

Committee considered the Report of the Members CS0/20/20 the Standing Over Grop meeting on 23 October 2020 the Standing Overview Group received presentations from officers on work relating to winter plan for Health and Adult Social Care system and the Devon Safeguarding Adults Partnership.

That the Committee shares the learning from the most recent Standing Overview Group meeting on 23 October 2020 on the Devon System Winter Plan and the Devon Safeguarding Adults Partnership 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.

## **Members in Attendance**

- Cllr Randall Johnson (Chair)
- Cllr Ackland
- Cllr Evans (District Council Representative)
- Cllr Russell
- Cllr Saywell
- Cllr Scott
- Cllr Trail
- Cllr Yabsley

## **Devon System Winter Plan**

During discussions with members the following key areas were raised:

### **Devon Approach**

- The Devon system approach to planning for winter builds upon the learning from the previous winter and learning from the system response to the COVID-19 pandemic. Balance urgent care response (COVID-19 / non COVID-19) and planned care recovery with a proactive locality focus to minimise escalation and ability to de-escalate fast.

- Ensures that the additional pressure on services does not compromise the safe and effective delivery of services for Devon patients.
- Reflects operational actions at both a locality and a system level to ensure effective delivery of the plan.
- Establishes the system escalation arrangements, which build upon the arrangements in individual organisations.
- Identifies the key risks and mitigating actions.

## **Testing**

- Follow all Public Health England/Department of Health and Social Care policies on testing in both acute and community settings.
- Weekly COVID-19 testing for care home staff and 4 weekly testing for residents. Plans for testing of health & care staff visiting care homes.
- Testing capacity is prioritised for pre-discharge testing of all patients transferring to care home settings and this is now well established as routine across the Devon system.
- Developed a joint testing strategy for the Peninsula with partners in Cornwall. A daily report of laboratory capacity and the number of tests undertaken per day is received to ensure real-time information on capacity and utility of testing resource.

## **Infection Prevention Control**

- Infection Prevention Control (IPC) support for community health and care services and primary care medical services is in place through the recently implemented Community Infection Management service integrated within the 4 acute providers specialist teams and with additional microbiology cover available. This ensures responsive specialist advice for all out of hospital services.
- The service will support in the winter months when there are the additional winter pressures of influenza and viral gastroenteritis.
- Plans are in place in local authorities to support particularly 'at risk' areas such as supported living and day services where the IPC risk is greater due to the social nature of the service.
- NHS Nightingale Hospital Exeter has been ready to receive patients since July and has been inducting and training staff. It is currently in standby mode ready to take 1 ward of patients within 72 hours. The hospital provides a fully-equipped environment to care for patients with COVID-19, has 116 beds, divided into five wards – all capable of providing mechanical ventilation, with two Wards designated for ICU.

## **Delivering an Expanded Flu Vaccination Programme**

- A multi-agency Devon-wide flu planning and oversight group will enable monitoring of vaccine uptake rates and outbreaks in the system and provide prompt support or resolution to challenges as they may arise throughout the flu programme.
- A flu immunisation plan sets out the specific activities that will ensure there is an offer to 100% of frontline health and care workers, as well as maximise uptake for housebound patients, residents of care homes, shielded patients and their household contacts.

- Devon's communications and engagement strategy includes action to increase vaccination.

## **Primary Care**

Key aim of winter planning is to secure the resilience of primary care providers, enabling them to maintain a level of access to their patients that can meet urgent primary care need and minimises risk of escalation to other parts of the system. From a system perspective, the main priorities for primary care winter planning are:

- Maximising opportunities through digital acceleration – remote working, eConsults etc.
- Enhanced support to care homes – working with multi-disciplinary teams as part of the Primary Care Network (PCN) requirements.
- Extended Access – maximising uptake of extended access in primary care and embedding 111 direct referral into primary care workflows.
- Supporting primary care delivery of the flu vaccine.
- Enhancing primary care data collection.
- Ensuring primary care engagement in locality forums and winter plans.
- PCN development.
- Estates development prioritisation.
- Strengthening our Primary Care workforce.

## **Locality Winter Planning**

System winter plan underpinned by four locality plans, with demand and capacity modelling and plans for:

- Emergency Department
- Emergency admissions
- Elective activity
- Out of hospital care with focus on demand and capacity required for patient discharges in compliance with the Discharge to Assess model.

The challenge is balancing emergency demand and capacity whilst protecting elective capacity, crucial to address the lengthening waiting lists. Key to this are the initiatives to avoid unnecessary attendance/admission to hospital and effective management of patient flow through the system; funded through winter monies and integrated Better Care Fund (iBCF).

## **Ensuring Workforce Resilience**

Actions to support staff health and wellbeing include:

- Regular promotion of the national health and wellbeing offer.
- Extensive and regular system and organisational communications provided to staff, including those across primary care and social care including regular webinars hosted by the CCG.

- DPT Talkworks service, a priority pathway for those people working in the NHS, Social Care and the Police.
- All staff able to access Occupational Health and Employee Assistance Programmes.
- Free staff parking offered across all NHS sites.
- Rest and recuperation offer to staff in all NHS organisations with clear guidance. Regular communications to staff to encourage taking time off and taking leave in particular before winter pressures.
- Provision of adequate PPE for all services across the health & care system to protect staff and support workforce resilience and capacity throughout winter is critical
- Health inequalities amongst staff, has been brought to the forefront as a result of COVID-19. All BAME staff and staff at higher risk must have a risk assessment in their role to ensure appropriate measures are in place to keep them safe.

### **Communications / Public Messaging**

Key areas of focus for 2020/21 communications campaign include:

- Think 111 First – behaviour change campaign to encourage contacting 111 before attending Emergency Departments.
- Digital offer – eConsult, video consultations, NHS app etc.
- Flu – all groups and added messaging on measures in place to keep people safe, limit exposure, etc.
- Mental health - support available for people, especially on approach to Christmas and New Year, and launch of 24/7 crisis lines, as well as crisis cafes.

### **Issues Identified by Members**

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

- The need for people going home with personal care packages to be routinely tested for COVID-19.
- Concern about testing of domiciliary care staff and risk of asymptomatic personal care workers visiting the vulnerable. Officers advised that there is limited capacity to offer testing to all private domiciliary care providers. If anyone has symptoms, they will be prioritised for a test through Pillar 1.
- Concern about risk of contracting COVID-19 for people who are at home and receiving domiciliary care. Officers advised that this would be a very small number from the data they have available on this.
- Personal protective equipment (PPE) has a hugely important role. There have been challenges along the way, but domiciliary care providers have effective PPE.
- Test results for symptomatic individuals takes between 4–12 hours, though have some access in emergency to 15 minute tests. Tests for asymptomatic is 2–5 days but working with national teams to try to get this time down.
- Public Health advice in Devon has been that visiting a care home can be undertaken safely, but that the final decision on this is with the care home. Members highlighted mental health impact where individuals are not being visited.
- All care settings in Devon can access quality assured PPE.

- Need a critical mass of 40% COVID-19 patients at RDE to open the Nightingale.
- Good uptake on flu vaccinations and supply available. Officers advised that the ambition is to reach 100% of all staff and are certainly expecting to exceed 74% from last year. Members hoped to see the figures for flu vaccinations reach at least 90%.
- Only 1 or 2 care homes in Devon are not now linked to a PCN and officers are working on this.
- Members flagged up their role in communicating with their local communities in terms of directing people to use 111 and the digital offer available.
- Sewage testing for COVID-19.

### **Devon Safeguarding Adults Partnership**

Officers presented to members on the legislative requirement of the Devon Safeguarding Adults Partnership (DSAP) and highlighted the following:

- Safeguarding adults' means protecting an adult's right to live in safety, free from abuse and neglect.
- Preventing abuse or neglect from happening in the first place.
- Stopping abuse and neglect where it is taking place.
- Protecting an adult in line with their views, wishes, feelings and beliefs.
- Empowering adults to keep themselves safe in the future.
- Everyone taking responsibility for reporting suspected abuse or neglect.
- COVID-19 has had an impact on DSAP referrals with firstly a reduction and then an increase in numbers but this has been in line with the rest of the Country.
- The biggest increase in concerns has been self-neglect, neglect and acts of omission and domestic abuse.
- The nature of enquiries has changed through the pandemic to those where isolation is a feature - psychological, self-neglect and domestic abuse but the numbers are small.
- DSAP campaign to increase the level of public awareness of adult abuse and how to recognise the signs, encourage individuals affected, friends, family and neighbours to report any concerns by promoting how and where they can seek advice and support.
- Reaching people who have connections to adults who may be, or are, at risk of abuse or neglect including those with physical or learning disabilities, and people with mental health issues.

The Chair of the DSAP then presented the 2019/20 Annual Report, during which the following issues were raised during the discussion with members:

- It was felt last year that the number of safeguarding concerns in Devon was not as high as it should be. Officers undertook a deep dive on this and identified how partners could work better together.
- DSAP at a place where there is good challenge and holding partners to account.
- There is a strong team sitting behind DSAP now and a huge amount of progress has been made in recent years.
- There will be more to learn through the challenges presented by COVID-19.

- Members highlighted the high profile work on mental health led by people such as Prince William but did not feel there was the same focus on learning disability and autism.
- [Atlas Care Homes Review](#) published in September 2019 illustrates work undertaken by DSAP where there were serious issues within care homes.
- Members thanked the outgoing Chair of DSAP for her work and rigour over the last 5 years and wished her well for the future.

## **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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<b>Background Paper</b>	<b>Date</b>	<b>File Ref</b>
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Nil

There are no equality issues associated with this report