Devon Health and Care System submission to Parliamentary Health and Social Care Committee Inquiry into the Management of the Coronavirus Outbreak

Executive summary

- Devon is one of the areas of the country so far least impacted by COVID-19 related cases and fatalities.
- Even relative to its low level of community-based transmission of COVID-19, Devon has experienced significantly fewer outbreaks and fatalities in its care homes than is typical elsewhere.
- Representatives from the local authority, NHS and independent sector providers convened for two sessions to reflect on their learning from their collective management of the COVID-19 pandemic to date.
- They concluded that the key actions to minimising the impact of COVID-19 on the staff and residents of care homes in the county were:
    - Locking down in advance of government guidance, typically in early March;
    - Learning from international infection prevention and control best practice;
    - Taking a collaborative whole system approach to managing the pandemic;
    - Ensuring that Personal Protective Equipment was available and funded;
    - Resisting requests to take new residents without confirmed test results;
    - Early agreement with the acute hospitals in Devon not to discharge patients without a negative COVID-19 test, ahead of government guidance;
    - Introducing additional 'quarantine' capacity to facilitate hospital discharge;
    - Funding additional costs including those relating to any necessary isolation of residents and recognising reduced occupancy;
    - Minimising the use of peripatetic staff including the use of agencies;
    - Working jointly in the recruitment, training and deployment of staff
    - Extensive daily collaboration between providers and managers through a Devon Providers social media forum

Quantitative evidence

Research undertaken by Carterwood concluded that there was significant variation in the COVID-19 mortality rate by region and by local authority area, measured by deaths per 1,000 care home beds with the south-west region was among the least impacted, especially Somerset, Dorset, Devon and Cornwall.

When using a model designed to forecast fatalities in care homes due to COVID-19 according to prevalence in the wider community, the researchers concluded eight local authority areas experienced significantly more deaths than expected, and five areas experienced significantly less including the geography covered by Devon County Council where there were 68 fewer deaths than the model forecast. This conclusion aligned well with our own analysis of nationally published data:

- Devon has experienced one of the lowest rates of fatalities in care homes due to COVID-19 in the country with 40.6 deaths per 100,000 65+ population when some areas have experienced in excess of 200.
- During the COVID-19 period the proportion of deaths in care homes in Devon that were due to COVID-19 has been comparatively low at 14.8%, with some areas experiencing over 50%.

- A lower proportion of care homes in the county have reported outbreaks of COVID-19 than almost anywhere in the country, Devon being one of only three local authority areas experiencing outbreaks in less than 20% of its settings.

The characteristics of the provider market in Devon also coincide with factors research indicates are protective in preventing and controlling outbreaks:

- A comparatively high proportion of providers rated Good or Outstanding by the Care Quality Commission;
- A comparatively low proportion of care homes that are designated as providing Nursing Care;
- A preponderance of smaller care homes of forty or fewer beds;
- A market dominated by small and medium sized, mainly owner-operated providers;
- Homes typically located in coastal and rural areas more distant from large cities.

Qualitative review

Over two sessions in June a representative group of care home owners and managers met with adult social care, public health and NHS colleagues over two sessions to consider quantitative evidence, the research base, and reflect on why there had been comparatively fewer outbreaks, infections and fatalities in Devon than has generally been the case elsewhere, even taking into account the low levels of community based transmission in the county. Discussions focussed on:

- Sector wide and inter-provider collaborative working;
- Infection Prevention and Control;
- Hospital discharge process, care home lockdown, and testing; and
- Learning from best practice and international evidence.

Collaborative working

Colleagues from providers and statutory agencies have worked together in mutual respect, valuing each other's expertise in policy and decision-making. The challenge of COVID-19 has galvanised the health and care system in Devon to significantly improve its approach to collaborative working via virtual multi-disciplinary teams, strengthening a sense of partnership for the greater good.

Decisions impacting on providers have increasingly been made involving them, while recognising each party faces financial constraints and multiple directives from elsewhere.

Government policy is generic but locally statutory agencies have increasingly appreciated that care settings are not homogeneous, serving diverse clientele in diverse settings and thus requiring more targeted, bespoke support.

Communication has worked best when it has been collaborative and two way, with the local authority encouraging and participating in provider-led networks, giving those involved a sense of being listened to and having real influence. Multiple fora have been established for sharing good practice, from the provider WhatsApp groups to weekly webinars attracting up to two hundred participants, and daily troubleshooting calls.

Public Health England and local authorities in the area worked well together in the Contain phase limiting early outbreaks following returners from February half-term holidays when the Devon and Torbay area was a hot spot for cases.

The local authority offer regarding financial support to the market has recognised additional costs beyond most other areas and in advance of government.

Our well-established Devon Proud-to-Care service has been identifiably effective in recruiting, training and deploying staff, an approach not universally replicated elsewhere that has raised the profile of care work in the area, an approach we aspire to build on by campaigning for higher pay and a better career structure for care workers.

Many providers working in multiple areas across the country confirmed Devon County Council's support has been amongst the best they have experienced.

The comparative success of the health and care system in Devon in minimising the impact of COVID-19 has given all players in the system the conviction that we can be in the vanguard in setting the agenda in responding to any second or subsequent wave.

This means being brave in rethinking our partnership structures with elected provider representatives engaging in meaningful consultation. There is a shared understanding that we must not go backwards to 'business as usual' but forwards establishing a 'new and better normal' post COVID-19, working together and with government to reform the sector and its funding.

Infection Prevention and Control

Providers in Devon have been proactive in their Infection Prevention and Control training and practice, being brave in adopting measures ahead of national guidance, and supported in doing so, including through funding the additional staffing costs of quarantine, zoning arrangements and staffing mitigations ahead of the establishment of the national Infection Control Fund.

Devon County Council reimbursed costs of Personal Protective Equipment on submission of invoices for purchases from the outset, with providers working together to purchase from UK and international suppliers in innovative and collaborative procurement arrangements. The local authority also secured supplies for emergency use and enabled easy access to them including out-of-hours and weekends.

Recognising the limitations of early versions of government guidance on Personal Protective Equipment, local guidance on its use of has been timely, succinct, accessible and authoritative with the local Public Health Team leading on the development of regional materials endorsed by Public Health England.

Queries have been responded to quickly, including out-of-hours, and consistently acted upon with specialists from the Clinical Commissioning Group providing professional Infection Prevention and Control advice, fit testing and training. The challenge now is to ensure staff are consistently using PPE properly, including in the summer months when it is uncomfortable to wear.

Hospital discharge, care home lockdown and testing

Many care homes in Devon introduced lockdown in early March, and have maintained this rigorously, although not all professionals respected this decision initially. Good practice was to discuss with staff and residents, and then call families personally; providers also posted their policies online for clarity.

Most Devon care homes also took the precaution of isolating new residents for two weeks even if they had tested negative. They also adopted national and international best practice on zoning with the council supporting additional 1:1 care for isolated residents, avoiding unnecessary contact with others.

Devon County Council supported providers resolutely in resisting demands to take people being discharged from hospital without a confirmed test result with its Provider Engagement Network agreeing a joint local approach with the NHS, giving providers the confidence to challenge national guidance, building on Discharge to Assess good practice and collaborating upon the use of Trusted Assessors and any concerns arising.

Consequently, testing on discharge was introduced ahead of the national requirement to do so, with local testing offers providing additional capacity, although timing and consistency varied by NHS provider. The county council developed additional care capacity through the innovative use of 'care hotels' giving safe options for discharge and onward placement where needed.

Learning from best practice and international evidence

Devon providers have been active in national fora and keen to learn from best practice, research and practical experience nationwide. Contacts with homes around the country that had significant early outbreaks were extremely helpful. The resulting good practice has been spread through the Provider Engagement Network and beyond.

Consequently, it was realised early that peripatetic staff (professionals, agency staff and employees) were a significant infection risk, with mitigations to reduce introduced in advance of government guidance to do so. Zoning has been used in larger homes, providers realising that sub-dividing their settings into smaller units with fixed shifts limits exposure to community-based transmission.

Similarly, while homes in Devon were early to lockdown, they were also innovative in sharing policies and finding ways of facilitating safe contact between residents and their relatives through practices such as technology enabled remote visits, window visits, drive-thru visits, garden visits, and ultimately clear protocols on how to visit safely using Personal Protective Equipment, good infection prevention and control practice, and specified access routes.

The challenge now is to distil all this into co-produced policy followed consistently across Devon and maintain vigilance and diligence as staff and residents become tired and the risk appears to be lower. This will include building mutual trust and respect with professionals as they begin to visit again, support and maintaining the morale and resilience of staff.