

Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus)

Thursday 16 July 2020

10.00 am Virtual meeting via Microsoft Teams



PRESENTATIONS TO THE MEETING

To: The Members of the Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus)

We are now able to publish the presentations from the meeting.

Item 5	Covid-19 Update (Pages 3 - 16) To discuss the report
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Item 6	Local Outbreak Management Plan (Pages 17 - 28) To discuss the report
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Item 7	Homelessness (Pages 29 - 36) To discuss the report
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Published on 17 July 2020

Democratic Services, County Hall, Taunton, TA1 4DY

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Health and Wellbeing Board

16th July 2020



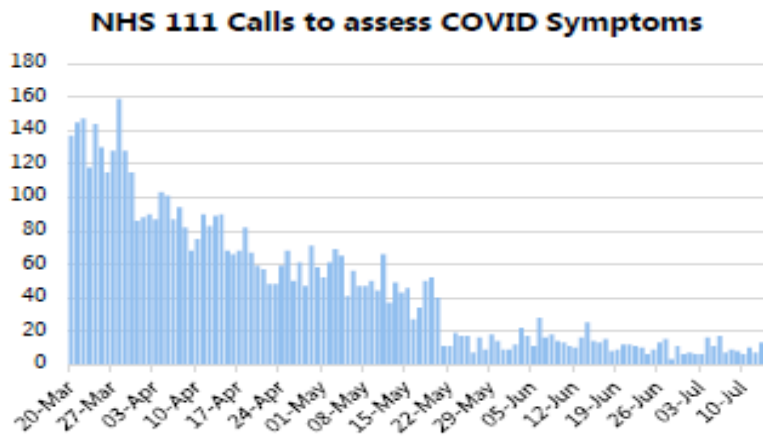
Somerset Public Health COVID-19 Dashboard

NHS 111 COVID Demand



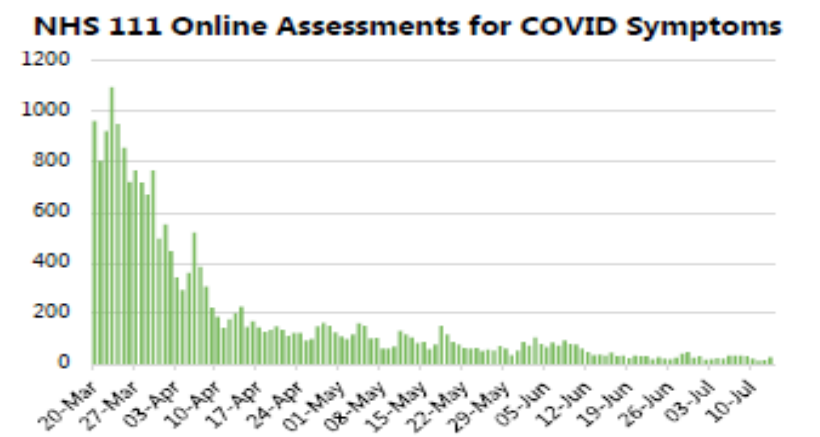
Latest daily Somerset based calls to NHS 111 to assess COVID symptoms

13/07/2020



Latest daily NHS 111 Online symptom assessments for COVID giving Somerset postcode

13/07/2020



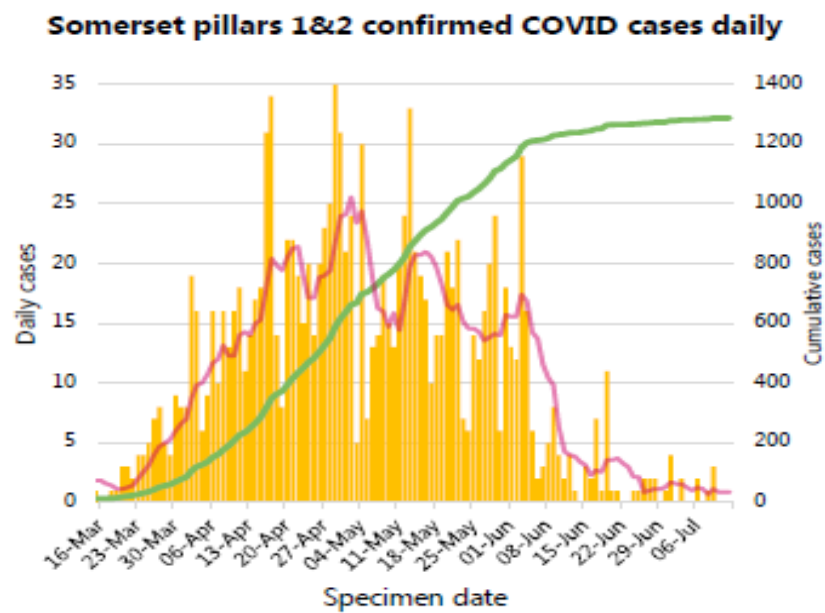
Detected cases



Total pillars 1 & 2 lab-confirmed COVID cases in Somerset

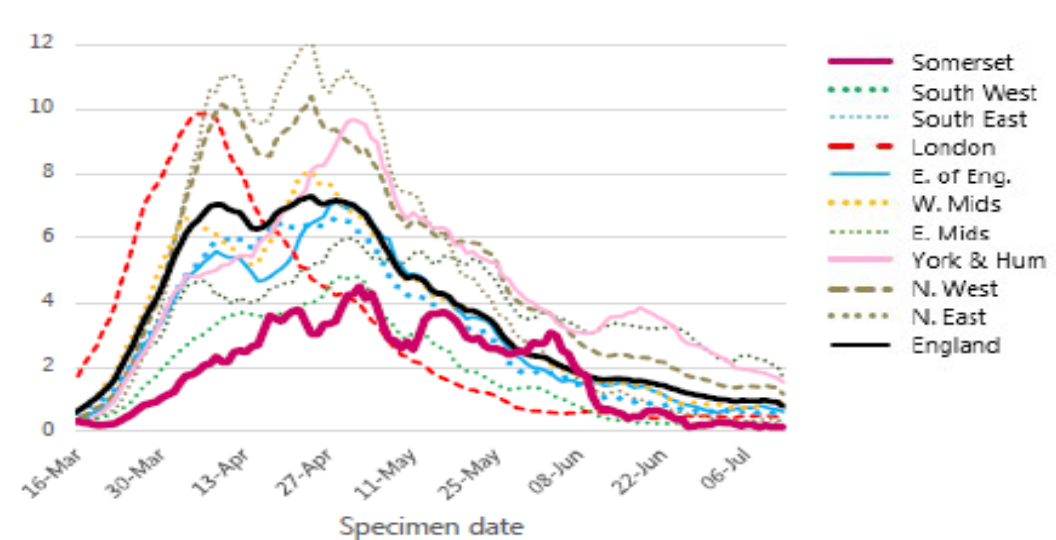
12/07/2020

7 day moving average
Cumulative cases



National comparison lab confirmed cases 7-day averages

Lab confirmed cases in regions per 100k pop.



As of 2nd June 2020, numbers of lab-confirmed positive cases now include those identified by testing in all settings (pillars 1 and 2).

Produced 14/07/2020 For data sources see final page. For more information contact publichealth@somerset.gov.uk

Somerset Public Health COVID-19 Dashboard

Latest R number range for the South West

0.7-1.1

Last updated on Friday 10 Jul 2020

Produced by:

UK Government Scientific Advisory Group for Emergencies (SAGE)

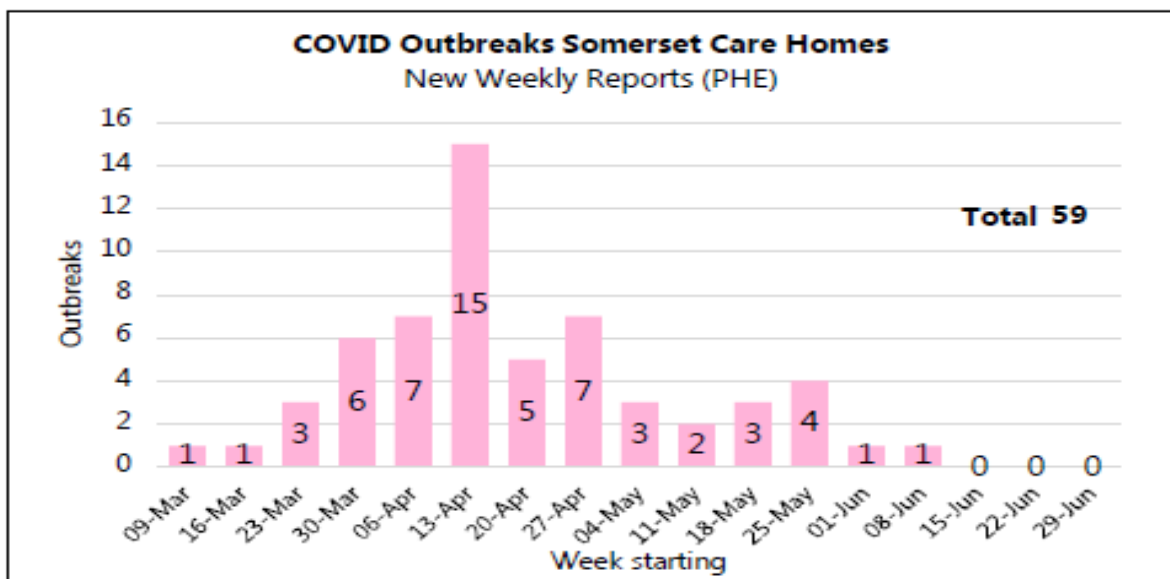
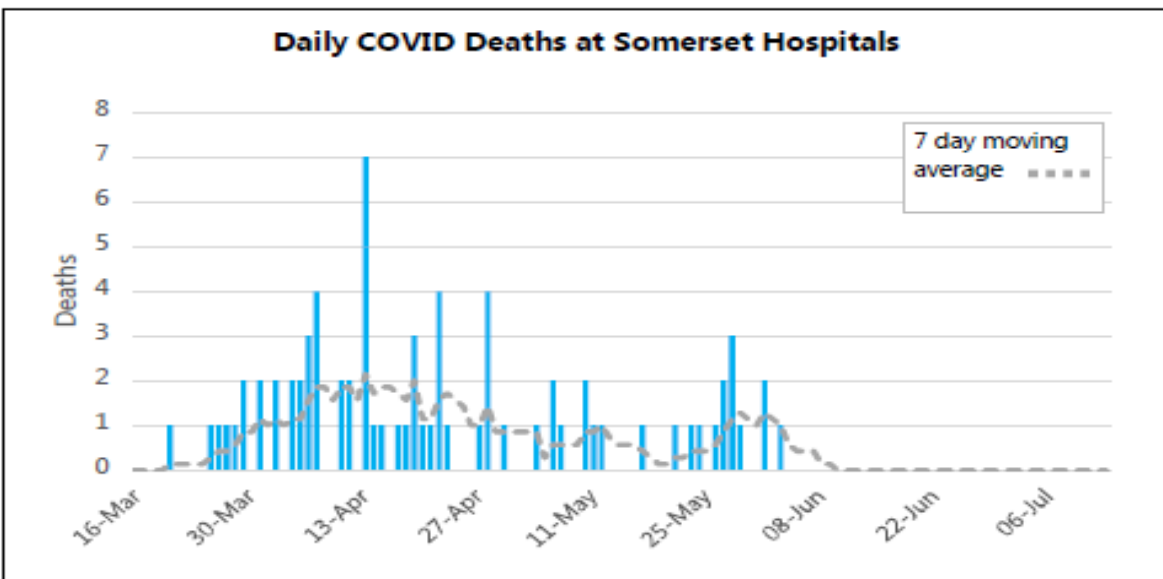
What is R?

The reproduction number (R) is the average number of secondary infections produced by 1 infected person.

An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of new infections is stable.

Region	R
UK	0.7-0.9
England	0.8-1.0
East of England	0.7-1.0
London	0.7-1.0
Midlands	0.7-.09
NE and Yorks	0.7-1.0
North West	0.7-1.0
South East	0.8-1.0
South West	0.7-1.1

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Somerset Public Health COVID-19 Dashboard

COVID deaths week ending

03/07/2020

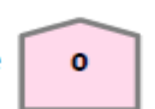
All COVID



Hospital



Care Home



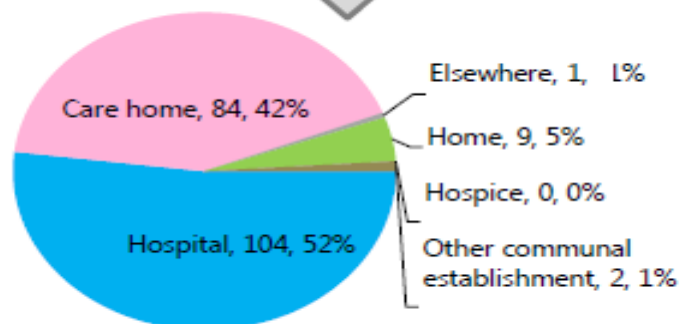
Other



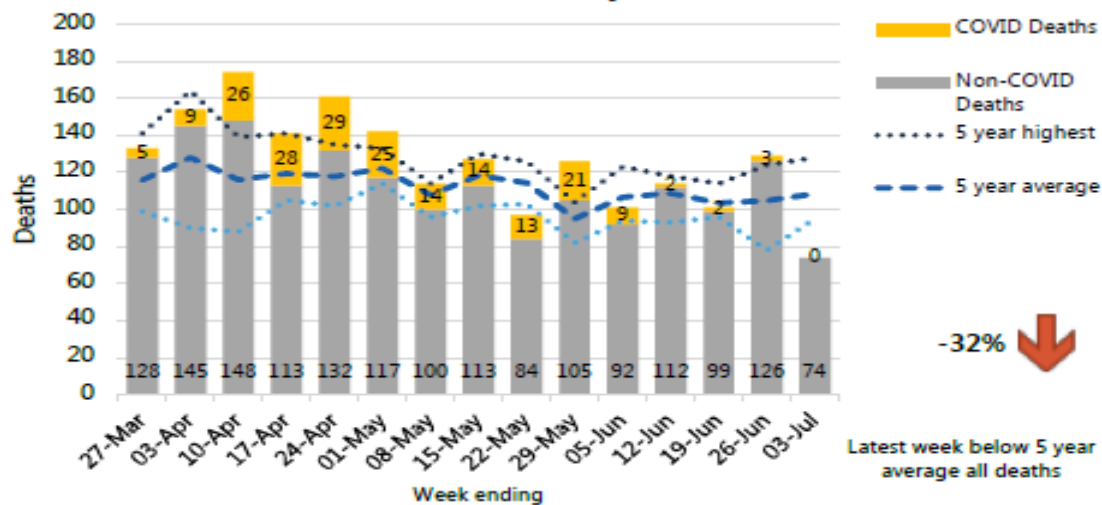
No COVID deaths this week. Total increase due to a late registration.

All COVID Deaths in Somerset by Place of Death (ONS)

Total 200 03/07/2020

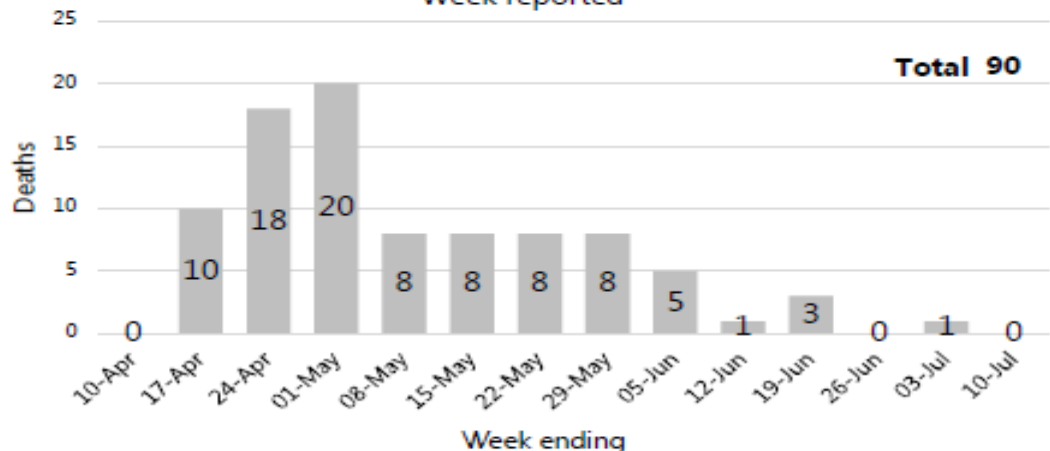


Somerset All Deaths (weekly) (ONS)

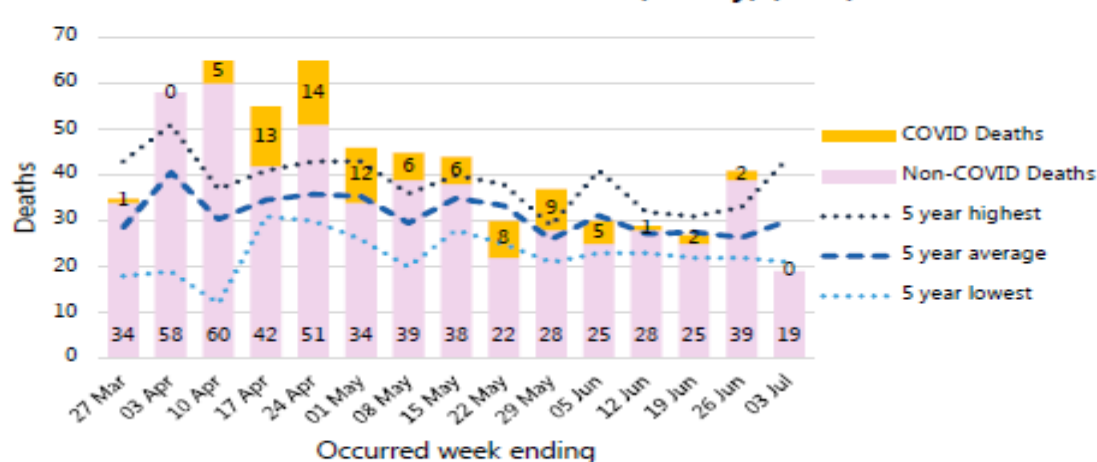


Somerset COVID Care Home Deaths (weekly) (CQC)

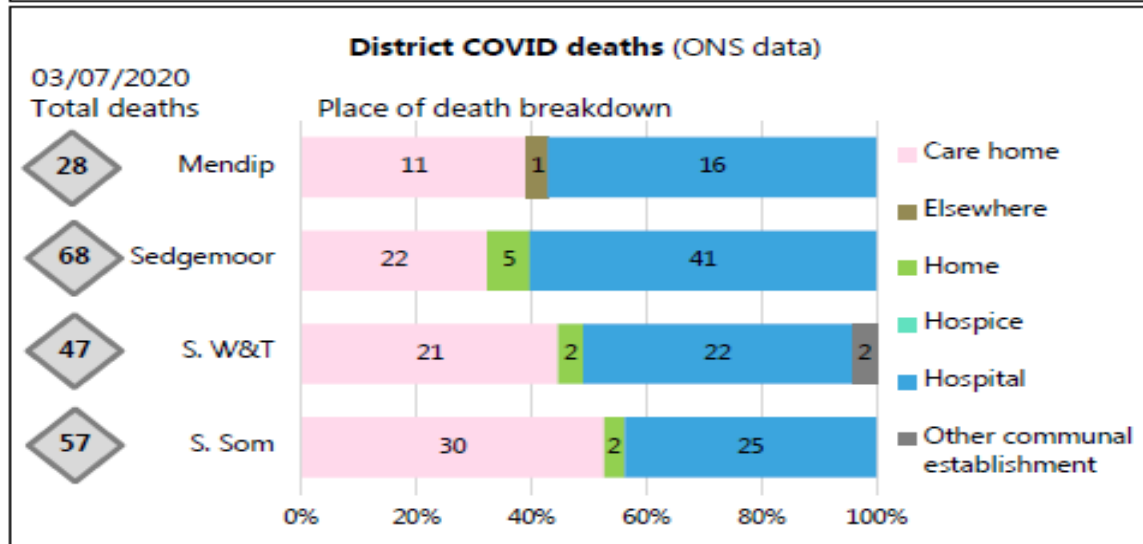
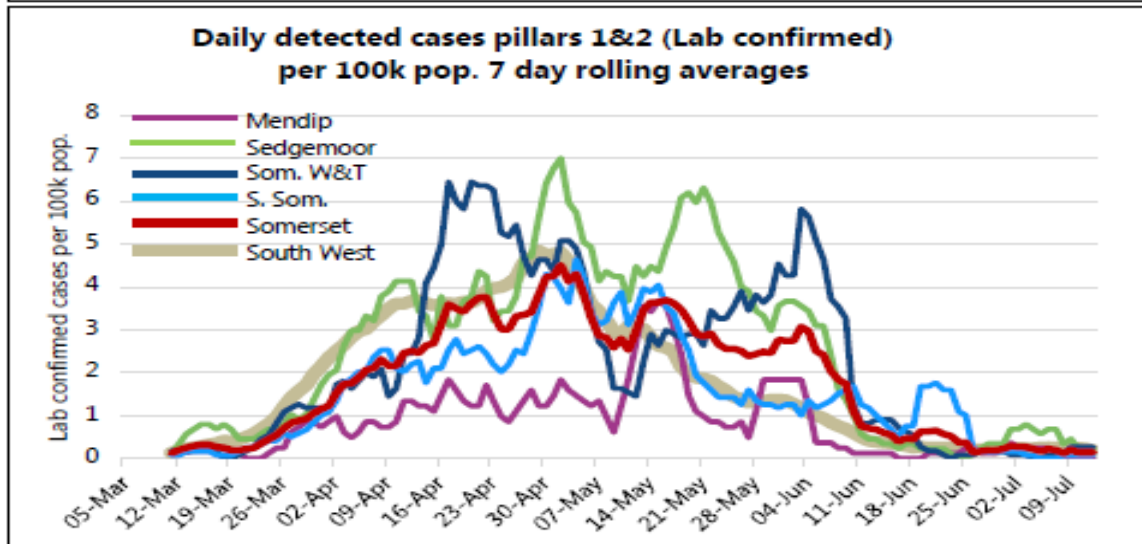
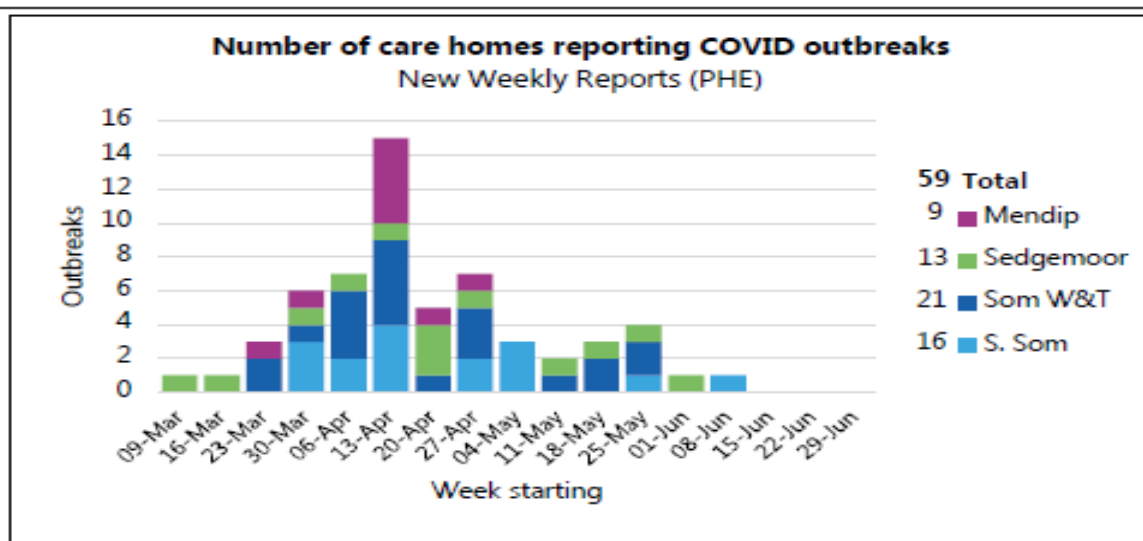
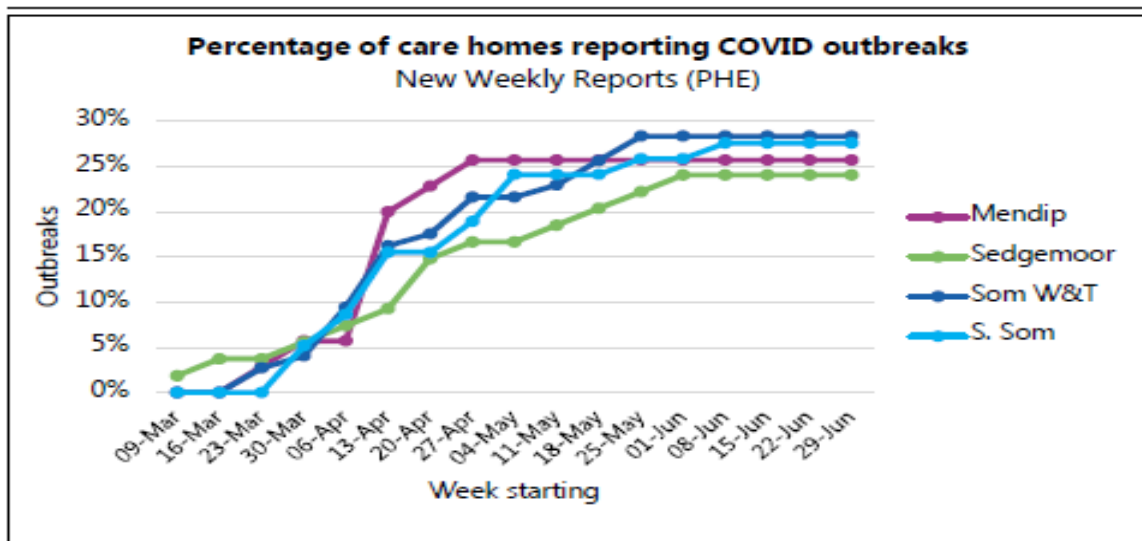
Week reported



Somerset Care Home Deaths (weekly) (ONS)



Somerset Public Health COVID-19 Dashboard



Somerset Public Health COVID-19 Dashboard

Data type	Next updated	How published	Link for more information
NHS 111 Triage	15/07/2020	Published weekdays only, with data to day before.	https://digital.nhs.uk/dashboards/nhs-pathways#dashboard
Lab confirmed cases: Pillars 1 & 2	15/07/2020	Published daily ~5pm with data to day before. By specimen date.	https://coronavirus.data.gov.uk/
R value from SAGE group	17/07/2020	Published approximately weekly.	https://www.gov.uk/guidance/the-r-number-in-the-uk
Care home outbreaks (PHE)	16/07/2020	Published weekly on Thursdays with data to Sunday before.	https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information
Hospital deaths (NHSE)	15/07/2020	Published daily ~2pm with data to day before. Most recent 5 days subject to data updates.	https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/
Care home deaths (CQC)	21/07/2020	Published weekly on Tuesdays with data to Friday before.	https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland
Death counts (ONS) County and district level	21/07/2020	Published weekly on Tuesday with data to the Friday 11 days before.	https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

NB The higher case numbers seen in early June include a number of cases that have been falsely identified as positive following an issue at the laboratory. For further information please see the following statement from Somerset NHS Foundation Trust <https://somerseft.nhs.uk/?news=issue-affecting-some-covid-19-test-results-for-some-inpatients-at-musgrove-park-hospital>

Dashboard available at: <https://www.somerset.gov.uk/covid-19-dashboard/>

Adult Social Care delivery, activity & support: COVID-19

- The work of all health and care partners has been dominated by and focused on responding to the COVID-19 pandemic
- The response in Somerset is set within the context of very strong partnership working, further strengthened by well-established community links and infrastructure
- In spite of the many challenges and concerns that have emerged in recent months, our response activity has drawn national recognition and praise, and served as a catalyst in driving forward many ambitions for the service and offering many innovative opportunities for the system as a whole

For a detailed report of latest activity, please visit:

<http://democracy.somerset.gov.uk/documents/s15259/Adult%20Social%20Care%20Delivery%20Activity%20Support%20-%20Covid-19.pdf>



Adult Social Care delivery, activity & support: COVID-19

Support for our Care Provider Market – *latest updates*

- Distribution of the 75% of Infection Control Grant monies received from the Government to Care Homes who have signed up to the Grant conditions
- Utilising the remaining 25% of funds to support our home care, extra care housing and supported living provision
- A small proportion of the funds will be retained for Personal Assistants, micro-providers and day services to apply for where appropriate

These funds are intended to be used to reduce the rate of COVID-19 transmission in and between care homes and to support wider workforce resilience. For SCC, the total funding received equated to £8.3m.

- Multi-agency Strategic and Operational Care Sector cells continue to meet and oversee support for the care market and feed into the Local Outbreak Management Plan.
- From 20/07/20, the Local Authority will be moving to a new chargeable model for PPE requests, having supplied PPE to care providers at no cost throughout the pandemic to date



Adult Social Care delivery, activity & support: COVID-19

Health partnerships and infrastructure – *latest updates*

- Health and social care have enhanced the successful Home First services during the pandemic to reflect the changes to government guidance on pathways that were published in March 2020
- Able to jointly increase service capacity, introduce keyworkers to enable people to return straight home, embed previously separate end of life services, and provider enhanced therapy resource outside of our hospitals
- The success of this model has led to the aspiration for the continuation of the new intermediate care services, providing more support to prevent admission and increased opportunity to be discharged home or closer to home
- Our efforts are now concentrated on modelling demand, cost and capacity for Somerset's Intermediate Care Services to shape and further develop our hospital discharge and diversion approach into the future.
- Our 'pop up' Nursing Home in Yeovil was stood down from July 2020 as a result of significantly reduced local demand for this provision



Adopted a strength based and community led approach to managing those at risk during the pandemic

6,350 people shielding or at risk proactively contacted by village agents, district officers and social prescribing groups

Our **Coronavirus helpline** has received **5,922** calls since going live

Over **1,000** **Emergency Food parcels** have been distributed across Somerset from District hubs in addition to **3,074 weekly Shield parcels** from central government

130 rough sleepers have successfully moved to permanent accommodation **38** have successfully moved into permanent accommodation

Somerset Community Connect Coronavirus Response Update

23rd March – May 31st

2,797 new users accessing **Community Connect website** for information and advice

53,449 community activities since the start of lockdown

575 Microproviders providing support to **2,300** people with **12,075** hours of care and support each week

Supporting **6,132** people in the community with **sensory loss**

58,558 items of food delivered to people across Somerset by the **Somerset Food Resilience Group, Community and Village Agents**

14,376 people per week so far

Talking Cafes are back online every week day, reaching an average of

14,376 people per week so far

Somerset Community Connect. Think Community

@SomersetCommun1 www.somersetcommunityconnect.co.uk

In partnership with:

- British Red Cross Somerset Clinical Commissioning Group
- NHS
- deaf PLUS breaking through!
- ageUK
- sense
- CCS
- Somerset Sight
- SPARK SOMERSET INSPIRING COMMUNITIES
- ACTION ON HEARING LOSS

1,300 volunteers have signed up with **Corona Helpers** www.corona-helpers.co.uk

Somerset Community Foundation's **Coronavirus Appeal** has raised **£809,000** and so far **awarded 162 grants** worth **£445,000**

over 70 **Corona Community Groups** have "popped up" across Somerset neighbours helping neighbours



Somerset Community Connect. Think Community

@SomersetCommun1

www.somersetcommunityconnect.co.uk



Adult Social Care delivery, activity & support: COVID-19

Internal activity and performance – *latest updates*

- Seizing opportunities to learn from, reflect and refine our activity and strategic vision on the back of the impacts and effects of the pandemic
- Stepping up our routine Practice Quality Audits to review and understand the quality of social care practice during lockdown, particularly in relation to assessment and review, recording practice, defensible decision making and the impact of COVID-19 on individuals and their families/carers/support networks
- Progressing the findings of our Staff Survey which garnered 178 separate responses to the following 4R considerations:
 - *Return - what do we need to go back to?*
 - *Retain - what new practices should we keep?*
 - *Resist - what should we avoid returning to?*
 - *Radical - what new things would we like to see in the future?*
- Achieved a significant improvement in the number of overdue assessments, overdue reviews and level of unmet homecare need over recent months



Public Health Nursing

The Health Visiting Service has worked hard to maintain support for as many families as possible and continued to offer all mandated contacts as flexibly and safely as they can.

Data for the first two months of lockdown shows sustained performance on all of the key mandated contacts to all children and young people and not just those at higher risk

Currently all Teams are offering face to face contacts for all antenatal and new birth visits as a follow up from initial telephone contact where additional needs are identified and a COVID risk assessment has been completed.



Some other areas of development are:

- School readiness packs – which are being offered to all children due to start school in September
- Implementation of Chat Health for both School Nursing and Health Visiting
- Delivery of group session by social media e.g. Horizon Project, weaning sessions, emotional health & wellbeing support
- 12 Facebook sites covering both Health Visiting and School Nursing
- Joint working with children social care to develop and contribute to the Link Professional Programme for the most vulnerable children
- Delivery of children looked after assessments by social media or face to face

The plan is to work with Property Services to support wider community service delivery to increase the number of face to face contacts especially in areas where we are unable to access family hubs or GP practices. This will also assist us in meeting the requirement of NHSE restoration plan, specifically:

Face-to-face contacts should be prioritised for families who are not known to services to mitigate known limitations of virtual contacts and support effective assessment of needs/ risks.

We have been approached by other areas in regards to our media development and how we are using Facebook, Instagram WhatsApp and now CHAT health



P1: Supported Families

- **Continued identification of vulnerable children and collaboration with schools to ensure close monitoring of contact and family engagement – in recognition of anticipated increased family pressure due to lock down including an expected / documented rise in domestic abuse, drug & alcohol misuse, mental health problems.**
- Social workers have been keeping in touch with children and their families using social media for video calls and messaging apps as well as creatively meeting face to face, including socially-distanced walks and seeing families in their gardens. This careful preparation and support has been appreciated by families.
- Instead of arranging short breaks away from home for children with disabilities, the team are providing extra resources and equipment for the children to use at home.
- Continuing development & implementation work on the Family Solutions Somerset model including Family Safeguarding, Family Drugs & Alcohol Court (FDAC), Safe Families & Pause in recognition of the contribution this development will make to respond more effectively to any surges in demand. Planned launch of Family Safeguarding from Autumn 2020, FDAC in Jan 2021
- Communications to help support parents and carers – to clearly communicate the position on school places, signpost to relevant services (including childcare), and to provide reassurance around health & wellbeing concerns. On-going communications planned
- **Data analysis has taken place to identify any emerging themes re the 2% rise in Children Looked After numbers compared to June 2019. Majority are from pre-existing plans or sibling groups**
- **On-going liaison with Courts around the effectiveness of remote court hearings and the impact of delays in the court system on permanence planning for children**
- To build on the collaboration work that has emerged over the Covid period between the council, NHS, schools, the voluntary sector, District Councils and partner agencies, to enable improved joint commissioning and to drive better outcomes for children, young people and their families (to include Women & Children's Integrated Care System, housing strategy, food strategy, economic support for vulnerable families)
- **Recognising and supporting partners to identify increased family anxiety around returning to school, work and 'normal life', particularly for those who were shielded, and young carers.**
- Additional foster carer enquiries / assessments generated through Comms campaign and adapted processes have resulted in positive recruitment and some new placements.
- On-going development & implementation of the 'Building Local Capacity work' - to develop new approach to deliver enough quality placements for children and young people
- Monitoring and management of emerging issues around provider capacity and resilience – some requests for supplier relief received
- Successful on-going work with Districts to explore options for easing the emerging pressure on P2i (young peoples supported housing) due to fewer opportunities for transition to independent living

P2: Healthy Lives

- **Liaison with Somerset partnership Foundation Trust - concerns around processes for young people seeking/stepping down from CAMHS**
- Working closely with Public Health and the Educational Psychology Team to provide guidance and support for schools around high levels of staff and pupil anxiety
- Continue close liaison with schools and Public Health around school & partner management of Covid cases / outbreaks etc and planning for September
- Summer holiday Free School Meal vouchers – issues for rurally isolated families resolved. Vouchers for local shops to be made available, or Village Agents to support.

P3: Great Education

- Response to the joint CQC and OFSTED SEND inspection Action Plan development underway.
- On-going school attendance monitoring for vulnerable children in all schools with appropriate support and challenge as required
- Designated 'link workers' identified to provide support and regular contact for schools.
- School cell moving work forwards in relation to Workforce & HR, Curriculum, Health & Safety (including Public Health & PPE), Transport, Coms and Health & Wellbeing
- **Anticipating an increased attainment gap for disadvantaged pupils, a Schools' working group is reviewing the Covid catch-up grant and National Tutoring Programme and planning for September to mitigate this.**
- Delivery of an average of 1,000 Free School Meal boxes / week to schools
- Additional funding provided to independent Early Years providers who remained open, and a hardship fund for providers who were struggling, ensuring viable businesses for the future
- With partners across Somerset devised the Somerset Outdoor Curriculum for primary schools. Children will be able to have half a day of traditional lessons and half a day of outdoor learning
- **Concerns raised re families' experiences of digital poverty and broadband connectivity. Work ongoing to reduce the impact on children's education as well as the family's ability to navigate support systems**

P4: Positive Activities

- Successful alternative solutions provided for supporting vulnerable families for respite (Outdoor Education Centres). Develop further alternative solutions for supporting children, young people & families in need
- **Establishment of multi-agency targeted support offer for vulnerable teenagers over the summer holiday period, identifying those of greatest concern across partner agencies.**

Somerset Local Outbreak Management Plan

Prevention and Control of Outbreaks of COVID-19

Definitions

An Outbreak is –

2 or more confirmed cases of COVID-19 among people who are linked by time and place e.g. direct close contacts, proximity contacts or in the same cohort or 'bubble' within 14 days.

Note: A single case is NOT an outbreak!

A Cluster is -

Two or more confirmed cases of COVID-19 in a setting within 14 days.

Note: not necessarily linked other than by setting.

Outbreak management should be proactive as well as reactive – prevent outbreaks by early response to cases or clusters, not just reactive

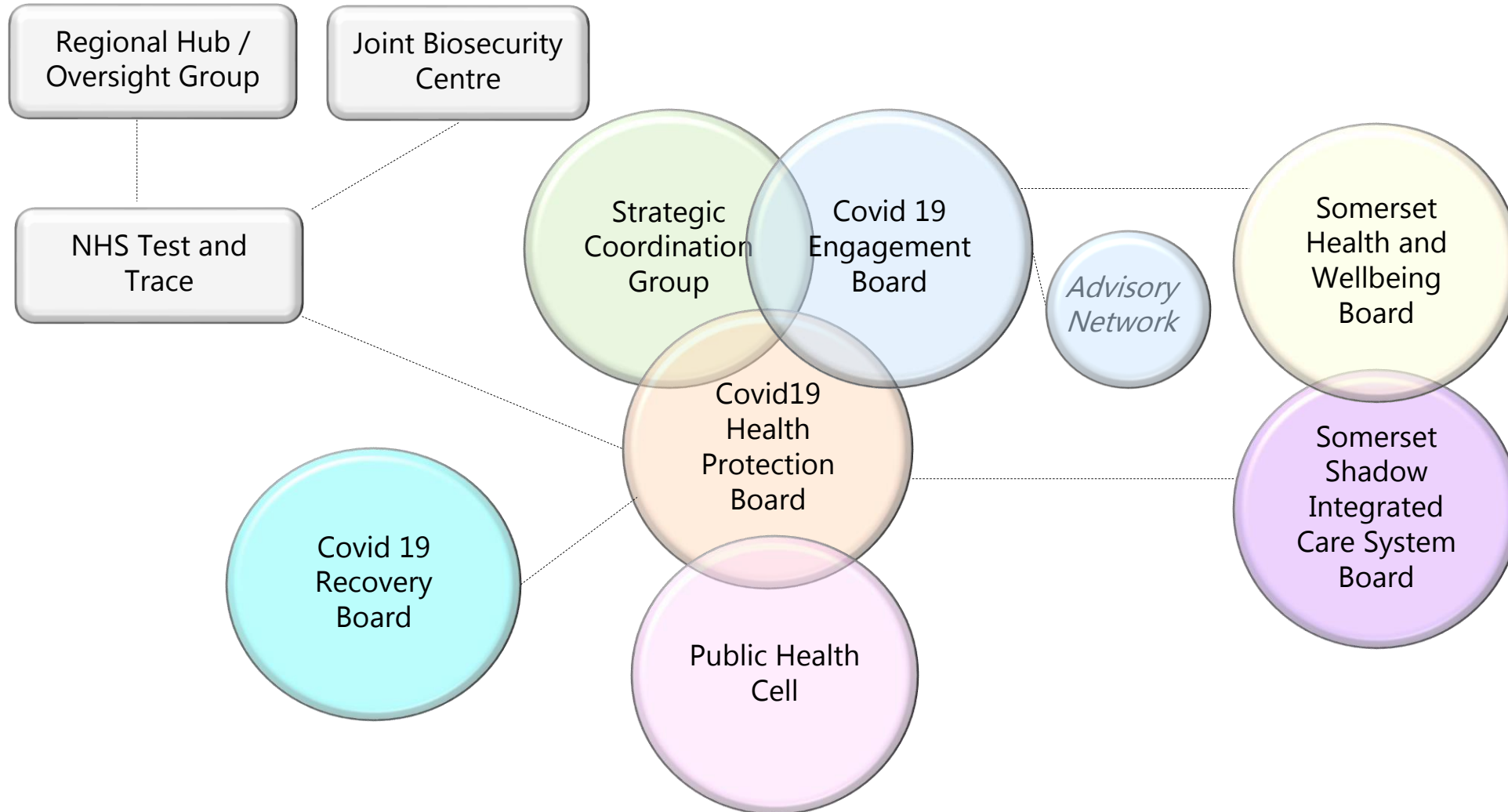
What is an Outbreak Management Plan?

1. The COVID-19 Local Outbreak Management Plans are intended to:
 - build on existing plans to manage outbreaks in specific settings,
 - ensure the challenges of COVID-19 are understood,
 - consider the impact on local communities, and
 - ensure the wider system capacity supports DsPH
2. Local Outbreak Plans for COVID-19 are a combination of:
 - **outbreak management** expertise and capabilities (epidemiology and surveillance, infection suppression and control techniques, contact tracing and evaluation) AND the multi-agency capabilities of bodies in supporting these efforts through the deployment of the necessary resources (and possibly the use of powers) to deliver these functions at scale, where needed.
 - engagement and communication with residents, communities and visitors to support and reinforce **proactive use of infection control measures** and **reactive communication and engagement** in an event of a significant outbreak.

Local Outbreak Control Plans will centre on 7 themes:

- 1 Care Homes and Schools**
Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)
- 2 High Risk Workplaces, Communities and Locations**
Prevent and manage outbreaks in other high-risk locations, workplaces and communities
- 3 Mobile Testing Units & Local Testing approaches**
Deploy local testing capacity optimally
- 4 Contact Tracing in Complex Settings**
Deliver contact tracing for complex settings and cohorts
- 5 Data Integration**
Access to the right local data to enable the other 6 themes and prevent outbreaks
- 6 Vulnerable People**
Support vulnerable people and ensure services meet the needs of diverse communities
- 7 Local Boards (including Communication & Engagement)**
Take local actions to contain outbreaks and communicate with the general public

COVID-19 Outbreak Management Plan Governance





TIME is critical in outbreak control

Track

Identify

Manage

End

Track

- Data and intelligence to track the virus in Somerset on a daily basis
- Public Health Cell - daily huddle to review numbers, trends, issues. Open and close outbreaks and allocate Lead Consultant and Outbreak Control Teams
- Data feeds from Joint Biosecurity Centre (JBC), Public Health England(PHE), local NHS providers, Office for National Statistics etc
- Use local and PHE knowledge to understand the significance of individual cases or clusters

/identify

- Early identification of outbreaks and clusters to enable swift response is crucial
- Rapid identification of contacts to isolate before further spread in the setting or community – breaking the chains of transmission

Measures

- Range of measures in PH toolkit – use through empowerment and engagement, enforcement can be used if required
- Testing of suspected cases and contacts
- Isolation of cases and high risk contacts
- Support to vulnerable people and communities
- Infection prevention and control measures in settings
- Local lockdowns – no powers (yet?)

End

- Outbreak declared over
- Re-opening, embed or reinforce measures and recovery
- Continued support to vulnerable e.g. mental wellbeing

Somerset – Time to Unite and Control Covid

- <https://thespinoff.co.nz/wp-content/uploads/2020/03/Covid-19-Bubble-spread-02-1.gif>

Acknowledgment

- The graphic on the last slide. The images below have been released under a Creative Commons CC-BY-SA-4.0 licence. This means you are free to use them providing you give credit and share under the same conditions. More details here. Please send us a link to info@thespinoff.co.nz
- noting where and how you have used them for our records. You can download the illustrations and gifs by right-clicking on them in the posts and selecting “save image as”. This work is made possible thanks to Spinoff Members. Help us do more by joining here.

Covid

Rough Sleepers and Complex Homeless

Purpose

- Outline Government advice to protect rough sleepers/complex homeless during the Covid emergency □
- Describe the partnership response including what we did, and lesson's learned □
- Outline anticipated short-term pressures □
- Describe how the rough sleeper response relates to other areas of ongoing strategic housing/health activity □
- To suggest some ideas for taking forward partnership work, and to seek the support of the Health & Wellbeing Board through specific recommendations

Background

- MHCLG instruction
- Somerset Response
 - Homelessness Cell
 - Accommodation

Clients Supported

Totals	MDC	SDC	SWT	SSDC
Accommodated	20	27 (at peak)	68	53 (36 at peak)
Refusing to engage	4	6	9	Varies: 2 to 6
Evicted	5	4	3	7
Moved on	10	9	10	22

Partnership working

The five headline achievements were as follows:

- Rapid delivery of appropriate accommodation and support
- Speed of decision making □
- Joined-up /partnership approach between housing, health and care
- A commitment from providers to help □
- Success stories - many residents (54 total) stabilised and able to move on

The Homelessness Cell has recently taken stock of the Covid rough sleeper response and is preparing a report for consideration by the Community Resilience Cell. Some of the emerging themes are as follows:

- The importance / success of joint working
- To recognise the complexity of housing related work
- The revolving door (clients continually in and out of a range of services) - how do we stop this?
- Thresholds and dual diagnosis - linked to the 'revolving door'
- Patient or homeless person? Are we viewing people correctly?
- Equality of access to support across Somerset
- The importance of tenancy support - how do we maintain delivery?

In the short term

Pressures

- Economic impacts
- Pressures on families
- Another Covid spike?
- Lack of move on accommodation
- Need to decant clients in to self contained accommodation

MHCLG Advice

- Move away from hostel provision
- Hub approach
- Integration of housing with health / care (joint commissioning)
- Employment, skills and training

Other related work

- LGA Improvement Plan - Better Futures for Vulnerable People in Somerset
- Positive Live - recommission (SSHG)
- P2I - recommission (Children and YP Services)
- Vulnerability Pathways - Understanding the journey into homelessness for adults in Somerset with complex needs (Public Health)
- Homeless Health Needs Audit (Public Health)
- Neighbourhoods (CCG)
- Health, Care and Housing Memorandum of Understanding (HWBB)

Going forward...

A commitment to view rough sleeping as a health, care and housing issue

A commitment to maintain Homelessness Cell partner engagement for the short term

To explore the concept of Homelessness Reduction Board for Somerset

To seek approval for research into a business case for integrated commissioning (housing, health and care)

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