



Team Devon Local Outbreak Engagement Board

Decision and Action log

TEAM DEVON (LOCAL OUTBREAK ENGAGEMENT BOARD)

Date Thursday, 14 January 2021

Present

Councillor John Hart, Councillor Andrew Leadbetter, Councillor Roger Croad, Steve Brown, Tony Gravett, Dr Paul Johnson, Councillor James McInnes, Professor Janice Kay CBE, Dame Suzi Leather, Cara Stobart, Sue Wilkinson, Diana Crump, Rhys Roberts, Dan Evans and Councillor Ken James

Apologies

Sean Mackney

No.	Decision/Action/Message	Who Will Communicate / action?	When?
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No.	Decision/Action/Message	Who Will action?	When?
1.	<p>Notes of the Previous Board Meeting The notes of the previous Board meeting on 10 December 2020 were endorsed.</p>		
2.	<p>Urgent Items from the Health Protection Board The Director of Public Health advised that there were no urgent items for escalation from the Health Protection Board.</p>		
3.	<p>Report / Presentation from the Health Protection Board The Board received a Report from the Health Protection Board on current issues, data and matters for information.</p> <p>Matters arising in the Report included current issues, data and matters for information, including up to date statistics and the monitoring of transportation during lockdown.</p> <p>The Director of Public Health outlined there were still high rates of infections in many areas in the country, and whilst some had seen a levelling off, the South West was still rising, as well as Devon.</p> <p>The key messaging of staying at home was crucial and not leaving home unless absolutely essential.</p> <p>The presentation from the Public Health consultant presented the UK summary which now included those vaccinated with their 1st doses, the</p>		

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	<p>number being 2.6million. It was anticipated this would be broken down further in the weeks to come.</p> <p>The national data showed that growth had slowed slightly but caution was still required with the data as rates had fluctuated since the Christmas break.</p> <p>The number of deaths within 28 days and patients admitted to hospital (nationally) was still rising.</p> <p>The Devon statistics showed 1786 cases in latest week equating to approximately 222 per 100k population (whilst below the England average, it was one of the highest rates seen).</p> <p>Other data showed was the trend when compared to neighbouring Local Authorities which again showed a continued increase, but signs this was slowing.</p> <p>The age profile was also shown, which highlighted the large increase in the aged 80 plus cohort, mainly attributable to outbreaks in care homes and the interactive map showed cases and data at neighbourhood level, demonstrating outbreaks and higher cases in areas such as Newton Abbot, Honiton and Cullompton.</p> <p>The data shown during the presentation was available at</p> <p>DCC Covid-19 Dashboard: Coronavirus dashboard and data in Devon - Coronavirus (COVID-19)</p>		

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	<p>National Coronavirus Tracker: Daily summary Coronavirus in the UK (data.gov.uk)</p> <p>National Coronavirus Interactive Map: Interactive Map Coronavirus in the UK (data.gov.uk)</p> <p>A second presentation was given which outlined transportation during lockdown, appended to the minutes.</p> <p>Of note was;</p> <ul style="list-style-type: none"> • A Roads traffic was reduced by 33% on weekdays and 45/50% at weekends; • Traffic levels were higher than the 1st lockdown; • Google mobility reports showed significant step changes in retail, public transport and workplaces since lockdown, for example reductions of 62% in retail and recreation, 22% supermarkets, 2% in parks, 51% on public transport, 42 % in workplaces and an increase of 19% in residential. • The data source links were as follows: Transport Use during Covid-19 (national) https://www.gov.uk/government/statistics/transport-use-during-the-coronavirus-covid-19-pandemic Google Mobility Reports homepage https://www.google.com/covid19/mobility/ Google Mobility Report: Latest Devon report https://www.gstatic.com/covid19/mobility/2021-01-08_GB_Devon_Mobility_Report_en-GB.pdf 		

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4.	<p>Local and National Updates The Director of Public Health and Chief Executive updated on the national context and guidance, including:</p> <p><u>Schools</u></p> <p>Schools were only open for key workers with primary schools seeing an average of 30% attendance, however, one of the highest school attendances was 92 %.</p> <p>The Board noted that the higher the percentage of children attending, combined with the activities that surrounded children attending school, the higher chance of community spread.</p> <p>Some schools were under huge pressures in terms of operations. Whilst in the first lockdown, their role was more childcare related, the current position was teaching in class as well as a remote offer for those not in attendance.</p> <p>Currently, the rates for staff absence was low, but the position needed to be carefully monitored.</p> <p>The County average, across all schools, for attendance of secondary aged pupils was 10% of the all pupil cohort.</p> <p><u>Care Homes</u></p> <p>The Director of Public Health reported on the higher incidences of outbreaks</p>		

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	<p>in care homes. Previously, with Lateral Flow Testing (with appropriate PPE), attempts had been made to allow people to see their loved ones, but with the current high rates, this approach had been stepped down and a more cautious one adopted.</p> <p><u>New Variant</u></p> <p>The media attention in terms of the new variant reported high numbers of the new variant in the London and South East area's. It was known that the new variant was far more transmissible.</p> <p>The public health interventions remained the same in terms of space / distance / face and hands, but it was important to do more and better, if that was possible.</p> <p>It was likely the new variant was in Devon and the South West but the numbers were thought to be low, in the region of 5%. However, if it became the dominant strain the position could escalate quickly, similar to the South East and London.</p> <p><u>Mass testing</u></p> <p>Community mass testing was being rolled out, however, it was crucial to note that if people had symptoms, they should isolate and get a test.</p> <p>The purpose of community testing was to identify those people that had the virus but no symptoms to remove them temporarily from the community and ensure they isolated.</p>		

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	<p>A Devon plan had been sent to the Department for Health which focussed on those who were active within the community (e.g. key workers, carers and health workers) and those having to leave home for work. It was not about asking the general public to leave their homes for community testing purposes nor a test so people could go back to work.</p> <p>In that vein, there needed to be clear communications on the purpose of the community testing program.</p> <p>The sites were being identified and the program required significant resources (approx. 400-500 people). Go live was planned for the end of January and would be rolled out over 6-week period.</p> <p>Lessons would be learned from the University and colleagues who had successfully undertaken Lateral Flow Testing with students.</p>		
5.	<p>Vaccination Programme and Rollout</p> <p>The Chair of the Devon Clinical Commissioning Group presented the issues and key messages on the rollout of the mass vaccination programme and communications, which included:</p> <ul style="list-style-type: none"> The decision to defer the second dose of vaccine to 12 weeks and the rationale for this, explaining it was better to get an increased coverage (more people) at 80% protection rather than a smaller number of vulnerable people vaccinated with 2 doses giving 90% protection. The 80% protection did not reduce during those 8 weeks. 		

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	<ul style="list-style-type: none"> • The two choices of vaccine (Pfizer and AstraZeneca) were both available in the County and being used and there was very little between them in terms of effectiveness. However, the AstraZeneca vaccines were easier to handle in terms of resilience to movement (therefore was more mobile), had a longer shelf live and did not require the same strict storage as the Pfizer vaccine. • Priority groups – a table was shown with the estimated COVIDs deaths in each group, the cumulative percentage of total COVID deaths, approximate population of each group and the vaccinations required to prevent one COVID death. The table could be found at Vaccine Priorities (covid-arg.com) and clicking on the bulletin link and the priority categories are detailed below. <p>1 - residents in a care home for older adults / their carers 2 - everyone aged 80 and over / frontline health and social care workers 3 - everyone aged 75 and over 4 - everyone aged 70 and over / clinically extremely vulnerable 5 - everyone aged 65 and over 6 - age 16-64 with underlying health conditions; at higher risk 7 - everyone aged 60 and over 8 - everyone aged 55 and over 9 - everyone aged 50 and over 10 - All the rest.</p> <p>Details of the rollout were highlighted, including the role of GP's, staff training, GP sites and pharmacies. Work was also ongoing with NHS England</p>		

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	<p>to have 2 mass vaccination sites, although authority from the NHS was awaited.</p> <p>For NHS Communications, this focussed on the purpose of the vaccine, why the relevant groups had been prioritised and who they were.</p> <p>It was stressed that the vaccine was not a reason to relax any approach to social distancing measures and it was crucial that people did not lower their guard. The country was still in the midst of a pandemic which threatened lives.</p> <p>Devon County Council's Strategic Lead on COVID 19 and Care Homes then updated the Board on the roll out of vaccines in care homes. There were a large number in Devon, many small to medium in size combined with a complex geography. Delivery was approached in a number of ways including roving vaccine teams supplemented by staff going to other sites (hotspot hubs). Good progress had been made with the vaccination of staff commencing in December. Most of the homes with over 50 residents had been vaccinated with work starting now on the smaller homes. There had been good engagement with the sector and staff felt the work had been exceptionally rewarding.</p> <p>Questions were asked in relation to the priority of health care worker, the challenge in rural areas, the voluntary and community sector (especially those providing front line support), the BAME community being more susceptible to COVID and also actions to increase vaccine take up, the wearing of facemasks and exemptions.</p>		

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	<p>The Director of Public Health highlighted that a piece of work was currently being undertaken looking at health inequalities, giving an assurance that work was being done in considering hard to reach groups.</p>		
6.	<p>Clinically Extremely Vulnerable & Free School Meals</p> <p>An update was provided from the Head of Communities regarding work to support the extremely clinically vulnerable and also free school meals.</p> <p>In terms of the extremely clinically vulnerable, like the previous lockdown support was in place for 36,000 people identified as extremely clinically vulnerable. Each person had received a letter from Government with guidance which advised them to remain shielded until 21 February 2021. A further letter would be issued if this changed.</p> <p>The work was being done through Team Devon and included partnership working with the Districts Council's.</p> <p>The number of requests for support had been quite low as many people had their own support networks in place.</p> <p>A number of grants had also been made available to organisations, for example £300,000 to the Devon Community Foundation for food support.</p> <p>For Free School Meals, the Council had previously put in support over the Christmas holiday's and vouchers for some 16,000 eligible children.</p>		

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	<p>Funding was also being made available to childrens centres / early help centres to ensure wider support for those not entitled to free school meals.</p> <p>Scheme using CAB to provide 1000 families with support with heating etc</p> <p>Plans were being prepared for a number of food networks across the County and also a national voucher scheme coming on board.</p> <p>Members asked questions in terms of the quality of food support.</p>		
7.	<p>Public Questions / Other Questions for the Board</p> <p>There were no questions submitted in advance, but questions from the floor were asked on issues such as the mental health and wellbeing of the hospitality sector and businesses with inconsistent support across the UK, the protection levels of the two vaccines, vaccinations for teachers and support staff and wider rollout of the vaccine to smaller venues / homes and access in rural places.</p>		
8.	<p>Key Messages to be Communicated</p> <p>The Board and Head of Communications and Media considered the key messages coming from the meeting.</p> <p>“Don’t let things slip! - Think twice before leaving home, stay local and avoid situations that bring you into contact with others as much as possible.”</p>		

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	<ul style="list-style-type: none"> • Case numbers continued to rise in Devon – particularly in working age population and the elderly (85 year +) • While the rates remained relatively low compared to most of the country, the Devon rate was at the highest level since the start of the pandemic. • Hospitals continued to be under huge pressure • Concern about rising cases, outbreak situations and deaths in care homes. • The vaccination programme continued to gather pace and was good news but was not a signal to lower guards - the virus was in communities and would remain so for months to come with the new variant easier to transfer. • Essential that everyone redoubles their efforts - stay at home as much as possible and follow national rules around space, face and hands • Please use common sense – stay indoors and only go out if you really need to, stay local and avoid situations where you might come into contact with others as much as possible. • Every time you leave your home you risk coming into contact with an infected person or touching a surface or door handle or petrol pump which may be contaminated. Any one of these interactions could be a link in the chain of transmission which could lead to someone becoming seriously ill or dying from COVID-19. <p>Other key messages</p> <p>Hospitals and health service</p> <ul style="list-style-type: none"> • Case numbers in hospitals were now the highest since the start of the pandemic 		

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	<ul style="list-style-type: none"> • Nightingale hospital was open and adding additional capacity • Planning for further surge over next few weeks • 111 First service was now in place and being promoted to help manage non-urgent cases and ensure people got access to care at the right time in the right place <p>Vaccination</p> <ul style="list-style-type: none"> • Local vaccination programme was now being extended with good supplies of both the Pfizer and now Oxford AstraZeneca vaccine (which was easier to store) • Over 63,000 vaccinations delivered to date • All main hospitals – Plymouth, Exeter, Torquay and Barnstaple – were vaccinating priority groups in line with national guidance • GP practices working together had set up 20 local vaccination centres serving all of Devon’s 123 GP practices – range of venues being used including leisure centres and other community facilities • Continuing to work to deliver two mass vaccination centres - Plymouth and Exeter - to come on stream by end of January • GP-led vaccination of care home residents and staff had begun • Pharmacy programme now being developed • To minimise wastage, local vaccination sites were using unfilled appointments to vaccinate frontline healthcare workers • Current and former NHS staff were becoming vaccinators, with thousands completing their online training. They would be deployed as more vaccine supplies became available. • Volunteer plan in place for marshalling and other support tasks • Being vaccinated reduces your risk of becoming seriously ill from COVID, no one who has had the vaccine has been admitted to 		

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	<p>hospital with COVID. However, you can still catch COVID and still pass it on so you must continue to adhere to the restriction and public health guidance.</p> <p>Care Homes</p> <ul style="list-style-type: none"> • Despite excellent measures taken by local care homes, the numbers of positive cases, serious outbreaks and deaths were rising and a cause of concern with 20% of Devon cases attributable to care homes • GP-led and hospital vaccination services had made good progress in vaccinating staff and residents and the target was to complete all care home vaccinations by end of January • Infection control measures must be kept up irrespective of testing and vaccination • Vaccination Plan moving on to take in vulnerable housebound, wider social care workforce and other vulnerable groups in line with national policy <p>Local Rapid Testing and Contact Tracing</p> <ul style="list-style-type: none"> • A community rapid testing programme to go live by end of January. The testing using Lateral Flow Devices would be available to key workers who can't work from home, those supporting vulnerable people or working in high risk settings. • These tests were to help stop the spread of infection by identifying asymptomatic people and getting them to isolate • Initial site planned in Exeter with a roll-out of multiple other fixed sites and mobile units across the county as soon as possible • Working as Team Devon and volunteer plans in place 		

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	<ul style="list-style-type: none"> • Local contact tracing service (to supplement national contact tracing) to go live by the end of January. <p>Schools</p> <ul style="list-style-type: none"> • All school and early years settings were open • Pressure on schools tremendous – responsible for face-to-face and remote learning • The County average, across all schools, for attendance of secondary aged pupils was 10% of the all pupil Cohort. For primary aged pupils the average was 26%. There were significant differences between schools with some reporting much higher numbers. • Most key workers' children were being supported <p>Lockdown and compliance</p> <ul style="list-style-type: none"> • Activity on Devon's roads down by 33% weekdays (compared to 70% in first lockdown and 25% in November) and 45-50% weekends. • Access to retail and recreation down 50% • Police undertaken clear public messaging campaign on compliance, were engaging with large numbers of the public and issuing fixed penalties where necessary – large gatherings and persistent breaches etc. <p>Supporting vulnerable people</p> <ul style="list-style-type: none"> • Support arrangements for the 36,000 clinically vulnerable and for vulnerable children and families (food voucher scheme) had stepped up again via Team Devon partners and the local voluntary sector. • Special grants to voluntary sector are again available. 		

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	<p>Local businesses</p> <ul style="list-style-type: none"> • Considerable concern regarding impact on local businesses and business failure • Business community pushing for long term plan • Mental health a real concern 		
9.	<p>Date of Next Meeting Members noted the date of the next meeting as 11 February 2021 @ 11.00am</p>		



Transport and mobility trends during Covid-19

Simon Chant

Consultant in Public Health

14th January 2021



Summary

- Local A road traffic down c33% (weekdays) & c45-50% (weekends) on expected volumes since second lockdown, strategic road network 40-45% down on baseline
- Local traffic levels are higher than first lockdown (70%-80% reduction) but slightly lower than second lockdown
- National movements by transport modes for motorised vehicles and public transport following similar pattern, cycling also down
- Google mobility report highlight significant step changes in retail, public transport, and workplaces since lockdown
- Sources: Devon County Council, Department for Transport and Google

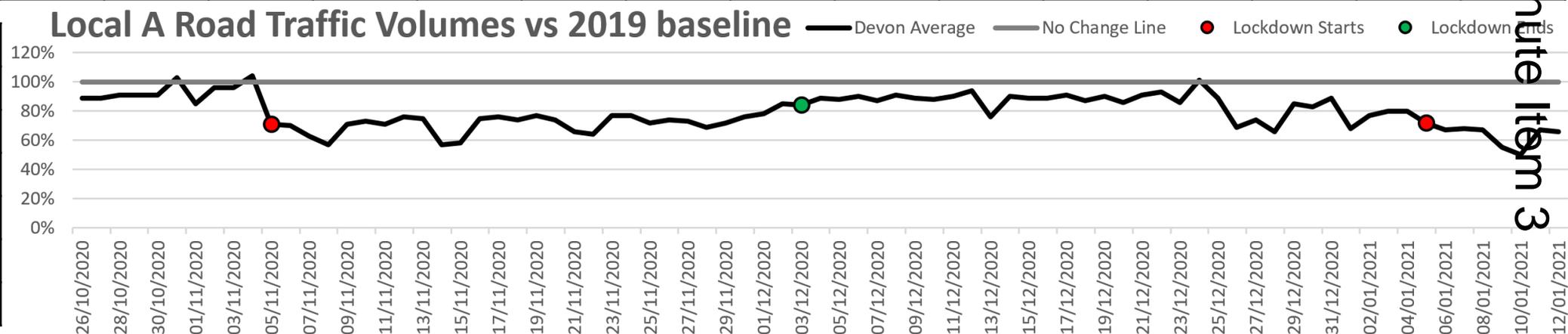
Local A Road Usage vs 2019

Road No	Site Name	Devon in Tier 2		Devon in Tier 3					Full National Lockdown							
		Tue 29 Dec	Wed 30 Dec	Thu 31 Dec	Fri 1 Jan	Sat 2 Jan	Sun 3 Jan	Mon 4 Jan	Tue 5 Jan	Wed 6 Jan	Thu 7 Jan	Fri 8 Jan	Sat 9 Jan	Sun 10 Jan	Mon 11 Jan	Tue 12 Jan
A377	Exeter Bonhay Rd	-3%	+2%	-15%	-37%	-35%	-34%	-29%	-39%	-42%	-47%	-43%	-50%	-51%	-48%	-46%
A376	Ebford	+1%	-2%	-4%	-41%	-10%	-17%	-18%	-29%	-36%	-32%	-35%	-48%	-50%	-30%	-37%
A3052	Cat & Fiddle	-13%	-17%	-15%	-26%	-32%	-22%	-20%	-23%	-28%	-32%	-29%	-45%	-50%	-27%	-27%
A396	Tiverton	-11%	-13%	-22%	-38%	-29%	-25%	-30%	-30%	-33%	-34%	-30%	-53%	-50%	-36%	-34%
A386	Roborough	-5%	-17%	+3%	+28%	+8%	+6%	-13%	-21%	-26%	-23%	-28%	-28%	-39%	-30%	-30%
A381	Newton Abbot	-7%	-5%	+43%	-55%	-20%	-18%	-14%	-28%	-34%	-30%	-27%	-38%	-36%	-29%	-30%
A385	East of Totnes	-11%	-19%	-17%	-25%	-26%	-21%	-19%	-29%	-36%	-35%	-39%	-50%	-55%	-32%	-32%
A361	North Devon Link	-48%	-47%	-38%	-65%	-45%	-45%	-33%	-31%	-36%	-39%	-43%	-60%	-68%	-37%	-38%
B3149	Barnstaple	-20%	-18%	-22%	-23%	-27%	-23%	-18%	-24%	-31%	-27%	-40%	-47%	-46%	-35%	-35%
A396	Westleigh (Instow)	-26%	-25%	-25%	-37%	-27%	-21%	-20%	-27%	-34%	-31%	-35%	-47%	-53%	-31%	-35%
Daily Average		-15%	-17%	-11%	-32%	-23%	-20%	-20%	-28%	-33%	-32%	-33%	-45%	-50%	-33%	-34%

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Minute Item 3

Key	
	Over 50% lower
	25-50% lower
	Up to 25% lower
	Up to 25% higher
	25-50% higher
	Over 50% higher

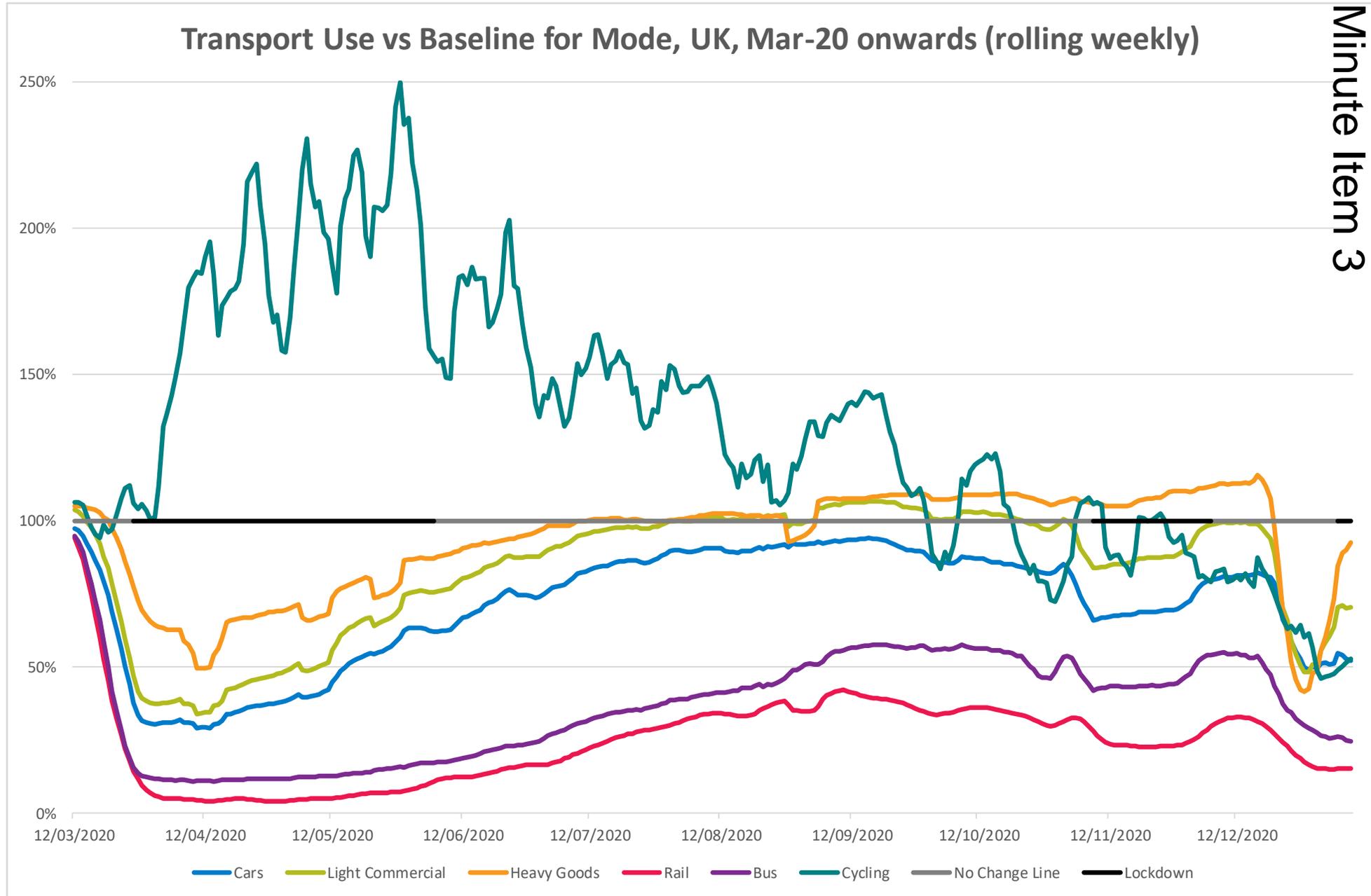


National trends by mode of transport

This chart shows transport movements against baseline levels by mode of transport for the UK.

This highlights that at the start of the third lockdown, all modes of transport are below baseline, with car usage around half of baseline levels, and public transport below a quarter of baseline levels.

This suggests that nationally transport usage levels are typically above the levels seen in the first lockdown but below the levels seen in the second lockdown.



Minute Item 3

Google Mobility Report for Devon

Retail and recreation

-62%

compared to baseline



Public transport

-51%

compared to baseline



Supermarket and pharmacy

Page 5
22%

compared to baseline



Workplaces

-42%

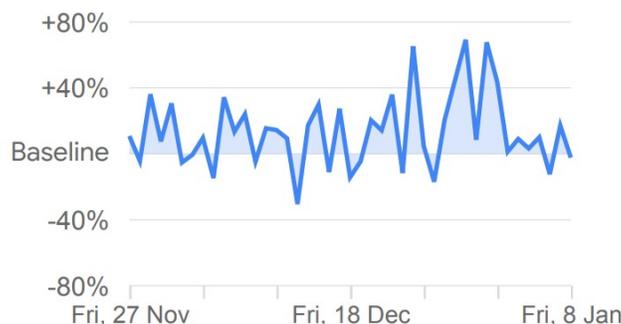
compared to baseline



Parks

-2%

compared to baseline



Residential

+19%

compared to baseline



Source Links

- Transport Use during Covid-19 (national)
<https://www.gov.uk/government/statistics/transport-use-during-the-coronavirus-covid-19-pandemic>
- Google Mobility Reports homepage
<https://www.google.com/covid19/mobility/>
- Google Mobility Report: Latest Devon report
https://www.gstatic.com/covid19/mobility/2021-01-08_GB_Devon_Mobility_Report_en-GB.pdf