

East Sussex HOSC

Health response to the Covid-19 pandemic

November 2020

Introduction

- We continue to work collaboratively across health and social care partners to manage our response to the COVID-19 pandemic and our approach has delivered benefits for the population of East Sussex.
- Deaths per 100,000 in the county are currently 51.3 (as at 29th November) significantly lower than the average across England, with some parts of the county (e.g. Hastings) among the lowest death rates in the entire country to date.
- This update builds on the previous report to HOSC and provides a summary overview from an NHS perspective.
- These slides set out:
 1. The impact of COVID-19 on our population
 2. How we have worked together to manage our response, including maintenance and restoration of critical NHS services
 3. The impact of COVID-19 on our BAME communities and health workers, and actions that we are taking.
 4. Our winter plan including capacity for COVID-19 and seasonal demand (for example flu)
 5. East Sussex plans for COVID-19 immunisation
 6. The financial implications for the NHS.

Summary of Covid-19 impact in East Sussex

- As at 20th November 2020 there have been **5,323 confirmed cases of COVID-19** in East Sussex.
- Overall, East Sussex has experienced **lower levels of confirmed cases than the national average**, and this is the case for each of the five District and Borough Councils within the county.
- **Wealden, Eastbourne and Rother currently have the highest rates** within the county, with Lewes and Hastings the lowest.
- The **rate of COVID-19 cases is 955.3 per 100,000** compared to **2471.2** per 100,000 for England
- East Sussex is **ranked 144 out of 149 Local Authorities** for COVID-19 cases, where 1 is the highest number of cases
- East Sussex has been **consistently significantly lower than the national position** with a 2-week delay on national trends. **During November new cases have increased significantly**
- As at 13th November there have been **416 deaths** from COVID-19
- **Wealden (139) and Lewes (123) have the highest number of deaths** from COVID-19, and Hastings has the lowest (11).
- In East Sussex, **Lewes has the highest age-standardised death rate** at 73.9 per 100,000 population.
- As at 13th Nov there have been **227 COVID-19 related deaths in hospitals**, 55% of all COVID-19 deaths.
- As at 13th Nov there have been **164 COVID-19 related deaths in care homes**, 39% of all COVID-19 deaths
- During the first wave **non-elective admissions dropped to half the level of previous years. This has since recovered** and in November activity slightly above historical levels for this time of the year
- During the first wave **A&E Attendances dropped to 40% of normal levels. This has mostly recovered since**, November remains 10-20% lower than historical levels for this time of the year
- In the latest week (w/e 15th Nov), **non-face to face Out Patient (OP) attendances accounts for 31.2% of all OP attendances** at ESHT.

Responding to the Covid-19 pandemic in East Sussex - summary

- In March we adapted our existing Health and Social Care System governance to deliver the emergency response across East Sussex Clinical Commissioning Group (CCG), Adult Social Care and Health (ASC&H), East Sussex Healthcare NHS Trust (ESHT), Sussex Partnership Foundation NHS Trust (SPFT), Sussex Community Foundation NHS Trust (SCFT) and the local Voluntary and Community Sector
- We continue to hold regular OPEX calls to manage the local system operational response, with escalation of risks to weekly Senior Responsible Officer calls, and monthly wider senior leadership calls to support system agreement and coordination of response plans, covering:
 - Continuing to streamline hospital discharge pathways and liaison across physical and mental health to ensure local people are supported throughout their clinical journey
 - Additional bedded capacity secured for patients medically ready for discharge from hospital
 - Enhanced access to primary care for homeless people, rough sleepers and asylum seekers
- ESHT has introduced red and green ward configuration to manage patients on its acute sites, to maintain safe patient flow for both elective and urgent care. ESHT has also utilised independent sector capacity at the Spire Hospital (Conquest site), Horder Centre and Benenden Hospital for a range of outpatient, elective surgical and diagnostic procedures.
- In response to the pandemic, local health services moved quickly to change clinical pathways where appropriate to allow for virtual activity, introducing telephone and video clinics for patients.
- The system works in partnership (through various lines of communication including social media) to encourage patients to access healthcare and reassure people that it is safe to do so

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Urgent and emergency services

- All services have been maintained throughout
- There has been substantial adaptation of facilities to accommodate infection prevention and control measures
- **Urgent Care Activity** is gradually recovering, Emergency Admissions have returned to previous levels but A&E Attendances are at around 80-90% of normal levels for this time of the year. Utilisation of Improved access was at 80% for October.
- **NHS111-CAS** launched on 1 October. NHS 111 First, including directly bookable appointments to A&E, went live across Sussex on 01 December (ESHT was a pilot site for this going live in October).
- General and Acute **Bed Occupancy** is expected to return to previous levels, and maintaining capacity to cope with Covid-19 surge as part of winter planning

Restoration and recovery progress

- Sussex wide **Service Finder** rolled out providing access to the Directory of Services to ambulance crews allowing them to identify appropriate services for referral
- **GP Oversight role established in NHS111**, supported by video consultation technology, to increase 'consult and complete' outcomes
- Accelerated programme to **improve ambulance handovers** in place between ESHT and SECAMB
- Sussex wide **communications and engagement campaign** to promote NHS111 & Online as first point of contact.

Stroke and Cardiovascular disease services

- Stroke services have continued throughout and Cardiac, Heart Attacks, PCW, PPCI, Urgent Arrhythmia services, severe heart failure/valve disease services are fully functioning.

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Elective, diagnostic and Cancer services

- **Outpatient** follow up capacity has been restored to pre-COVID-19 levels in several specialities; significant use of virtual and non-face-to-face outpatient new and follow up appointments
- The Sussex system has seen recent increases in all elective care and in Independent Sector activity levels
- **CT and MRI services** have been restored to pre-COVID-19 levels and diagnostic activity increasing across all areas
- At the time writing there are challenges in the restoration of endoscopy services which we are working with system partners to address
- Steady increase in 2 week wait referrals for **cancer**; backlog in 62 day breaches across Sussex is decreasing; extra support in place for GP surgeries to help high-risk late presenters in areas of health inequality.

Restoration and recovery progress

- Patient/public engagement planned to inform ongoing delivery, in particular digital delivery where appropriate
- The system is working together as **Sussex Acute Collaborative Network** to restore services including improvements driven by speciality and pathway level plans
- Range of work underway to restore endoscopy service, including alternative treatment availability where appropriate
- The system has seen an increase in **cancer** referrals to pre-COVID-19 levels and plans to meet this level of demand throughout the remainder of the year, and we are planning on the basis of restoring cancer treatments to pre-COVID-19 levels.

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Mental Health

- Improved mental health response services
- Access to urgent mental health care via 111
- Increasing the number of Mental Health Liaison Teams delivering core 24 services
- Implementation of enhanced crisis alternative services, including Crisis Cafes, Street Triage, Urgent Care Lounges
- Targeted funding secured to support suicide prevention across Sussex
- Targeted funding to enhance rough sleeping and asylum seeker services in East Sussex
- Recruitment is underway for services that will improve access to Children and Young People (CYP) Eating Disorder services.

Restoration and recovery progress

- Fluctuating referral levels (due to COVID) is putting pressure on urgent and emergency provision and will impact on anticipated activity for **Improved Access to Psychological Therapies** (IAPT), a system wide recovery plan has been developed
- Primary Care (Locally Commissioned Service) for **Physical Health Checks for Severe Mental Illness** was suspended as part of the COVID response in line with national guidance; a recovery plan has been developed.
- Aspects of services to improve **dementia diagnosis rates** were paused as part of the COVID response; a recovery plan has been developed.

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Primary care

Since the last report, whilst continuing to achieve the ambitions set out in the NHSE/I Phase 3 requirements letter and continuing to support people to access timely primary care services, NHS England have now launched:

- **General Practice Covid Capacity Expansion Fund – Sussex allocation £4.6m to address 7 priority goals:**
 - increasing GP numbers and capacity
 - supporting the establishment of Covid oximetry at home model
 - first steps at identifying and supporting patients with long Covid
 - continuing to support clinically extremely vulnerable patients and maintain the shielded list
 - address backlog of appointments including for chronic disease management and routine vaccinations and immunisations
 - inequalities, make significant progress on Learning Disability Health Checks, expectation to reach the target of 67% by March 2021
 - potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely
- **Indicative Enhanced Service Specification: COVID-19 vaccination programme 2020/21**
- **Sussex wide communications campaign aimed at informing the public how services are working and how people can access services safely, and promotes self-care, from beginning of November.**

Responding to Covid-19 pandemic in East Sussex - maintaining and restoring critical health services

Primary care - our key achievements and key areas in our work plan are:

- **Covid-19 Mass vaccination:** Primary Care has been asked to support the delivery of the national mass vaccination programme. We have established a primary care cell to oversee the delivery of primary care responsibilities and are working with GPs and other community providers to deliver the aims of this ambitious programme. This ensures close working with key partners across the system to ensure effective delivery of mass vaccination for the East Sussex population.
- **Flu immunisation:** practices are working hard to deliver the target of 75% of all cohorts vaccinated. We are confident that the 65 years and over will be achieved. As of 22 November, 74.9% of this cohort have been vaccinated (a further 5% have declined the offer). Rates for other at risk groups, though far in excess of last year, are slightly less, between 40-50%. The CCG is working with practices and issuing targeted communications to patients to help ensure all who are eligible, take up the offer.
- **Restoration of activity:** A full Restoration and Recovery programme is in place, prioritising the clinically vulnerable and frail. East Sussex practices have been resourced to deliver a model of care that ensures patients and staff safety is paramount. The pandemic has necessitated the fast tracking of online and other digital options for patients to access primary care. However, throughout the pandemic and during this restoration phase, if a face to face appointment is clinically necessary, this is offered.
- **Learning disabilities:** The numbers of annual health checks being offered to people with learning disabilities in Sussex is below target. Action includes investing in a health facilitation team to reduce variation across Sussex; a communications campaign for patients and carers; and the agreement of an improvement trajectory to hit target in April 2021.
- A number of new **Locally Commissioned Services** (LCS) have been introduced to provide additional health and care to support people, these include: **Black Asian and Minority Ethnic (BAME) patients**; **additional support for Care Homes**; the **specialist primary care and protect and support for homeless people** providing proactive medical care; and **home visits for shielded patients**
- **High Risk patients:** we have collaboratively created standard operating procedures [SOP] bringing together best practice and clinical guidance to support people living with long term conditions. These have been launched and supported with clinical webinars when published. SOPs include guidance to manage people during the current pandemic who are living with Diabetes, COPD and Serious Mental illness (SMI). In addition to these we have also created a Heart Failure pathway that will be shared nationally once published.

Responding to the impact on Black, Asian and Minority Ethnic (BAME) communities and workforce

Sussex BAME Disparity Response Programme

- Completed evaluation of **BAME Community Research** completed in Hastings – findings shared with East Sussex Health and Care Partnership Board with several recommendations for local action planning
- Contributing to the **longer-term plan** for addressing identified **Racial and Health Inequalities** by working with the local authority through local partnerships (via Health and Wellbeing Boards and Local Enterprise Partnerships)
- Working with partners and communities to address **maternity inequalities** – offering additional consultations and specialist support to BAME pregnant women.
- Successful NHSE/I **Health Equality Partnership Bid** to focus on **health inequalities in Diabetes Care**
- Working with the Mental Health Collaborative Network to address **Mental Health inequalities**
- Developing **inclusive campaigns** to encourage greater uptake of the **Covid-19 advice measures and flu vaccinations**
- Monitoring the **BAME locally commissioned service (LCS)** coverage and deliverables within GP practices
- Programme closely aligned to Population Health Management (PHM) programme - involved in the 22 week PHM programme recently commenced across Sussex
- Facilitating the development of a standard method of assessing and reporting **Equality Health Impact Assessments (EHIA)** to ensure gaps in service provision are addressed
- **Culturally relevant health messaging** for disease prevention and long term condition management programmes focussed on **mental health, diabetes, hypertension, asthma and obesity.**
- Supporting community participatory research to understand social, cultural, structural, economic and religious determinants of health inequalities across Sussex. Currently working with Sussex Partnership Foundation NHS Trust on a NHS Charities funded project around **BAME Mental Health Service User experience**
- Working with Department for Work and Pensions (DWP) and exploring the use of **Health and Care System anchor institutions** as a response to the **employment challenges in areas of high deprivation with food and fuel poverty** impacting on health outcomes for some communities
- Prioritisation of staff health and wellbeing, **COVID-19 risk assessments** have been a pivotal tool in identifying staff at risk; enabling necessary **workplace adjustments to be put in place.**
- System-wide BAME disparities workshops held to engage with staff across Sussex
- Established the Sussex Turning the Tide Transformation Oversight Board – governance and assurance

Plans for winter

The East Sussex Local A&E Delivery Board (LAEDB) Winter Plan was developed and submitted in line with NHSE requirements. This included consideration of:

- Expected [impact of both Covid-19 and winter surge](#)
- Maintenance and delivery of [restoration and recovery](#) trajectories including elective care
- Continuation of good Covid-19 related practice to enable patients to [access services safely and protect staff](#), whilst also preparing for and responding to localised Covid-19 outbreaks or a wider national wave
- Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, and support to [quickly and safely discharge patients from NHS hospitals](#) through to March 2021 through the hospital discharge programme and in collaboration with local authorities; this includes [ensuring sufficient capacity for discharge and support for patients](#)
- Deliver a very [significantly expanded seasonal flu vaccination programme](#)
- [Expanding the 111 First offer](#)
- Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
- Continue to make full use of the [NHS Volunteer Responders](#) scheme

In addition to these requirements, a Sussex ICS [Escalation Framework](#) has been agreed across all Local A&E Delivery Boards (LAEDB). Implementation is in progress to enable escalation based on early warning indicators including those related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people.

Recognising the increased pressure on the system with Covid-19 on top of normal winter pressures, we are working collaboratively across the system; exploring [mutual aid and partnership working](#). In addition to the promotion of the use of NHS 111 first, we have adapted our approach to serve demand and would anticipate similar levels of pressure to that of last year.

There has been a [good uptake of the flu vaccine across communities and NHS staff, including ESHT staff with 82% of front line staff having the vaccine.](#)

COVID-19 vaccination programme

- The national objective is to vaccinate the whole adult population in cohorts based on clinical priority.
- NHS asked to be ready to vaccinate high priority groups once an approved vaccine is available.
- The NHS will be delivering the vaccine in four main ways:
 - Roving service visiting people who are unable to visit a site including care homes
 - NHS providers vaccinating staff
 - Community vaccination centres including primary care facilities, retail, community facility or portacabin, set up to deliver
 - Large scale vaccination centres such as sports and conference venues set up for high volumes of people
- In each ICS/STP there is a lead provider which will be responsible for coordinating the delivery of this programme. They will work closely with other local organisations, including primary care providers, to achieve this.
- Priority for the vaccine is determined by the Joint Committee on Vaccination and Immunisation.
- A recruitment drive is taking place nationally to attract experienced vaccinators working for NHS trusts and other employers to be among the first asked to help deliver the vaccine. More vaccinators will be needed in the longer term and Department for Health and Social Care recently consulted on temporary changes to legislation allowing a wider group of clinical staff to become vaccinators.
- National communications will be launched and delivered locally to make clear the process for the public and staff.

Financial impact

- In months 1-6 of the national response to COVID-19 CCGs and NHS Providers were retrospectively allocated resources. CCGs have been provided with allocations for months 7-12 and continuing block payments to providers. Plans have been developed for the last 6 months of the year.
- NHS organisations are required to breakeven. East Sussex CCG submitted a plan for a deficit of £6,978k and will need to identify mitigations to improve the position. A deficit would be repayable in 21/22.
- Contracting between NHS organisations continues to be suspended and notified block payments will continue for the remainder of the financial year. New contracting arrangements will be re-introduced in 21/22.
- Further information across health and social care will be provided in forthcoming HOSC reports to update on progress as a system.