



Team Devon Local Outbreak Engagement Board

Decision and Action log

TEAM DEVON (LOCAL OUTBREAK ENGAGEMENT BOARD)

Date Tuesday, 24 May 2022

Present

Councillor John Hart, Councillor James McInnes, Councillor Roger Croad, Councillor Andrew Leadbetter, Steve Brown, Tony Gravett, Dr Paul Johnson, Sean Mackney, Cara Stobart, Kate Lindsell and Sue Wilkinson

In attendance: Tony Parker, Damian Furniss, Councillor Andrew Saywell, Simon Chant, Andrew Yendole, Karen Strahan and Peter Doyle

Apologies

Councillor Bob Deed, Diana Crump, Dan Evans, Chris Lindsay, Shaun Sawyer, Sarah Wollaston and Simon Fishwick

| No. | Decision/Action/Message | Who Will action? | When? |
|-----|---|--------------------------------|-------|
| No. | Decision/Action/Message | Who Will Communicate / action? | When? |
| 53. | <p>Notes of the Previous Board Meeting from 26 April 2022 The notes of the previous Board meeting on 26 April 2022 were endorsed.</p> | | |
| 54. | <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> | | |
| 55. | <p>Presentation from the Health Protection Board The Board received a presentation from the Health Protection Board on current issues, data and matters for information.</p> <p>Matters included in the presentation (slides attached) and explanation which highlighted:</p> <ul style="list-style-type: none"> • survey data methodology based on ONS infection surveys, hospital admissions, death and positivity rates; • summaries of the national and local Devon positions which showed a steady decline in infections, admissions (including intensive care) and deaths and the level of antibodies covering 99% of the population; • the Devon Dashboard would be updated shortly based on robust ONS survey results and the data mirrored the national picture; and • the headline points which showed that death rates were in-line with seasonal averages indicative of the effectiveness of the vaccine programme; and that | | |

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| | <p>long-covid remained a significant burden within the general population.</p> <p>The Board noted the position.</p> <p>The dashboard pages available here: UK summary: UK Summary England Summary Coronavirus (COVID-19) in the UK (data.gov.uk) Devon Dashboard: Coronavirus dashboard and data in Devon - Coronavirus (COVID-19) Interactive Map: Interactive map of cases Coronavirus in the UK (data.gov.uk)</p> | | |
| 56. | <p>NHS Update</p> <p>The Dr Paul Johnson, Chair of the Clinical Commissioning Group presented to the Board data on NHS pressures, admissions, hospitalisations and vaccine rates.</p> <p>Of note, Dr Johnson highlighted that:</p> <ul style="list-style-type: none"> • the number of positive cases in hospitals which was 47 (across CCG Devon's Hospitals) a significant reduction by 80% from the previous month and of these only 1 was in intensive care, compared to 1/10 of admissions at the height of the pandemic; • staff absences due to C-19 was at 17% (302) compared to 50% at the height of the pandemic; • the spring booster programme covered the over 75s and the clinically vulnerable and 82% of those eligible had been vaccinated in line with the national rates; • interim JCVI guidance for the Autumn vaccination programme would include all front-line health and care staff and the over 65s; and | | |

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| | <ul style="list-style-type: none"> nationally the NHS had declared a step-down from Emergency to Level 3 status, which meant regional rather than national control and allowed for greater flexibility to manage resources, indicative of the lessening pressures. <p>The Board noted the position.</p> | | |
| 57. | <p>Local and National Updates</p> <p>The Director of Public Health reported on changes to the UK Health Security Agency, commenting that the additional enhanced capacity (80 personnel) to cover the South West was being reduced in-line with reduced budgets. However, 'business as usual' with collaborative working across agencies would continue and there remained cover for further local outbreaks with support for care homes and local care providers.</p> <p>in view of the sub variants of concern BA 4 and 5, the autumn booster programme could be stepped up if necessary.</p> <p>The Board noted the position.</p> | | |
| 58. | <p>Social Care and Homes</p> <p>Damian Furniss - Senior Manager of Policy Performance & Involvement presented to the Board (slides attached) on the position in the County Council's Adult Social Care services. This covered</p> <ul style="list-style-type: none"> outbreaks in Devon since the pandemic, comparative fatalities in care setting which had been significantly less than | | |

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| | <p>national levels due to a range of factors including early intervention by homes and support by the County Council (and other authorities) as outlined in the slides 'Support from the Devon health and care system' and investment to mitigate risks in care settings;</p> <ul style="list-style-type: none"> • the level of vaccine uptake by care staff and residents which was in the upper quartile nationally; • the challenges faced in recovery and the response to Covid-19 which continued now with 'business-as-usual', with an agreed escalation plan. Challenges included reduced emergency financial support/resources from Government and the impact this may have on providers. <p>Board Members expressed their gratitude to health and care staff across all settings and their success in mitigating the worst impacts of the pandemic as encapsulated in the above presentation. The Board also recognised the role of volunteers across all communities in Devon for their work and dedication under difficult circumstances and recognising that this work continued with the improving position now and into the future.</p> <p>The Board also noted that this was Paul Johnson's last meeting as he was moving to a new role and Members thanked him for his service to this Board and his calm, measured and professional response/advice during the height of the pandemic. The Board noted that Darryn Allcorn (Chief Nursing Officer) would replace Paul on the Board as the Devon CCG representative.</p> | | |
| 59. | <p>Public Questions / Other Questions for the Board There were no other questions raised for the Board.</p> | | |

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| 60. | <p>Key Messages to be Communicated The Board and Head of Communications and Media considered the key messages coming from the meeting.</p> <p><i>These included: 'although we are all learning to live with Covid, it hasn't gone away and people should continue to be mindful and respect those who still feel vulnerable. We want to thank the public for continuing to take up their vaccines and give a huge thank you to all those health and social care workers, backed by local communities and volunteers, who continue to look out for vulnerable people and who have worked so hard for so long to keep everyone, especially the most vulnerable, safe and well.'</i></p> | | |
| 61. | <p>Date of Next Meeting - Scheduled for 20 June 2022 Members noted the date of the next meeting as 20 June 2022 @ 2.30pm.</p> | | |

Covid-19 Monitoring 2022-23

Team Devon: Local Outbreak Engagement Board
24 May 2022



Monitoring Covid-19 in 2022/23

Testing and resulting case data is no longer a reliable guide to overall levels of Covid-19 in population as testing is no longer freely available and routinely undertaken. This brings other sources and measures to the fore, including:

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ONS Infection Survey

Deaths: Covid-19 deaths and total deaths vs seasonal average

Admissions/Cases in Hospital

Positivity rate (positive tests divided by total tests)

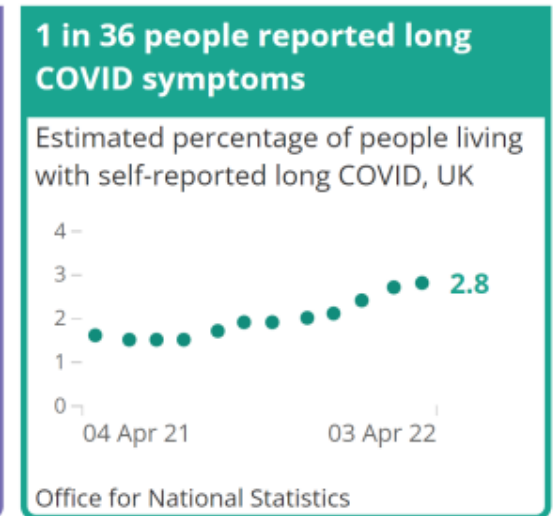
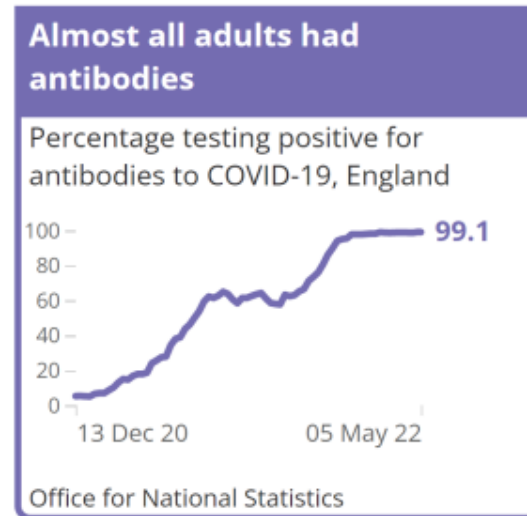
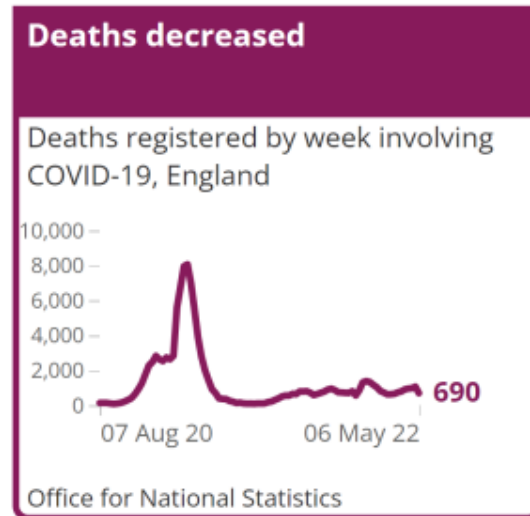
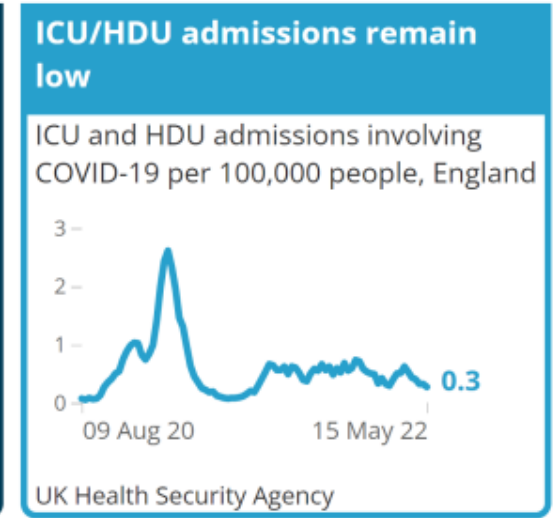
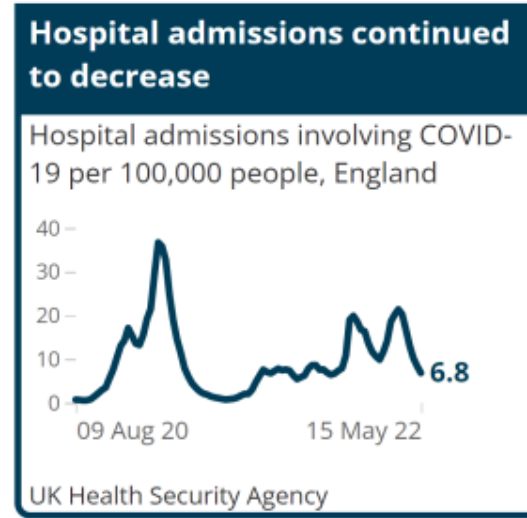
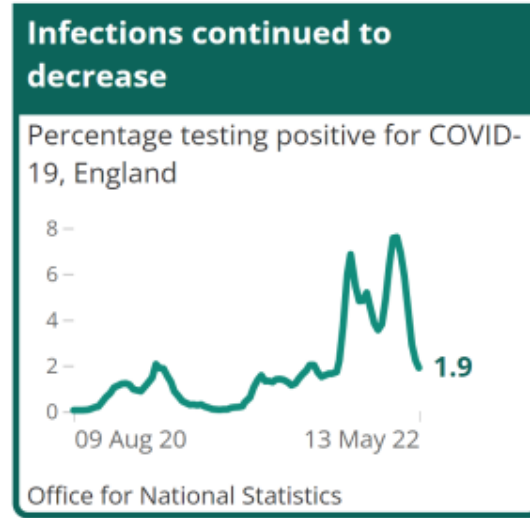
Devon Covid-19 data and intelligence resources are being updated to reflect this

ONS Covid-19 Insights (national picture)

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19/latestinsights>

Comparisons Infections Hospitals Deaths Vaccines Antibodies Lifestyle

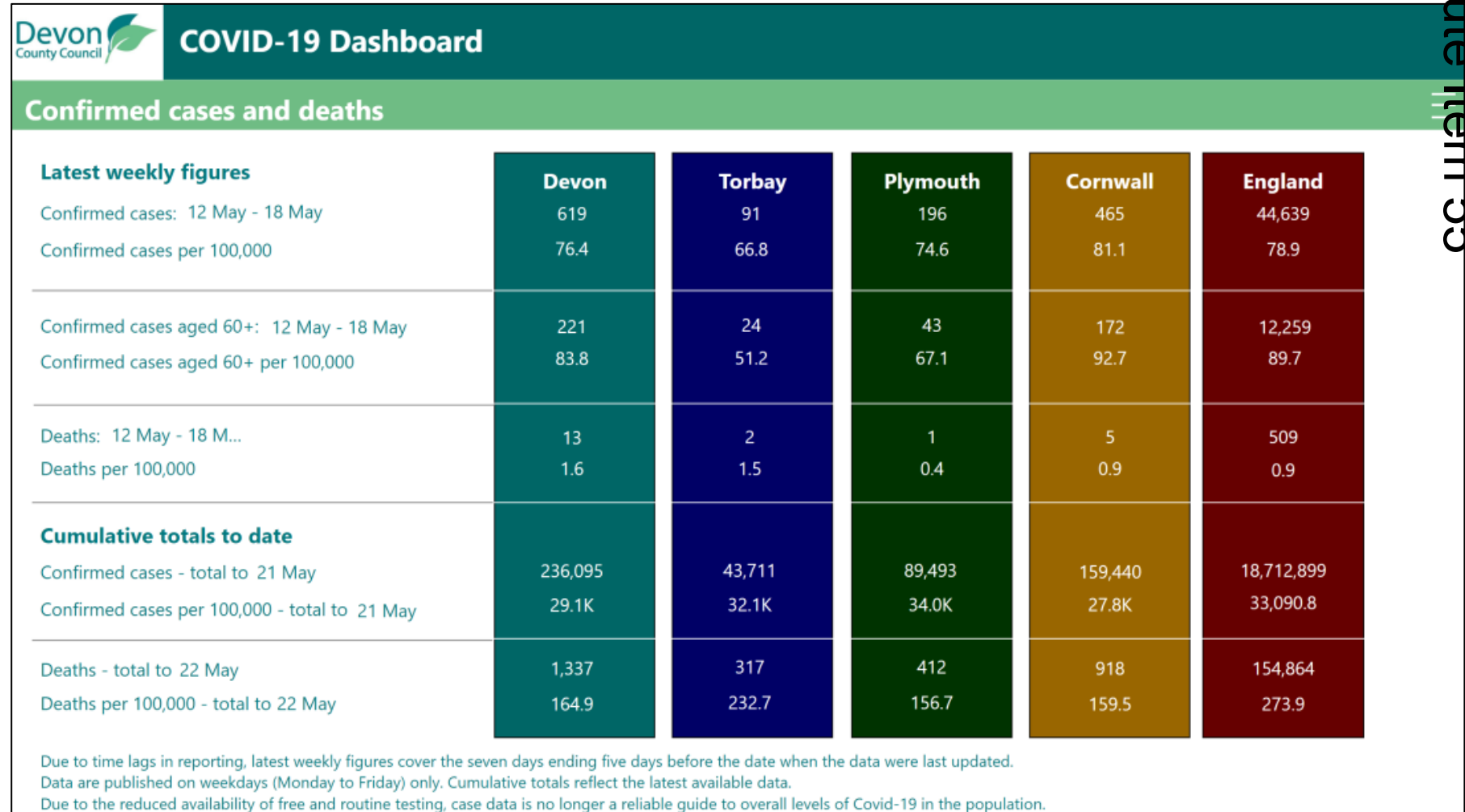
At a national level this page summarises and links to a number of different reliable sources of intelligence on Covid-19



Devon Covid-19 Dashboard

<https://www.devon.gov.uk/coronavirus-advice-in-devon/coronavirus-data/>

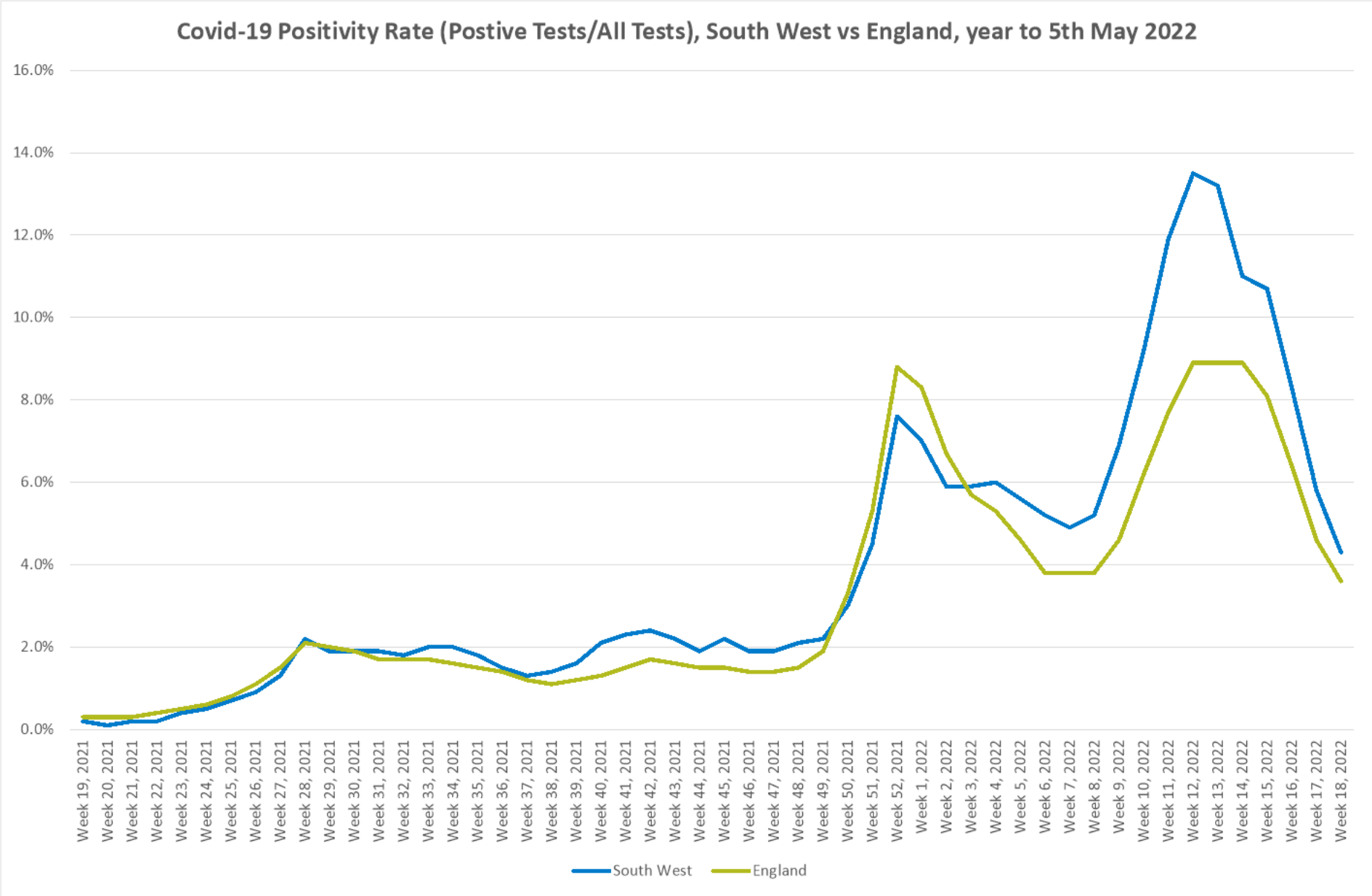
Summarises case, deaths and hospital data for Devon and neighbouring authorities. The dashboard and associated reports will be updated to shift focus from case data, following the ONS insights approach. Deaths and hospital data still fairly reliable.



Minute Item 55

Positivity Rate SW (Positive Tests/All Tests)

<https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2021-to-2022-season>



ONS infection survey (week to 13th May 2022)

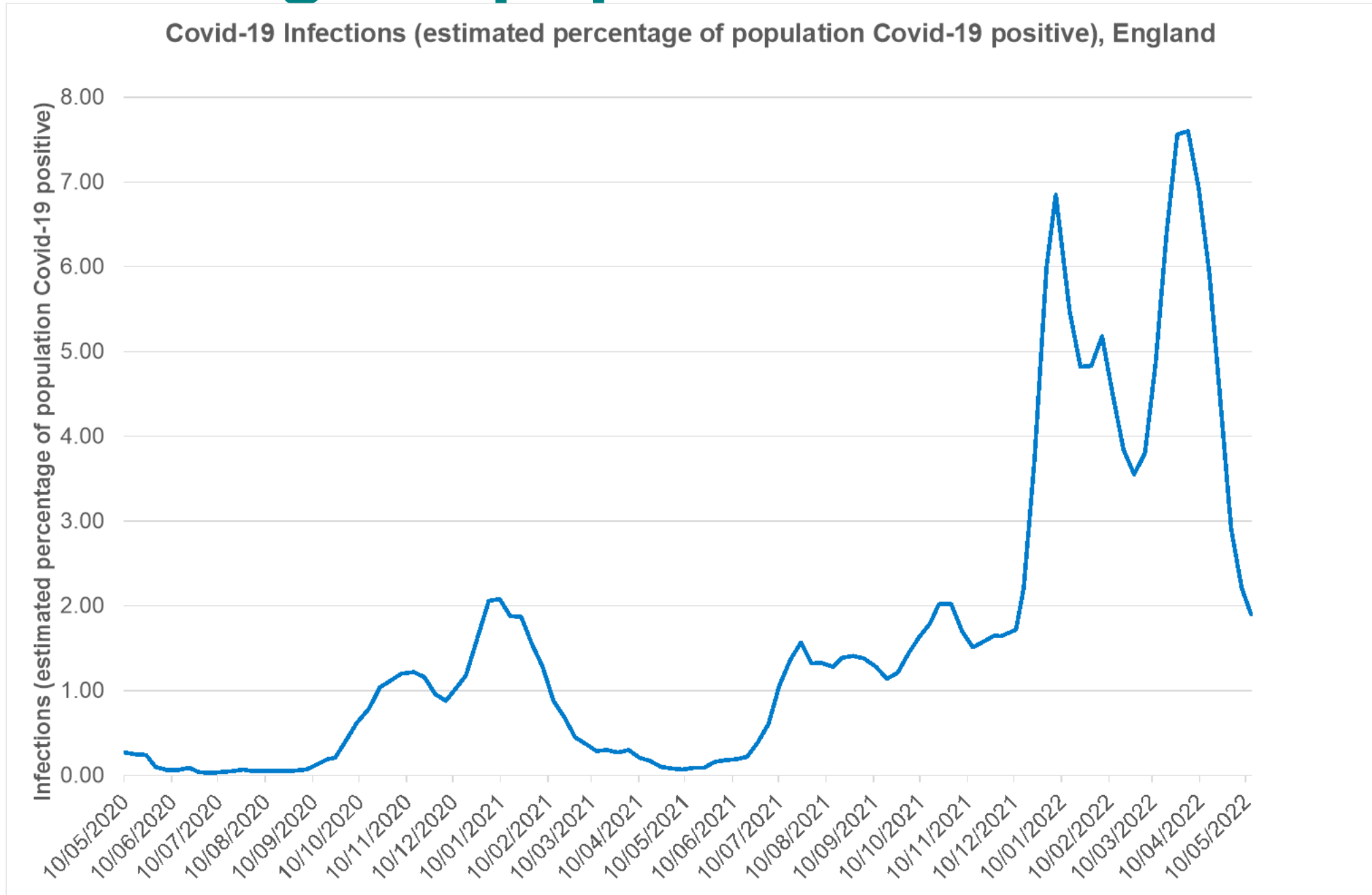
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/latest>

Minute Item 55

| Area | Estimated % of population positive | Ratio |
|---------------------------------|------------------------------------|-------------------------------------|
| Devon CC excluding South Hams | 2.32% (1.77% to 3.02%) | 1 in 45 (‘1 in 35’ to ‘1 in 55’) |
| Plymouth, Torbay and South Hams | 2.23% (1.66% to 2.99%) | 1 in 45 (‘1 in 35’ to ‘1 in 60’) |
| Cornwall and Isles of Scilly | 2.46% (1.85% to 3.27%) | 1 in 40 (‘1 to 30’ to ‘1 in 55’) |
| England | 1.90% (1.80% to 2.00%) | 1 in 55 (‘1 to 50’ to ‘1 in 55’) |

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Percentage of population with Covid-19



Other Headlines

- Recent reductions in deaths mentioned Covid-19 on death certificate
- Current total deaths in line with seasonal averages
- Around 1 in 50 people currently affected by Long Covid (symptoms 12 weeks or more after first infection)

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'Learning to Live with Covid-19' in Adult Social Care

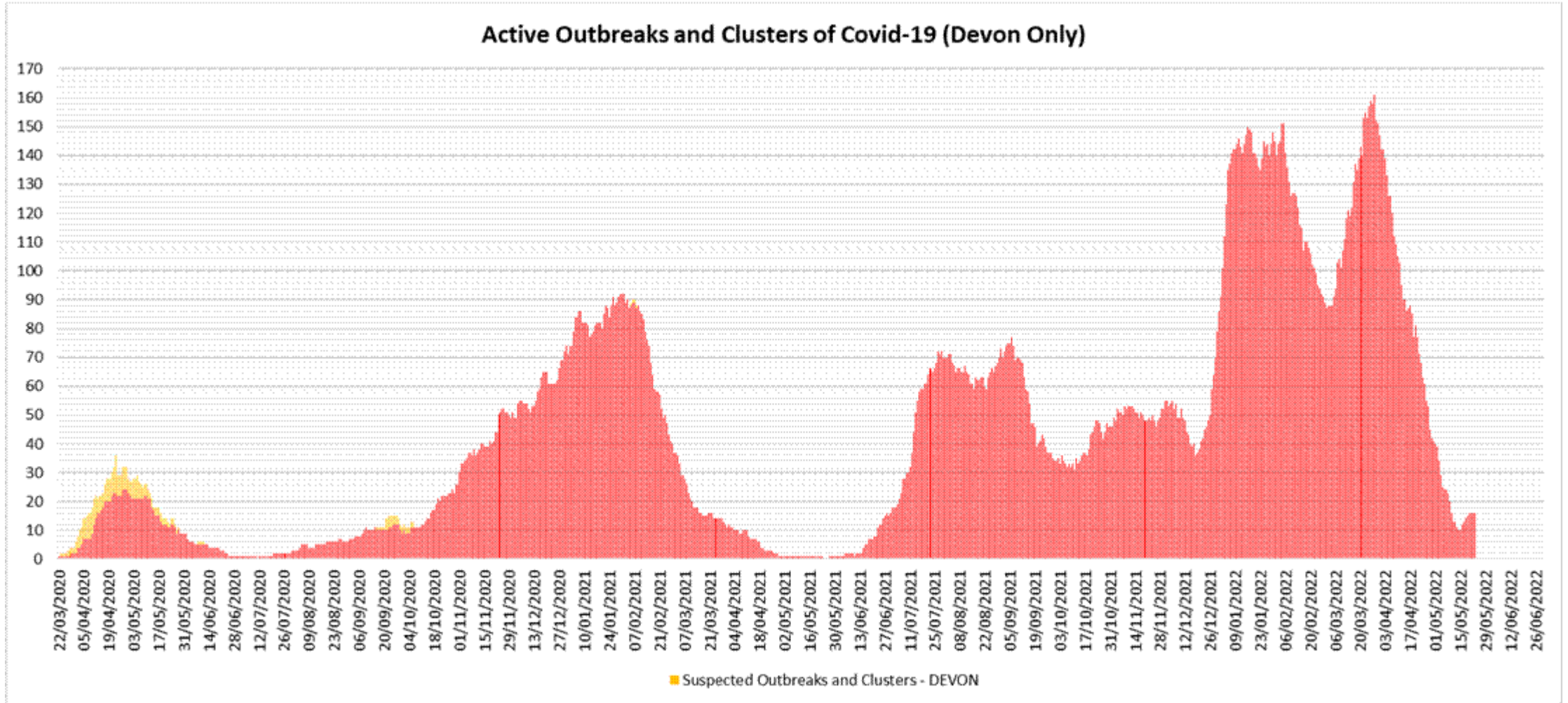
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Team Devon:
Local Outbreak Engagement Board

24th May 2022

Minute Item 58

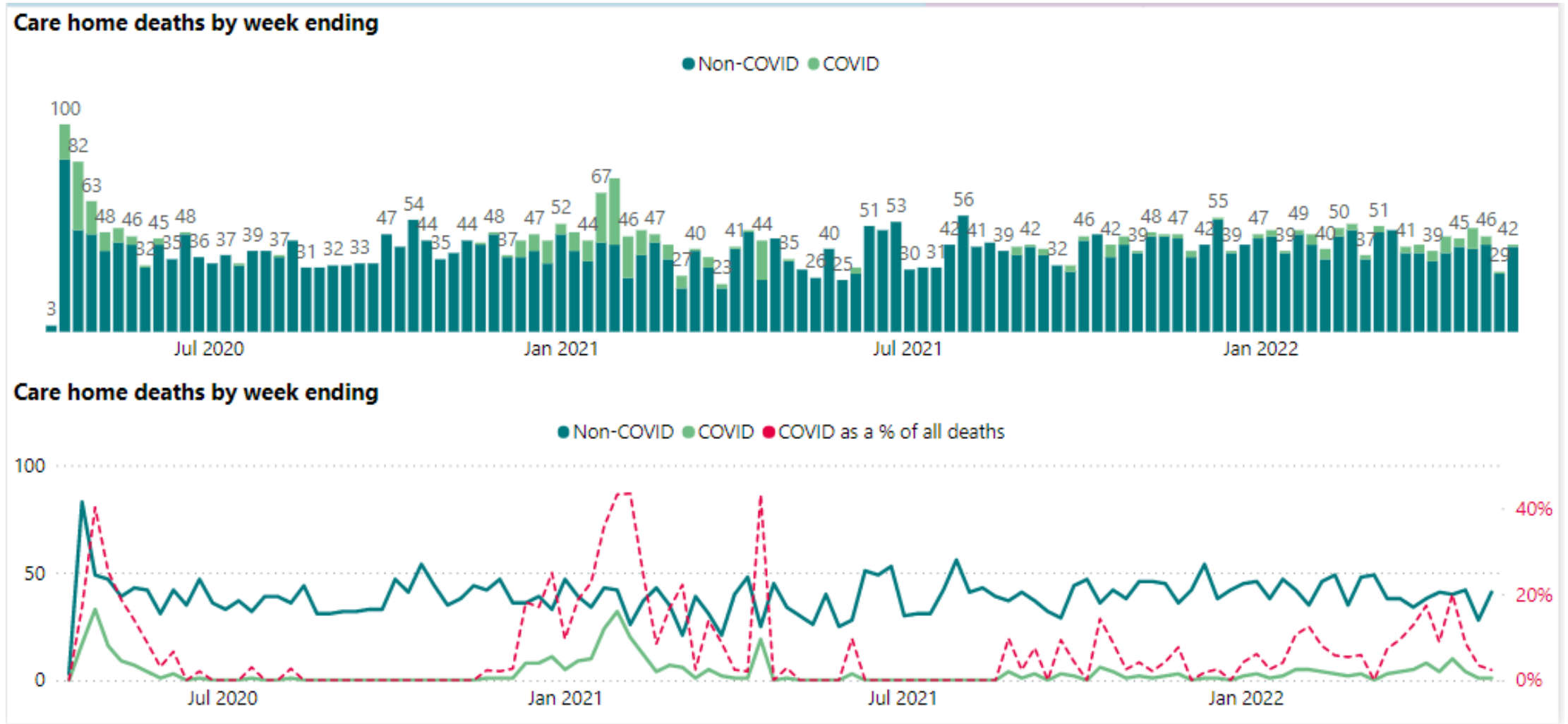
Outbreaks in care settings in Devon



Outbreaks of Covid-19 in care settings have reduced to their lowest level since this time last year.

Deaths of residents in their care home in Devon

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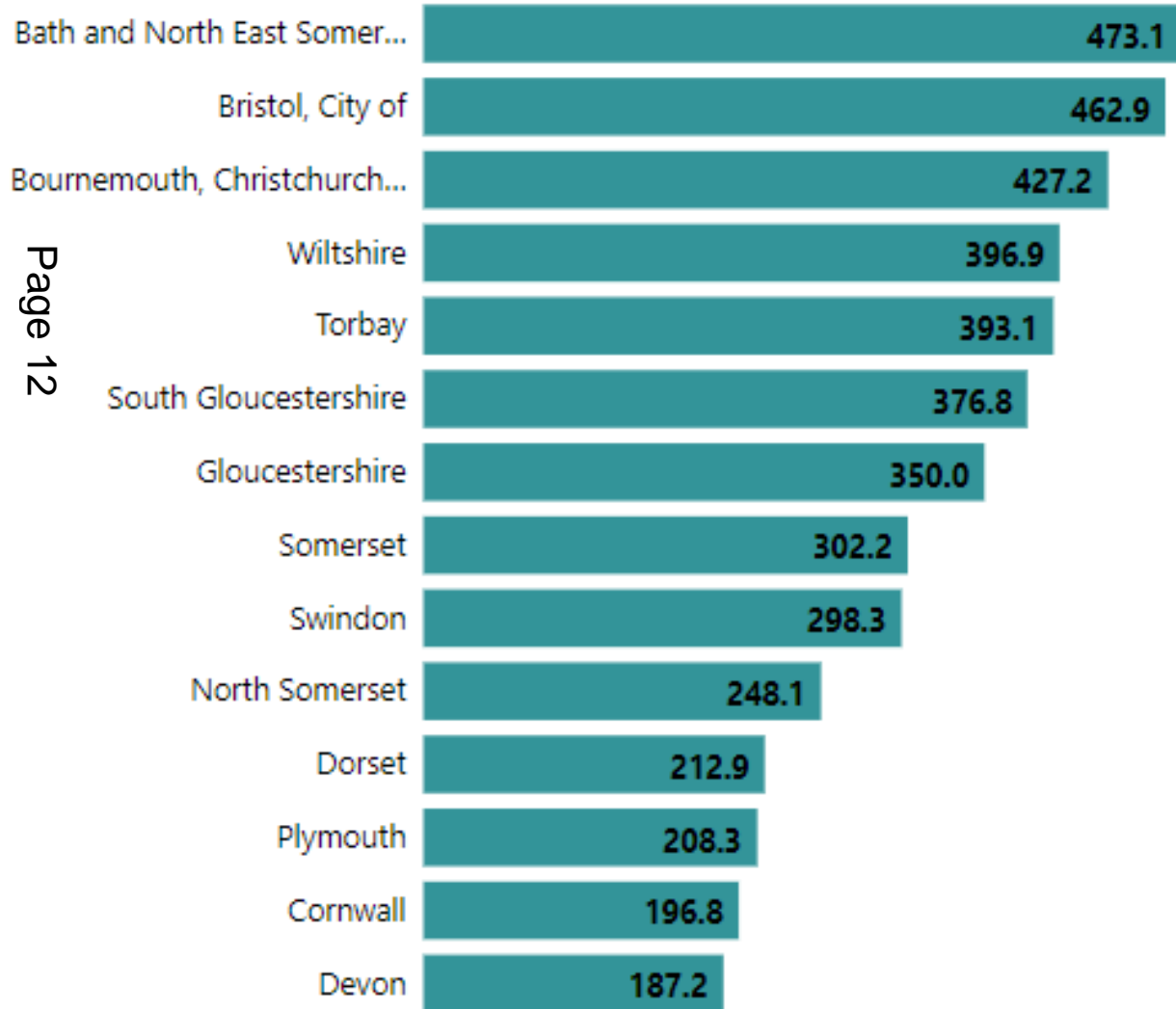


Minute Item 58

Fatalities were concentrated in waves 1 and 2 while at lower levels over a longer period in wave 3.

Comparative fatalities in care settings

COVID-19 Care Home deaths rate per 100k of 65+ population by LA



Fatalities from Covid-19 in care homes relative to the 65+ population in Devon have been the lowest in the region and among the lowest in the country:

- Devon was less impacted by the first wave of the pandemic.
- Our care homes put Infection Prevention and Control measures in place sooner than most and have high uptake of vaccinations.
- Our whole system support to care providers has been well-managed, well-funded, evidence-based and co-produced.

Support from the Devon health and care system

Financial Support:

- Infection Control Fund
- Rapid Testing Fund
- Workforce Capacity Fund
- Hospital Discharge Fund
- Free PPE
- DCC market sustainability funding

Infection Prevention and Control:

- Up-to-date guidance online with weekly newsletters
- Virtual or face-to-face IPC visits
- IPC training by IPC nurses
- Online provider fora and topic-focussed webinars
- Specialist IPC Nurse, PH consultant advice
- Outbreak early intervention and monitoring via OCT process

Outbreak Management:

- Outbreak Control Teams chaired by CSMs
- Collaborative approach involving DCC PH, ASC, CCG and UKHSA
- Public Health TMG led Health Protection Response Hub
- Specialist ASC advice from Tactical Provider Response Team
- DCC agency staff deployment to outbreak settings
- 24/7 on-call support

Local authority led:

- PPE distribution
- Care sector testing
- Care sector vaccine promotion of take-up with bespoke offers
- Data intelligence: monitoring, analysis, and insight
- Case, Cluster and Outbreak management by ASC and PH
- Local Test and Trace, Isolation and Shielding support

Support to care providers has been comprehensive, continues, and is done with, not to.

Uptake of Covid-19 vaccinations in care settings

Older Adult Care Homes

| Residents | | | | | | |
|-----------|-----------------|----------------------|-----------------|----------------------|-------------------|------------------------|
| UTLA | Residents dose1 | Residents dose1 rank | Residents dose2 | Residents dose2 rank | Residents booster | Residents booster rank |
| England | 96% | 80 | 95% | 78 | 90% | 72 |
| Devon | 97% | 29 | 97% | 28 | 94% | 13 |
| Plymouth | 98% | 7 | 98% | 7 | 95% | 10 |
| Torbay | 96% | 63 | 95% | 82 | 91% | 51 |

| Staff | | | | | | |
|----------|-------------|------------------|-------------|------------------|---------------|--------------------|
| UTLA | Staff dose1 | Staff dose1 rank | Staff dose2 | Staff dose2 rank | Staff booster | Staff booster rank |
| England | 95% | 102 | 95% | 102 | 54% | 68 |
| Torbay | 95% | 108 | 95% | 107 | 61% | 32 |
| Plymouth | 99% | 5 | 99% | 7 | 69% | 4 |
| Devon | 92% | 143 | 92% | 140 | 70% | 3 |

Younger Adult Care Homes

| UTLA | Residents dose1 | Residents dose1 rank | Residents dose2 | Residents dose2 rank | Residents booster | Residents booster rank |
|----------|-----------------|----------------------|-----------------|----------------------|-------------------|------------------------|
| England | 94% | 77 | 92% | 84 | 82% | 84 |
| Devon | 97% | 29 | 96% | 26 | 91% | 16 |
| Plymouth | 95% | 58 | 94% | 56 | 86% | 49 |
| Torbay | 94% | 78 | 92% | 82 | 88% | 37 |

| UTLA | Staff dose1 | Staff dose1 rank | Staff dose2 | Staff dose2 rank | Staff booster | Staff booster rank |
|----------|-------------|------------------|-------------|------------------|---------------|--------------------|
| England | 95% | 102 | 94% | 100 | 50% | 77 |
| Devon | 96% | 72 | 96% | 69 | 68% | 9 |
| Plymouth | 98% | 22 | 98% | 23 | 64% | 21 |
| Torbay | 92% | 130 | 92% | 127 | 49% | 89 |

Independent CQC Registered Domiciliary Care Providers - staff

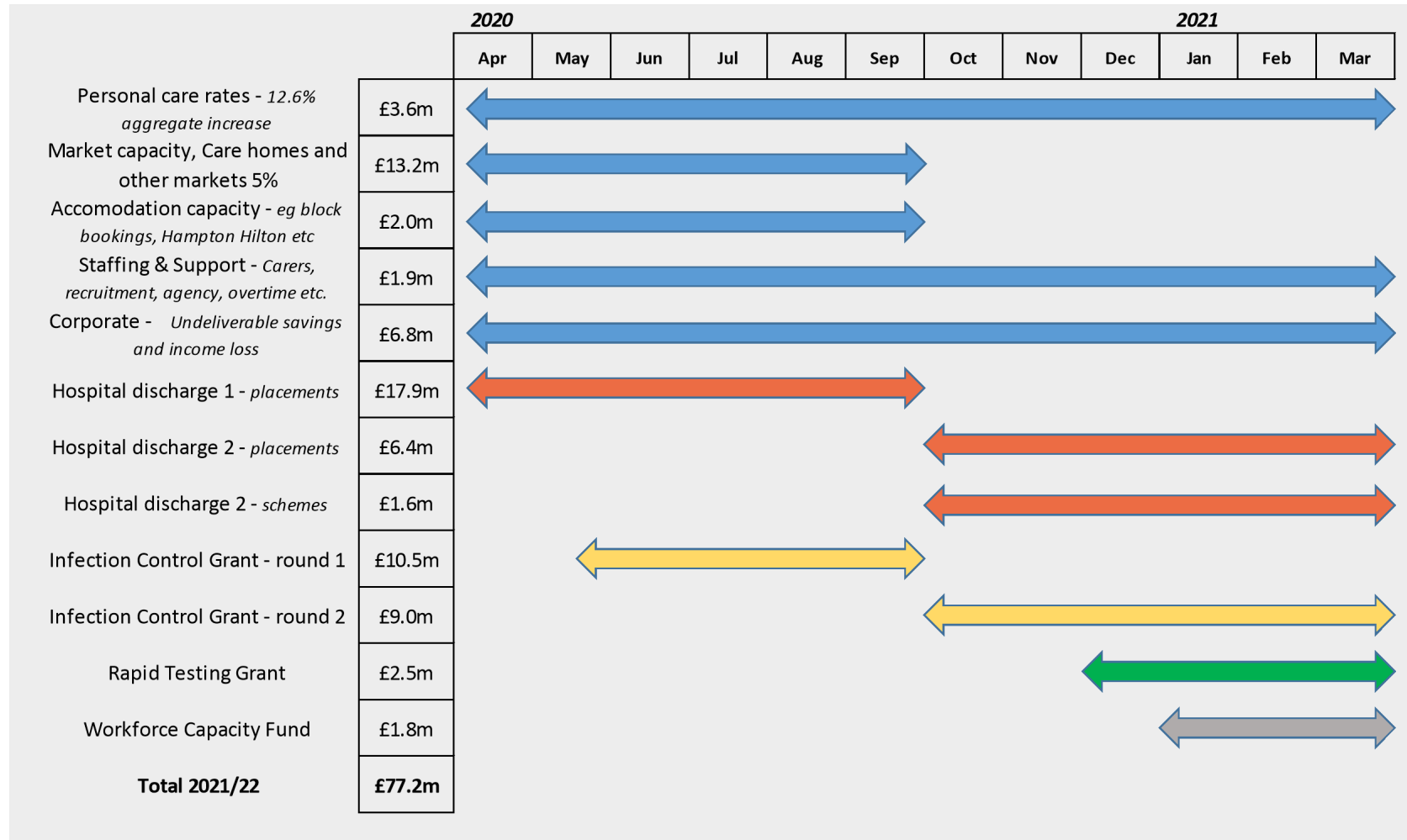
| UTLA | Staff dose1 | Staff dose1 rank | Staff dose2 | Staff dose2 rank | Staff booster | Staff booster rank |
|----------|-------------|------------------|-------------|------------------|---------------|--------------------|
| England | 90% | 81 | 85% | 82 | 46% | 79 |
| Devon | 95% | 8 | 93% | 6 | 66% | 7 |
| Plymouth | 95% | 12 | 92% | 13 | 61% | 12 |
| Torbay | 95% | 10 | 92% | 15 | 66% | 8 |

Other Settings - staff

| UTLA | Staff dose1 | Staff dose1 rank | Staff dose2 | Staff dose2 rank | Staff booster | Staff booster rank |
|----------|-------------|------------------|-------------|------------------|---------------|--------------------|
| England | 76% | 85 | 34% | 71 | 5% | 29 |
| Devon | 95% | 10 | 0% | 98 | 0% | 40 |
| Plymouth | 95% | 11 | 88% | 7 | 21% | 10 |
| Torbay | 100% | 1 | 0% | 98 | 0% | 40 |

Uptake of vaccinations in care settings in Devon has consistently been in the top quartile.

Investment in mitigating Covid-19 risk in care settings



In year 1 of the pandemic, an additional £77mn was invested in the care sector in Devon to fund schemes mitigating Covid-19 risks and impacts on demand and supply, reducing in years 2 and 3.

The challenges we face in recovery

Delivering on charging reform:

- An extended means test with new capital limits
- A Care Cap and Care Account to track spend towards it
- New rights for self-funders
- Fair Cost of Care exercise and a Market Sustainability Plan

Preparing for inspection:

- Introduction of the CQC regulation of LA ASC duties
- Supported by a new performance framework and assessment
- With Ofsted-like inspections commencing in April 2023
- And the prospect of consequent government intervention

Market sufficiency and workforce:

- Provider staff retention and recruitment challenges
- Leading to market sufficiency pressures and unmet need
- Public sector pay falling behind inflation and competitors
- When new capacity is needed to deliver on government reform

Delivering within budget:

- Inflationary impacts on the care market and financial sustainability
- The cost of ASC reform being greater than the government suggests
- Maintaining Covid-19 Response without government funding
- Covid-19 and other impacts on demand for and supply of services

Integrating with the NHS:

- Playing our part in new ICS governance arrangements
- Developing our partnership working at place level
- Working with the NHS to deliver their recovery plan
- Including in admissions avoidance and hospital discharge

Promoting independence:

- Supporting carers who have borne the brunt during the pandemic
- Modernising our care and support of people with disabilities
- Improving their housing and employment opportunities
- Meeting the needs of those with complex needs e.g. dementia

'Learning to Live with Covid-19' in Adult Social Care

QUESTIONS?

