathew then looked to the roll out of the second dose, stating that the current guidance is that it should be the same vaccine given at the same site as the first and should be 12 weeks after the initial vaccination. With regards to visiting, MT stated that a person will gain some protection 14 days after the first vaccination although the best protection will be seven days after the second dose. Mathew added that they are currently unsure on when visiting can resume as this will depend on local infection rates, vaccination levels and the response, as well as understanding how the rate of transmission is affected by the vaccine. Mathew commented that there is currently no choice on the vaccine given and gave reassurance that they have the optimal delivery model for the supply currently available. (Dr Thomas's presentation can be viewed in **(Appendix 1)**)

### 3 Your Views and Questions

Elizabeth first addressed the questions submitted via the chat function, noting requests for the number of care homes vaccinated in Brighton & Hove and Bexhill, and the figures for vaccinated care home staff. Katie noted a question regarding the percentage of residents and staff refusing consent and whether

there were any consistent reasons that they could address. Katie confirmed she would take these questions away as she was unable to provide an immediate response.

Addressing the question regarding staff being hesitant about the vaccine, Isobel Warren commented that Mathew had recently held a session with care

home staff and most concerns were around whether the vaccine could be safe when it has been developed so quickly, having allergies and feeling they have a healthy lifestyle and therefore don't require a vaccine. Isobel stated that they are working with the Clinical Commissioning Group communications team to help allay these concerns but noted they have no means of coercing or insisting that anyone takes the vaccine. She explained that they are instead focusing on ensuring that all staff have as much information as possible to ensure they can make an informed choice.

Elizabeth noted a submitted question that asked whether their brother who is in a care home and has had Covid will still be vaccinated or whether they would be relying on him now having antibodies?

Mathew confirmed that he would still be vaccinated, ideally 28 days after displaying symptoms or having tested positive. He added that antibody status isn't being tested and so they will still be immunised.

Elizabeth noted a question regarding the effectiveness of the vaccine, if 70% have full protection and what this would mean for the remaining 30%?

Mathew explained that the figures came from looking at how many of those vaccinated developed COVID-19 and that 70% of the vaccinated population are likely to have an adequate immune response to protect them from severe disease and death.

Elizabeth asked how vaccination teams are dealing with anyone unable to receive the first dose due to feeling unwell? Mathew confirmed that this would be picked up by the foundation trusts or Primary Care Networks and would be covered.

Elizabeth noted a comment regarding visiting restrictions and when this was likely to change. Mathew commented that visiting isn't just related to the vaccine and will also depend on community spread. Once they know that staff and care home residents can't pick up the virus and pass it on, they can see if people are truly protected within the care home environment. He added that with rates starting to drop due to lockdown, he is hopeful they may be able to soon return to visiting as they had pre-lockdown.

Lyn (Carer) asked if there was any discussion about vaccinations for designated relatives as carers, noting the integral role she plays in her mother's care and that being vaccinated would allow her to enter the care home?

Jo Egan from Care for the Carers confirmed that work is being done to address where unpaid carers sit, adding that they currently fall under Priority Group 6, with around a third likely to be covered by also being within groups 1-5. Jo explained that both locally and nationally they are trying to address this as

they are aware there isn't a central list of unpaid carers, so they are working with their partners to share the intelligence they have on this. Jo noted that there is however still uncertainty around visiting as this is largely dependent on community transmission rates. Lyn responded that being vaccinated would put her in the same position as care home staff and she would therefore represent no greater danger. Katie Chipping added that visiting is being looked at continually with support and guidance being provided to care homes.

Elizabeth raised a question regarding how sheltered housing residents are being included in the care home roll out, noting the comment that they are being treated as though they live independently. Jane Lodge from NHS CCG's in Sussex commented that they are prioritising care homes of the elderly, and once they have addressed this cohort, they will be focusing on sheltered housing, additional care settings and similar.

Elizabeth noted a question regarding care homes and relatives and whether they could be vaccinated at the same time? Jo stated that this isn't possible with general guidance being that people be vaccinated at the point of their priority.

Lyn returned to the question regarding sheltered housing, saying that while she appreciated that it was harder to find those in sheltered housing, there are many schemes that support very frail, older people who are supported by support staff. Lyn remarked that she was very concerned at the current response that suggests sheltered housing is secondary to care homes as the vulnerability is as great but without the level of resources of care homes. She urged those present to speak to GP surgeries about sheltered housing in their communities, noting that there appears to be no central coordination on how to help this particularly vulnerable cohort. Mathew offered reassurance that GPs are aware of their population and that they are already asking for guidance to ensure they are being covered appropriately. Katie added that Isobel Warren (Local Authority) and she are aware of the sheltered housing organisations and that she would take back Lyn's comments.

Isobel noted that they are also looking at domiciliary care and that local authorities are working to ensure that everyone is covered. She added that

those who are housebound will be included in the next phase and support will be provided to those who can't get themselves to be vaccinated. Isobel explained that they are aware of who is in the community, but they are waiting on national guidance as well as ensuring there is a collective approach across all local authorities. Dr Rowan Brown added that GPs will be aware of their housebound patients and those in settings not covered under care homes, stating that they are inundated with requests from GPs for vaccinations, but they are limited by both the supply and national guidance.

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

## 4 Close

In wrapping up Elizabeth confirmed that a short report and recording would be made available. Elizabeth stated that they would also be looking for feedback on the webinar and urged attendees to provide this where possible. She thanked everyone for their contributions and then drew the meeting to a close. Health and Care partners left Part One of the webinar.

## Conclusion

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

Part Two of the programme was for carers only and was facilitated by Dr Padma Dalby, Deborah Becker and Jo Egan from Care for the Carers. This was a confidential forum to discuss wellbeing and support needs.

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?

Uncertainty around when visiting will resume? This will be picked up in the Next Webinar:

**Wednesday 24<sup>th</sup> February 3 - 3.45 pm**  
**(Closed session 3.45 - 4.30pm)**

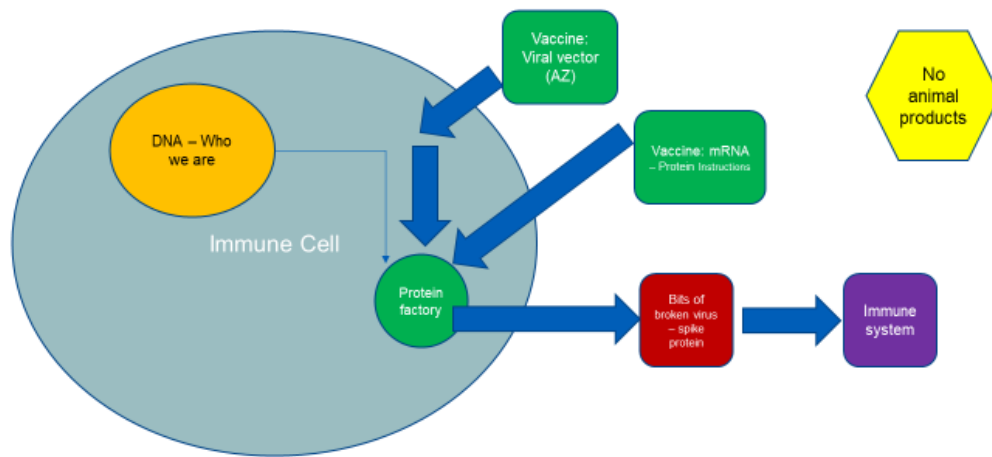
[Link to view the recording of the webinar](#)

(Appendix 1)

# Covid19 Vaccination Roll Out in Care Homes.

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

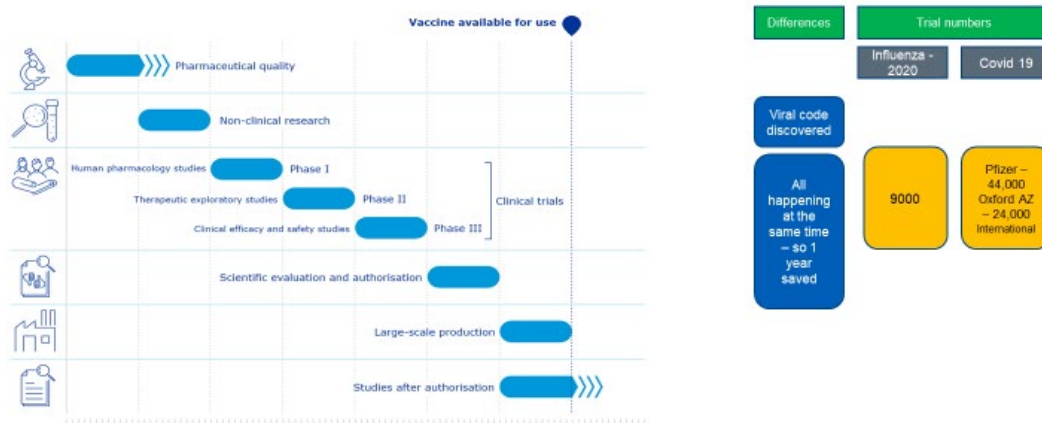
## How do the Pfizer and AZ vaccines work? Do they change me?



Working Together

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

## Speed of vaccine development and safety.



Working Together

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



## The priority groups – Joint Committee on Vaccination and Immunisation (JCVI) 6<sup>th</sup> 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<sup>[footnote 1]</sup>
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

Question - 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 15<sup>th</sup> February). Please refer to the published guidance.



Pan Sussex Holding  
statement Carers ar

**Question** - 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 Sussex vaccination service, again check with GP.

**Question** - 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.

**Question** - 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.

**Question** - 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)

**Question** - 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]

Question - 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.

Question - 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.

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

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

Question - 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](mailto:Sxccg.vaccineenquiries@nhs.net)