

31 July 2020 Standing Overview Group – Care Homes Testing / Recovery & Restoration in the NHS

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

Recommendations:

That the Committee shares the learning from the most recent Standing Overview Group meeting on care homes testing and recovery & restoration in the NHS to inform its future work programme.

Background

The Standing Overview Group of the Health and Adult Care Scrutiny Committee meets bi-monthly as an information sharing and member development session where issues are presented to the councillors to raise awareness and increase knowledge. Any action points arising from the sessions are reported back to the formal Committee meeting. On 31 July 2020 the Standing Overview Group received presentations from officers on work relating to care home testing and recovery & restoration in the NHS.

Members in Attendance

- Cllr Randall Johnson (Chair)
- Cllr Ackland
- Cllr Asvachin
- Cllr Russell
- Cllr Saywell
- Cllr Scott
- Cllr Trail
- Cllr Twiss
- Cllr Yabsley

Care Homes Testing

During discussions with members the following key areas were raised:

- COVID-19 Local Outbreak Management Plan (LOMP) – the standard framework and principles for the LOMP across the area.
- The NHS integrated COVID-19 Test and Trace service designed to control the virus and enable people to live a safer and more normal life.
- It is likely that most positive tests will be individual cases; community spread would be an even greater concern.
- The comprehensive process to go through before an area is locked down.
- The excellent job care homes in Devon have done, working in partnership with the County Council and CCG. There is a very positive relationship with the local market.
- Devon has the lowest rate of care home fatalities nationally with 82 deaths (the last one in June 2020). The key factors are less COVID-19 in Devon, smaller care homes and also the local approach.
- Infection support grant of £10.5 million invested in Devon care homes. Money going to PPE, additional staff and voids in homes.
- Devon care homes locked down to visitors earlier than national guidance and remained rigorous in their approach. With new residents adopted best practice and isolated for 2 weeks, as well as a zoning approach and access to early testing.
- The importance of continuing with good infection control and prevention.
- Every care home has access to employee testing weekly – about 80% take up - with monthly testing of residents. Seeing small number of staff and residents test positive, but they tend to be asymptomatic.

Issues Identified by Members

The following issues were identified by members during their discussion with officers:

- The R rating in the South West rising. Officers advised that with 6 cases in last 7 days, the R rating was not a particularly useful indicator with very low numbers.
- Care homes. The Quality Assurance and Improvement Team (QAIT) have undertaken in depth analysis of lessons learned.
- Importance of care home visitors/volunteers. Officers would not advocate non-trained staff helping other residents at the current time.
- In terms of 'local lockdowns', officers advised that it is about risk management, patterns of movement etc. To get to a situation where the whole of Devon is in 'lockdown', it would rather be a situation where most of the country is affected. Officers would however rather apologise for locking down a wider area than apologise for not acting swiftly enough.
- Concern about wider economic impact of pandemic.
- Communication strategy. Need for proactive communication strategy. In lockdown the message was very clear, and it is now much more ambiguous leading to some confusion. There is a need for increased publicity on the good work being carried out in Devon to give communities more confidence. Officers advised that the Media & Communications Team were working hard to also disseminate positive messages, but also balanced with the need to continue to promote the importance of social distancing and hand washing etc to guard against complacency.
- The role members can have in terms of communicating with their parishes.
- In the wider population over a 5 year average, Devon does not have a high number of excess deaths.
- Eligibility on testing in adult care homes.
- Devon has high quality care homes and managers.
- Personal care market. A lot of people have not had care workers coming into their homes because of the COVID-19 risk. Officers advised that there has been financial support to those providers, PPE and a testing offer. Working with providers through care management teams to ensure people remain safe. Trying to reassure people that it is safe to have care coming in both from a social care and health perspective.
- Mental health. The importance of reminding people of their responsibilities, but not unduly creating a fear factor and forcing people to hide away. The link with mental health and physical health needs to be recognised.

Recovery & Restoration

Officers presented to members on recovery & restoration in the NHS and highlighted the following:

- On the 29th April 2020, NHS England and Improvement wrote to all NHS organisations thanking their teams for the remarkable response to the greatest global emergency in its history. The letter noted that every patient needing hospital care, including ventilation, has been able to receive it.
- The letter set out actions required as part of a second phase of the NHS response to COVID-19, based on the assumption that there would continue to be cases of COVID-19 and the need to ensure that the NHS fully stepped up non-COVID-19 urgent services within the following 6 weeks.
- The letter also asked that each organisation considered what routine non-urgent elective services could be stood up whilst maintaining capacity to deal with COVID-19 cases but recognising the need to factor in the availability of associated medicines, PPE, blood, consumables, equipment and other needed supplies. The letter also asked for organisations to consider the learning from the response to the crisis and how the innovations could continue.
- NHS England laid out 43 objectives to be completed by the 12 June 2020 which came under the following areas:
 - Urgent & Routine care
 - Cancer
 - Cardiovascular Disease, Heart Attacks & Stroke
 - Women & Children's Services
 - Primary Care
 - Community Services
 - Mental health and Learning Disability & Autism Services
 - Screening & Immunisations
 - Reduce the risk of cross-infection and support the use of technology-enabled care
- The CCG had already set up a team to co-ordinate the COVID-19 Restoration and Transformation planning for the CCG. The Restoration and Transformation Team worked with groups which were already established, to deliver usual business work programmes to review the actions required and to ensure that everything was in place to deliver all the NHSE expectations by the 12 June 2020.
- The following services have been available throughout the crisis, although they may have been delivered in different ways to ensure safe delivery of services for patients:
 - Access to GP services
 - Community pharmacy
 - Urgent Optometry
 - Urgent hearing services
 - Urgent hospital services including cancer, diagnostics and emergency services
 - Mental health
 - Women & Children's Services

Issues Identified by Members

The following issues were identified by members during their discussion with officers:

- The work undertaken in phase 2 of the COVID-19 pandemic response and the planning underway in relation to phase 3.
- Devon's GP referral rate is currently around 70% of normal ("normal" being same time last year).
- 4 months of elective care was effectively lost during the pandemic.
- 52 week elective surgery waits more than quadrupled between March 2020 to May 2020. Officers advised that the priority is urgent elective care. Devon is one of the top local authorities nationally in utilising the independent sector, and through this usage during the pandemic all urgent elective care was delivered. As elective capacity increases then those with greatest clinical need will be

prioritised, which does mean those with lower needs will continue to have greater wait times. Currently at 50-70% of capacity on electives at present so wait times will get worse before they get better.

- Communication strategy on elective surgery wait times. Patients have real concern about when they are going to receive their surgery and need to be contacted. Officers recognised they need to do better with this but are starting to put procedures in place.
- Disparity in provision. Some of trusts can pick up their normal elective work quicker than others Working across Devon footprint rather than just trust boundaries, need to be flexible and understand entirety of risk across the County. Before COVID-19 there were health inequalities across the County and work continues to analyse where those inequalities are.
- Urgent lengths of stay for under 7 days remain around 60% of pre-COVID-19 levels with active discharging and restricted activity.
- Cardiology. There are ringfenced beds at University Hospital Plymouth for cardiac surgery, so Devon patients do not need to go out of County.
- Members praised work in community hospitals in undertaking minor surgeries.
- Impact on urgent care and the need to reduce the pressure on A&E.
- The impact of COVID-19 in terms of dental health.
- The need for diagnostic restoration given pandemic impact and need to address the capacity gap with CTs and MRI scans.

Conclusion

The Committee thanked the officers for attending this meeting and recognised the invaluable work they are undertaking in unprecedented circumstances responding to the COVID-19 pandemic. Members also thanked officers and their staff for working around the clock to make sure services continue to reach communities, ensuring the most vulnerable people are cared for and that frontline staff are supported.

Councillor Sara Randall Johnson, Chair Health & Adult Care Scrutiny Committee

Electoral Divisions: All

Local Government Act 1972

List of Background Papers

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<u>Background Paper</u>	<u>Date</u>	<u>File Ref</u>
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Nil

There are no equality issues associated with this report