



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

Emergency Planning Situational Analysis, Achievements and Next Steps

Emergency - COVID-19

- March 2020 – Emerging Crisis needing an Emergency Response
- Community Silver Command twice weekly/ Gold thrice weekly – Crisis Interventions
- Emergency vs Transformation Programme
- Current Emergency COVID-19 Workstreams:
 - Externally Commissioned Care
 - PPE (Personal Protective Equipment)
 - Whole System Early Warning
 - Expansion of Hospital to Home Arrangement incorporating Rapid Hospital Discharge
- Other urgent issues that require escalation



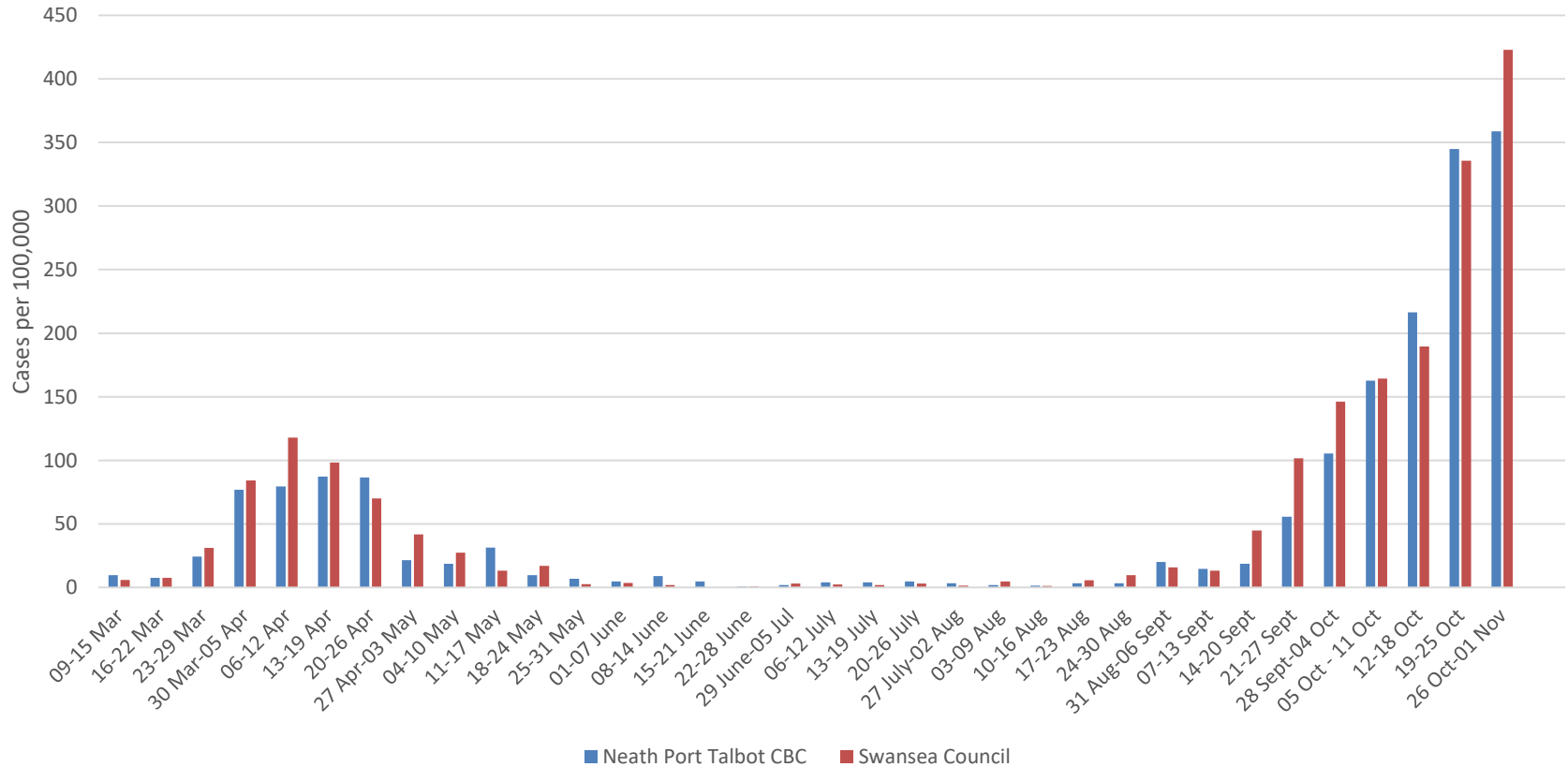
Achievements / Progress (Summary)

- Developed Robust Governance Arrangements
- Protocols Developed and Implemented:
 - PPE Protocol
 - Care Homes Protocol
 - Emergency Funding Protocol
- Rapid Discharge Process
- Externally Commissioned Care
- Third Sector and Community
- Developed Overview Report based on Lessons Learned
- Other work



Update on Current Pressures

Cases per 100,000 Population in NPT and Swansea



Pressure on Services

- NHS Services
 - Different to first wave – maintaining elective and more routine services whilst treating patients with covid
 - Depleted, stretched & exhausted workforce
 - Additional responsibilities – testing, vaccination, field hospital

Pressure on Services

- Social Care
 - Different to First Wave – individuals, families and carers are exhausted
 - Individuals more dependent on care due to acuity of need
 - Depleted, stretched and exhausted workforce
 - Need to keep more services running albeit impacted by infection control measures
 - Rising infection levels in closed settings
 - Rising infection levels in other care settings
 - High Acuity of need – Capacity in Domiciliary Care

Conclusion

- We will not implement all or any of the further emergency responses until or unless the in extremis position is reached where rising infection rates, increased demand and reduced capacity necessitate further action.
- We recognise the significant negative impacts for patients, service users, families and carers.
- These actions would not be being deliberated if we did not think the critical nature of the current situation did not warrant planning for a worst case scenario while continuing to hope that this can be avoided.

Actions Implemented

- NHS services - Already implemented:
 - Continue to maximise existing surge capacity across all acute sites.
 - Maintain routine and elective surgery wherever possible
- Social Care - Already implemented:
 - Maximise existing surge capacity in community based intermediate care beds by flexing staff across community services.
 - Maintain emergency respite services wherever possible.

Further Options – Should Infection Rate Continue to Rise

- Open Field Hospital
- Implement 7 day working across social services and prioritise critical front line care.
- Reduce Domiciliary Care visits to ‘critical care only’
- Limit assessments at the “Front Door” to safeguarding issues – focussing on immediate steps to ensure people are safe, rather than longer term wellbeing.
- Limit the review of Care Plans to those that are essential only.
- Request that agencies cover for each other in the Domiciliary Care market where business continuity issues arise. This means that those receiving care might not be familiar with their carers from one visit to the next.
- Remove the strict ‘time slots’ for domiciliary care visits meaning that, whilst people will receive the essential care that they need, they will need to accept that the timing of this care might vary.