



Team Devon Local Outbreak Engagement Board

Decision and Action log

TEAM DEVON (LOCAL OUTBREAK ENGAGEMENT BOARD)

Date Tuesday, 15 February 2022

Present

Councillor Bob Deed, Hannah Reynolds, Councillor John Hart, Councillor Roger Croad, Councillor Andrew Leadbetter, Steve Brown, Diana Crump, Dr Paul Johnson, Chris Lindsay, Rhys Roberts, Cara Stobart, Sue Wilkinson and Sarah Wollaston

Apologies

Councillor James McInnes, Tony Gravett and Sean Mackney

No.	Decision/Action/Message	Who Will Communicate / action?	When?
27.	Notes of the Previous Board Meeting - 19 January The notes of the previous Board meeting on 19 January 2022 were endorsed.		

No.	Decision/Action/Message	Who Will action?	When?
28.	<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>		
29.	<p>Report / Presentation from the Health Protection Board The Board received a Report from the Health Protection Board on current issues, data, age profiles and matters for information.</p> <p>Matters included in the Report were as follows:</p> <p>Nationally: many more areas in the 400-799 case rate across the country.</p> <p>There were 41,648 (30% decrease) daily positive cases; 35 deaths reported within 28 days, a 27.2% decrease. The number of patients in hospital: 1,413, a decrease of 12.8% in the last week. Testing levels: 784,455, a reduction of 13.2% over the past week.</p> <p>Devon – 7,207 cases over the past week (above the national average), and 14 reported deaths within 28 days (in line with national average). There were higher testing levels in Devon.</p> <p>The largest decline in case rates had been seen in the 0-19 age group, with a small decline in the 20-39 and 40-59 ages. Rates in 60+ population was largely stable.</p> <p>The highest case rates were in East and Exeter areas, mainly in urban compared to rural areas.</p> <p>The Board were advised that it was expected that national announcements would</p>		

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	<p>be made next week about changes to legislation, specifically it no longer being a legal requirement to isolate if an individual tests positive for Covid and the road map for living with Covid long term. The Council's public health communications would remain constant, in that it was encouraged if people test positive or have Covid symptoms, they should isolate to reduce infection and transmission on to others in the community. There would be many individuals who were extremely vulnerable, and 'Freedom Day' may impact on them negatively and how they lead their lives. It was likely that testing would continue for those working in clinical and vulnerable settings.</p> <p>The dashboard pages could be found here. UK summary: Daily summary Coronavirus in the UK (data.gov.uk) Devon Dashboard: Coronavirus dashboard and data in Devon - Coronavirus (COVID-19) Devon detailed age breakdown: Cases in Devon Coronavirus in the UK (data.gov.uk) Interactive Map: Interactive map of cases Coronavirus in the UK (data.gov.uk)</p>		
30.	<p>Local and National Updates There were no local or national updates.</p>		
31.	<p>NHS Update The Chair of the CCG provided an update on vaccination data and boosters and general system pressures, including data on hospital admissions and vaccination status.</p>		

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	<p>Vaccines – 2.6 million doses had been given in Devon – of which 750,000 were boosters. There was a high percentage of those in the 60+ age category who had received their booster jab, with the percentage decreasing moving down the age range. Those that had tested positive in December and were unable to receive their vaccines for 28 days, were now eligible and being contacted to receive their booster.</p> <p>Vaccinations were taking place for the clinically vulnerable 5-11 year olds. Large sites vaccination sites and GPs remained open. There had been some increase in anti-vax activity and entering sites to serve legal documents, however it was confirmed they had no legal standing. A new vaccine had also been approved for use.</p> <p>Numbers in hospital – 156 cases, of which approximately 60% were admitted with Covid symptoms, the rest were accidental cases. Cases have reduced in the past few weeks, especially in Plymouth. There was less of a reduction in RD&E, expected mainly due to the high prevalence of positive cases in the Exeter area. The number of people in intensive care due to Covid was 1. Staff absences remained stable with 2.6% off sick with Covid related reasons.</p> <p>When looking at the difference in numbers seen across the County and if this was linked with age or the clinically vulnerable, Members were advised that Plymouth had experienced the most cases which was believed to be due to the size of the urban area and proximity of dwellings and deprivation. The uptake of boosters was also 10% lower in Plymouth and West Deon compared to other parts of Devon and it was known that it gave 90% protection against the virus. There had been no direct link to clinically vulnerable individuals and those in hospital at this stage and was more likely linked to the uptake of boosters.</p>		

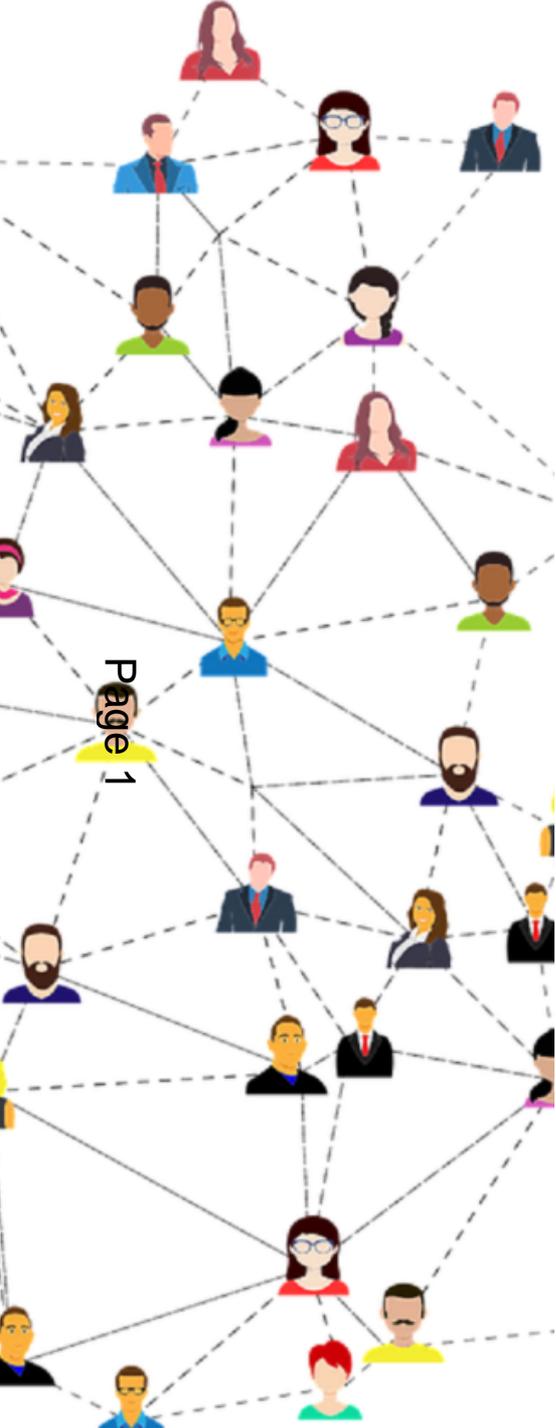
No.	Decision/Action/Message	Who Will action?	When?
	<p>In regard to the use of the new vaccine, it was unclear at this stage what significance it would have and what the future plans of vaccines would be. However, it was expected it may be similar to the flu vaccine and given yearly.</p>		
32.	<p>Benefits of Public Sector and VSCE Collaboration During the Pandemic</p> <p>The Board received a presentation on the Devon VCSE & Public Sectors Creative Collaboration in a pandemic, highlighting how the Voluntary, Community and Public Sectors had worked more collaboratively during the Pandemic.</p> <p>Key points raised included:</p> <ul style="list-style-type: none"> • When the Pandemic began, it presented a unique opportunity in how to face this challenge, which was immediate and focussed. • The public sector became more flexible, similar to the voluntary sector and both were able to respond to the needs of communities – it was hoped this flexibility and joint collaborative working would be kept moving forward. • VCSE leaders were meeting fortnightly throughout the pandemic to communicate to public sector partners and respond to needs as they arose. • Partnership working had strengthened over the two years, working together creatively to resolve issues. • Devon Local Response and Devon Recovery VCSE Group – received funding from DCC Tactical Management Group. Looked at a whole system approach and worked hard to challenge the perception that only the public services could solve community problems, but that the voluntary sector played a significant part to enable active citizenship and thriving communities. • VCSE Groups had worked with DCC Smarter Devon and designed 8 themed Covid data impact workshops during the summer of 2021 and was able to 		

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	<p>bring the community experience and view to those discussions.</p> <ul style="list-style-type: none"> • Three cross sector creative conversation events were also held, which involved very open conversations across all leaders and focussed on 3 key issues: collaborative commissioning, social value and community wealth building, and co-production. • The allocation of £1m COMF to Devon VCSE Alliance, symbolised increased trust from the public sector to the voluntary sector. <ul style="list-style-type: none"> • Devon County Council had gained a better understanding of how the VCSE sector worked and how it was best placed to access vulnerable communities. The past two years had enabled great joint working between public and voluntary sector and improved how all Services supported people through self-isolation. Training was also provided by Citizens Advice and Living Options Devon which had been crucial. • The development of a new Devon, Plymouth and Torbay VCSE Assembly, a model in development which put citizens at the heart of everything. It was an inclusive network that recognised the needs across the whole sector, not just the ICS and had received over 100 positive responses about the model moving forward. <p>On behalf of Devon County Council, the Chair thanked those working in the voluntary sector for all that had been achieved over the past two years and for how they had worked with DCC to help support the people of Devon and reach vulnerable communities.</p> <p>The Chair of the ICS thanked those for the presentation and asked what learning could be taken moving forward and what could be done differently in the future?</p>		

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	<p>Members were advised that Voluntary groups worked hard to make the best use of the Covid recovery fund and were also tasked with processing central Government funding with fast turnaround and delivery expectations. Along with the £1m COMF there was an intense period of activity to spend the funding by the end of March, with no strategic planning in place. More planning in the future in how to access and deliver funding to maximise the benefits to communities would be useful.</p> <p>Other discussions points with Members included:</p> <ul style="list-style-type: none"> • It was important to reflect that this was still the start of the journey and this way of collaborative working was for life and not just for Covid. • There had been areas of learning around workforce development across the voluntary and public sector. Points had also been raised around trust, and how much the voluntary sector had valued the early engagement with the ICS and how it recognised the complexities of the voluntary sector. • Questions had been raised around recognised ways of working and the need to be creative around how the Sectors could work together – for example, issues around whether DCC was procuring people or seconding them and ensuring VCSE groups had time and capacity to work with DCC. • The development of the new ICS partnership Board had been positive and inclusive, with 2 Members of VCSE sector sat on the working group to look at Governance arrangements and structure. The Third sector news had published statistics that 9 out of 10 charities expected significant increases in demand over the next 5 years, and it was important to note that core work was still ongoing! <p><i>(Presentation slides are attached to these minutes)</i></p>		

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33.	<p>Schools Update</p> <p>The Head of Education and Learning attended the Board and gave the latest position on the impact in schools.</p> <p>The number of positive cases had begun to stabilise over the past week in schools. At Christmas the number of positive cases had risen rapidly and as of 25 January, there were approximately 4,000 children absent due to Covid (still half the number compared to July 2021). The numbers of absences had since decreased to 1,600 a day, and school attendance had risen to 91.5%, which was above the national average. This was still a long way from normal school time average of just over 95% attendance rate. Schools were now looking at how to support children to get back to school and ensure they did not fall behind in their learning.</p> <p>Schools were waiting to hear how the relaxation of restrictions would affect them, particularly around testing and managing absences. The Council was working closely with schools and the DfE around any changes and what that might mean.</p> <p>One area that had changed significantly during the Pandemic was how effectively Schools were able to recruit support staff. Prior to the Pandemic, advertised jobs would often see 100 applications; in some cases they were now only receiving 1 or 2 applicants, especially in rural areas. Previously families looked to term time only jobs, but it was possible that the flexibility in home working had resulted in more opportunities in other job sectors. This was combined with high house prices and rental, making it difficult for people to live in Devon. Schools were keen to promote that support jobs such as Teaching Assistants could lead to a whole range of opportunities and career paths.</p> <p>The University of Exeter was seeing a gradual decline in the number of positive</p>		

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	cases, with daily average cases of 26.4, down from the previous week.		
34.	<p>Public Questions / Other Questions for the Board There were no public questions.</p>		
35.	<p>Key Messages to be Communicated The Board and Head of Communications and Media considered the key messages coming from the meeting.</p> <p>The core messaging is attached to the minutes for wider circulation as appropriate.</p>		
36.	<p>Date of Next Meeting Members noted the date of the next meeting as 15 March 2022 @ 10.30am</p>		



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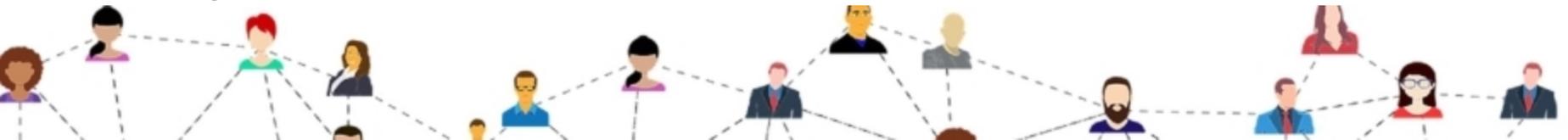
Devon VCSE & Public Sectors Creative Collaboration in a pandemic

Local Outbreak Engagement Board
Tuesday 15th February 2022
Nora Corkery, Karen Nolan & Martin Barnard

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Context

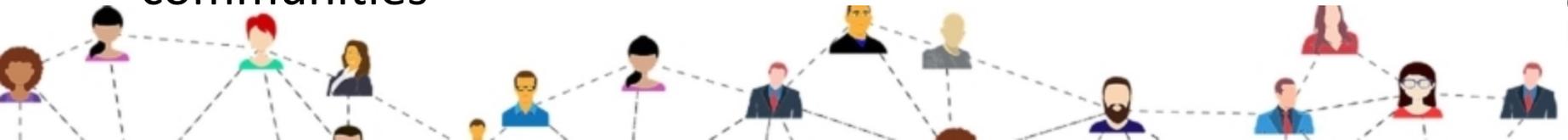
- Covid 19 – A unique challenge – immediate & focused
- A clearly communicated national challenge & a common understanding of the issues/needs of individuals and communities.
- Conditions created in public sector to work differently acting more like the voluntary sector – agility & flexibility
- Public sector relaxed processes and procedures to enable fast response - Emergency empowered individuals to think creatively
- VCSE flexible – adaptable – connected – infrastructure support aided and assisted community based voluntary action
- Existing VCSE networks were able to reach local communities quickly and provide effective support
- Communities rose to the challenge to help neighbours and residents – response/ recovery funding available
- Strong partnership working with public sector key service providers – co-ordinated response – with common aim and objective



How has the VCSE sector worked together differently?

Devon Local Response and Devon Recovery VCSE sub - group
(Devon Recovery Co-ordination Group)

- Funded by VCSE sector and DCC Tactical Management Group.
4 Work Streams: Communications; Strategic Engagement; Capacity & Need Mapping; Social Value & Impact
- Mapped over 6,000 VCSE organisations contributing to our economy, environment and the health of our citizens
- Agreed on need for a collaborative, solution based, whole system VCSE/ Public Sector joint leadership approach
- Actively challenged the assumption that public services alone can solve problems & enable active citizenship and thriving communities



How have the sectors worked together differently?

- Devon Adult Social Care Service invited VCSE participation in daily cell emergency response meetings
- VCSE included in Team Devon LOEB meetings
- Devon Recovery Co-ordination Group - VCSE/ Public Sector co-design and co-facilitation of a series of 8 themed covid data impact workshops during the summer of 2021

“Seeing the Bigger Picture” Report

- 42 presentations combining public sector data with VCSE data & “lived experience” attended by over 100
- The data collated will contribute to the Devon Recovery dashboard.

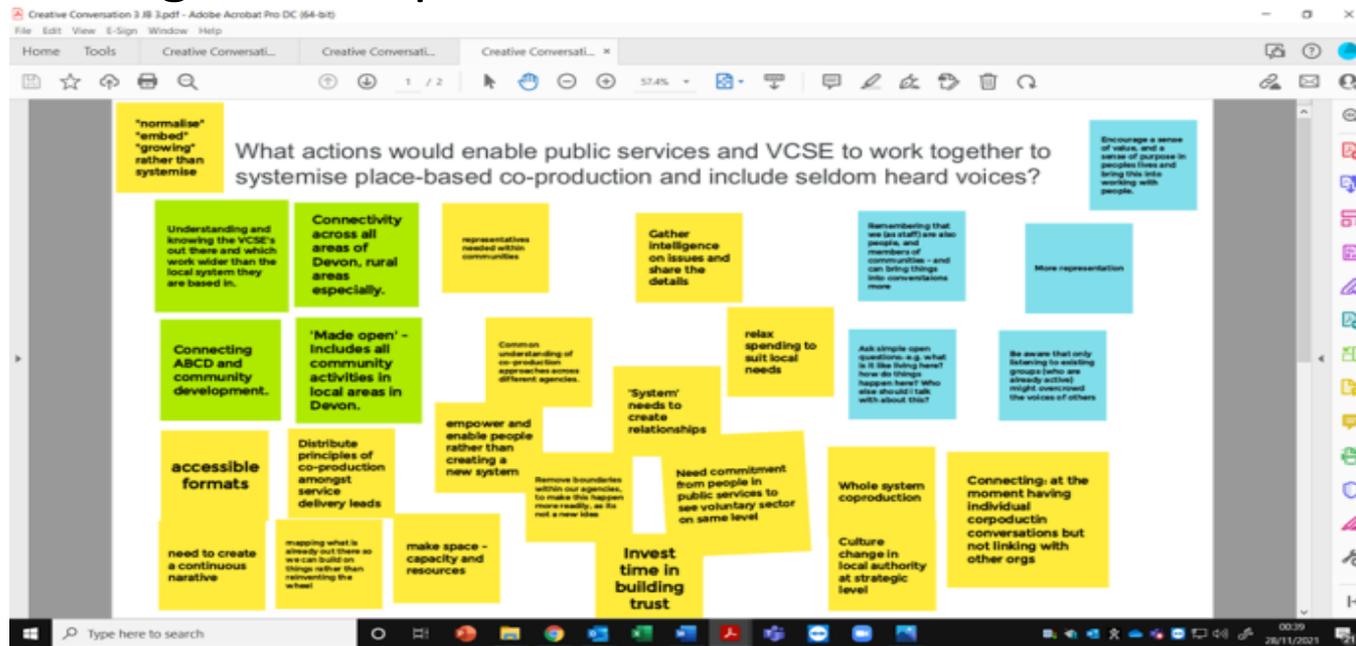


How have we communicated differently?

‘Creative Conversations’ Autumn 2021

- Built collaborative thinking - 3 strategic cross sector “Creative Conversation” endorsed by Public Sector Leaders focused on collaborative commissioning; social value & community wealth building and co-production.

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What have we done differently together?

Devon Public Health/ VCSE
Contain Outbreak Management
Partnership Approach

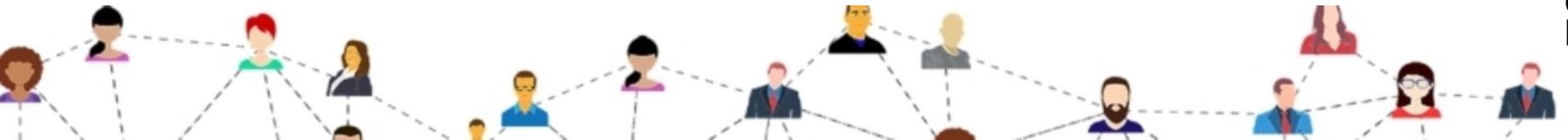


- VCSE have collaborated on **3 different levels**- working with individuals/ partnership between organisations & at a strategic level
- VCSE posts **seconded** to join Public Health Test & Tracing Team & **referral pathways** established to VCSE
- COM Self- Isolation & COMF **Community Grant Funding Schemes** Collaboration - Joint Grant Awarding Panels
- Joint VCSE/ CCG NHSX funded **community insight** programme researching barriers to accessing remote medical appointments
- Allocation of over **£1 million** Public Health COMF funding to a Devon VCSE Alliance November 2021 – March 2022 – Increased Trust & risk appetite



DCC Perspective

- The value of VCSE DRCG R&R Group
 - A 'known' place to go to,
 - Enabled coordination for vaccine volunteering requirements,
 - Enabled data impact of covid work,
 - Has helped develop coordination in the sector – steps to the assembly,
- Self-isolation support,
 - Secondments to jointly set-up and administer practical support – grant and contact tracing,
 - VCSE perspective key in relationships and making informed panel decisions,
- COMF allocation to VCSE sector
 - Sector taking ownership and lead for delivery,
 - Has helped develop the 'trusted partner' relationship,
 - VCSE understanding of sector essential for delivery,



What have we learned? Together is better!

- Developed better **relationships**
 - Built more **trust**
 - Improved understanding of expectations and pressures across sectors
 - Engendered joint sense of ownership of outcomes
- More **collaborative working** from a position of mutual **respect** & greater recognition of **VCSE expertise, adaptability & professionalism** led to
 - More **creative** and **flexible** solutions
 - Potential for sharing roles and innovative cross sector working
- Needs nurturing and investment to continue
 - Engaging all levels
 - Open and transparent

Communities benefit!



Next Steps

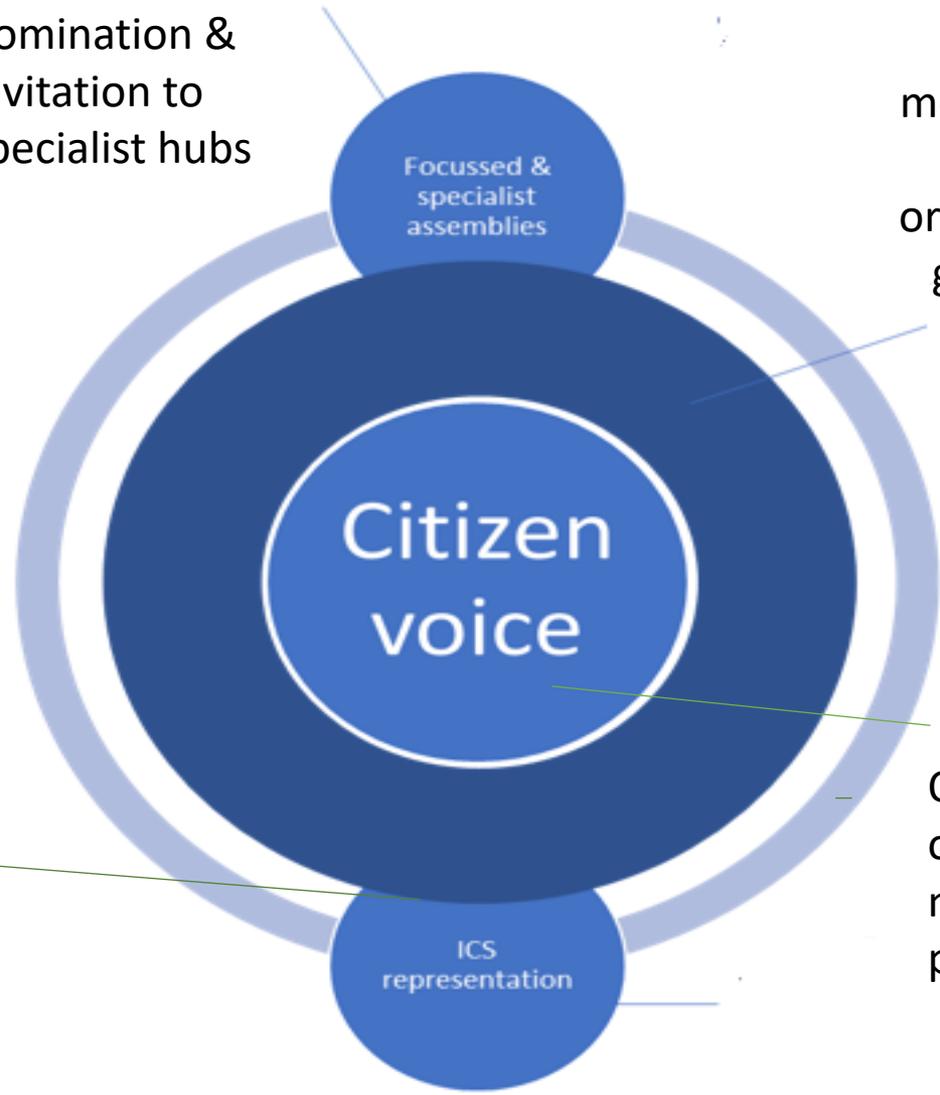
- **VCSE infrastructure investment** to influence strategic, people centred and place- based policy & service development to enable positive change
- Grow **VCSE/ public sector collaboration** to improve local community outcomes including – health & social care; wellbeing; economy; community wealth building; affordable housing, community resilience, digital inclusion; transport, inequalities & climate change
- Develop **system change dialogue** on creating culture shift and improved outcomes through **Joint Leadership** & social value based collaborative commissioning to support a new way of working.
- Continue evidence – based approach through a shared **VCSE sector asset map data-base** of activity and social value adding **insight & intelligence**.
- Development of a new **Devon, Plymouth & Torbay VCSE Assembly** to pilot and develop new ways of working that benefit communities



VCSE General Assembly

Self selection, nomination & invitation to specialist hubs

Open membership. any organisation/ group can join.



The appropriate number of seats on the ICS statutory Partnership Board that reflects the size & diversity of the sector:

- 3 consistent seats (Devon, Plymouth & Torbay)
- 2 seats for focused / specialist input

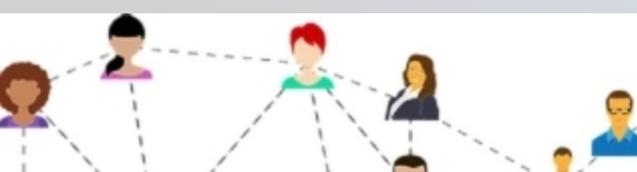
Opt-in, opt-out model of participation.

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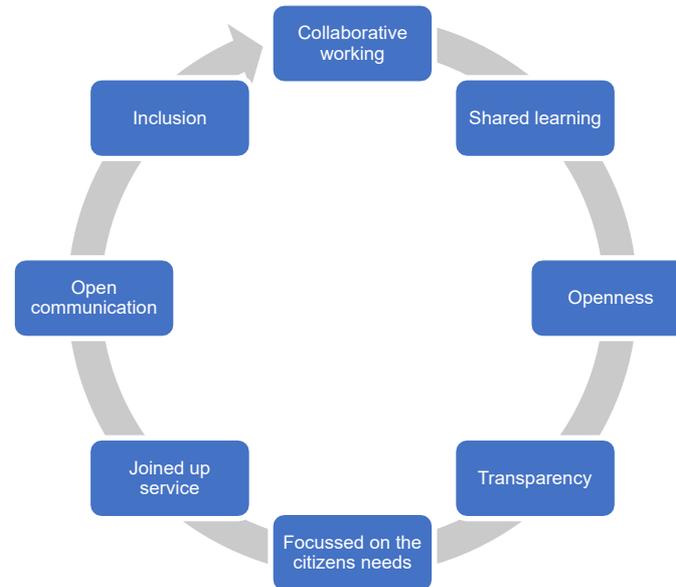
VCSE ASSEMBLY VALUES

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 There is a co-designed shared mission & set of values. This will be honed as we develop the model



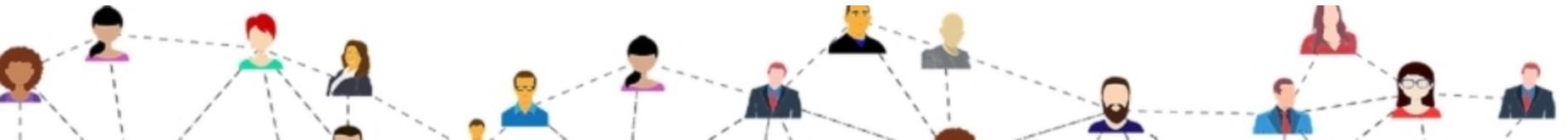
Vision of successful partnership

What does good look like? What would it feel like?



Thank you

Any Questions?



Covid-19 Outbreak Management CORE SCRIPT – 15 February 2022

“Case levels have fallen, but we are not out of the woods, and we should not allow ourselves to become complacent.”

We should remain cautious as we approach these next few weeks and months. Ending the obligation for people to self-isolate does not mean that coronavirus is now any less a risk to our population. It’s vital that people continue to use their common sense and do everything they can to protect themselves, their families and friends. Get your booster vaccination, test regularly, and follow national rules.

- Case rates are slowly reducing across Devon but continue to remain high and above the England average.
- High rates of testing – testing rates in Devon are 35% higher than the national average – partly explain the high number of cases in Devon.
- Highest rates across the county are seen among our younger age groups, followed by working age groups, however rates have continued to reduce.
- Cases within primary and secondary schools are reducing but continue to be high, and we are working individually with schools where there are outbreaks to reduce the risk of spread.
- We are also monitoring any impact of high case levels in schools, within their local communities.
- Hospital admissions across Devon have fallen steadily since the beginning of February, (with the exception of RD&E. This reflects the current high number of cases within Exeter). The severity of illness appears to be less with fewer people needing intensive care.
- Deaths linked to Covid remain relatively low and overall death rates remain at the seasonal average.
- There is a volume of concern among those that represent vulnerable groups, that the removal of self-isolation legislation will increase risk to those groups.

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- Concerns also remain about ongoing pressure across the health and social care in terms of both managing hospital numbers and the wider impact of staff illness and self-isolation on the whole system.
- Vaccine take-up is good in Devon, although additional effort is being made to encourage certain groups to take up the vaccine, e.g., care workers, unpaid carers, and other specific groups with lower take-up.

Key Public health messages:

The prospect of removing the current legislation around the need to self-isolate, after a positive test or with symptoms, has highlighted concerns among vulnerable groups who are more at risk from coronavirus.

It is vital that people continue to look out for each other, and do all they can to reduce risk, especially to those who are more vulnerable.

That means being respectful of other people's concerns and personal situations.

The removal of legislation is likely to also impact on businesses, as employees and their employers will have to decide for themselves whether they are well enough to work.

The public health advice is that anyone who shows symptoms of infection, e.g. sore throat, cough, high temperature, vomiting or diarrhoea, should not attend the workplace or school.

People should continue to be cautious, use their common sense and follow basic public health advice, and it is very important people continue to conduct regular testing, and for now, self-isolate if symptomatic or positive.

Other key messages

Hospitals and health service

- Hospitals admissions for COVID have fallen steadily since the beginning of February and remain stable across Devon, Plymouth and Torbay.
- Numbers in ITU have fallen and we are not seeing the severity of illness as in previous waves.
- Hospitals and SW Ambulance Trust are however continuing to experience extreme pressure.

- Currently 2.6% of NHS staff are off with COVID-19 but sickness levels are stable.

Mass vaccination

- Numbers double vaccinated across Devon is high (90%+) but targeted work ongoing to promote where uptake has been lower.
- At least 85% of all eligible people have already had their booster as a result of the winter push (with higher rate in over 50s and those with underlying health conditions).
- Vulnerable young people, aged 5 to 11 years old, are now being encouraged to come forward for their vaccination.
- The [latest data from UK Health Security Agency](#) shows that boosters significantly reduce the risk of death with Omicron.
- A new vaccine (Novavax) has been given approval by the Medicines and [Healthcare Products Regulatory Agency](#). The JCVI will consider its use.

Care Homes and vulnerable people

- Rates among older people remain relatively low, however around half of the total number of care homes in Devon are currently experiencing outbreaks (2 or more linked cases among residents and/or staff)
- The whole care sector continues to be under pressure and concerns remain over the impact of COVID-19 leading to further staff shortages
- Vaccination programme highly effective with high take up among older people and care staff
- [The Government has now launched a consultation](#) with health and care workers, re the mandatory vaccination for frontline health and care staff.

Schools and education

- School attendance in Devon (currently around 91.5%) remains above the national average, but still below pre-COVID levels. Schools are working hard with young people to help those who have been off school unwell, or learning remotely, to re-engage them in the classroom.
- Case levels in Devon schools are stabilising and have fallen.
- Devon currently has an above average number of teaching staff off work with illness (not exclusively coronavirus)
- Schools, and Devon County Council, are awaiting further national guidance concerning testing and self-isolation, to understand the impact (that removing the legislation will have) on schools.

Local Community Testing and Contact Tracing

- Outreach testing and vaccination programme is expanding, and is now working closely specifically with harder to reach and vulnerable groups, as well as the general population.

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Economy and Businesses

- The impact of coronavirus on the Devon and south west economy is likely to be seen for some time to come, especially within the hospitality sector.