

# East Sussex HOSC

*Health response to the Covid-19 pandemic*

1 September 2020

# Introduction

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- We have worked collaboratively across health and social care partners to manage our response to the pandemic and will
- Our approach has delivered benefits for the population of East Sussex and deaths per 100,000 in the county were 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.
- We will bring a shared system update to a future HOSC meeting; this update 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
  3. How we have ensured critical NHS services have remained in place and are fully restored effectively
  4. The implications for inequalities and how we are addressing these as part of our recovery plans
  5. Progress on our winter plan and how we are reflecting current Covid-19 planning scenarios into our winter plan; and
  6. The financial implications for the NHS.

## Summary of Covid-19 impact in East Sussex

- As at 26<sup>th</sup> August there were **1,690 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.
- **Eastbourne and Lewes have seen the highest rates** within the county, with Rother and Hastings the lowest.
- The **rate of COVID-19 is 310.3 per 100,000** compared to **517.3** per 100,000 for England (as at 1<sup>st</sup> September)
- East Sussex is **ranked 133 out of 149 Local Authorities** for COVID-19 cases, where 1 is the highest number of cases
- Overall East Sussex has seen a **big reduction in cases from April and early May**, which was the first wave of the pandemic.
- COVID-19 has not gone away in East Sussex and there **remain up to 10 cases a day** over recent weeks, while other areas that have seen cases reduce to lower levels
- There has been a **17% drop in the daily average non-elective admissions** at East Sussex Healthcare NHS Trust (ESHT) during the post-lockdown period (23rd Mar – 31st August) compared to same period last year and this continues to recover.
- There has been a **34% drop in the daily average A&E attendances** at ESHT during the post-lockdown period (23rd Mar – 31st August) compared to same period last year and this continues to recover.
- In the latest week (w/e 23rd August), **non-face to face Out Patient (OP) attendances accounts for 39.4% of all OP attendances** at ESHT.
- For all elective admissions (day case and ordinary electives), the latest period (3rd to 23rd Aug) shows **ESHT's activity is 82.7% of last year** (same period) activity and this continues to recover.
- The South East region **estimated infection rate is 0.9-1.1**, similar to the current estimated infection rate for England - 0.9-1.1 (as at 28<sup>th</sup> August).
- As at 21<sup>st</sup> August there have been **383 deaths** from COVID-19
- **Wealden (124) and Lewes (117) have the highest number of deaths** from COVID-19, and Hastings has the lowest (10).
- In East Sussex, **Lewes has the highest age-standardised death rate** at 73.8 per 100,000 population.
- As at 21<sup>st</sup> August there have been **201 COVID-19 related deaths in hospitals**, 52% of all COVID-19 deaths.
- As at 21<sup>st</sup> August there have been **161 COVID-19 related deaths in care homes**, 42% of all COVID-19 deaths.

# Responding to the Covid-19 pandemic in East Sussex

- 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
- 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:
  - Streamlining hospital discharge pathways and liaison across physical and mental health to prepare for surge capacity in hospitals
  - Agreeing and securing additional bedded capacity for patients medically ready for discharge from hospital
  - Action plan to support social care including mutual aid support for Personal Protective Equipment (PPE), Infection Prevention and Control
  - Enhanced access to primary care for accommodated rough sleepers people and asylum seekers
  - Care Homes Resilience Plan, covering the full range of mutual aid support to nursing and residential care:
    - Supply of PPE, access to testing, Infection Prevention and Control and training offer to 307 care homes
    - Primary and Community Clinical Support Offer
    - Increased communications and engagement with local care homes jointly across health and social care via webinars, virtual meetings and daily provider bulletin.

# 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 expected to return to and maintain at pre-Covid-19 levels
- **NHS111-CAS** mobilisation on target for 1 October to increase 'consult and complete' at point of contact
- Plans continue to ensure readiness should there be a second wave, with continued local outbreaks over autumn/winter
- 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

## Actions to support restoration

- ESHT agreed as a pilot site for the **NHS 111 A&E Booking National Pilot**
- 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
- 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.

# Maintaining and restoring critical health services

## 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
- Queen Victoria Hospital has been operating as a **cancer hub** for Kent, Surrey and Sussex to support the provision of head and neck, and skin treatment
- 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.

## Actions to support restoration

- 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.

# Maintaining and restoring critical health services

## Mental Health

- Improved mental health response services by SECAmb
- 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.

## Actions to support restoration

- 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 is being 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 is under development.
- Aspects of services to improve **dementia diagnosis rates** were paused as part of the Covid response; a recovery plan is under development.

# Maintaining and restoring critical health services

## Primary care

Implementing phase 3 of the NHS response to the Covid-19 pandemic published 7<sup>th</sup> August 2020 takes forward the ambition set out in the Phase 3 letter, specifically to:

1. Protect the most vulnerable from Covid-19
2. Restore NHS services inclusively
3. Develop digitally enabled care pathways in ways which increase inclusion
4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes
5. Particularly support those who suffer mental ill-health
6. Strengthen leadership and accountability
7. Ensure datasets are complete and timely
8. Collaborate locally in planning and delivering action

We are on track to deliver the strategic plan by 21<sup>st</sup> September and currently have 25 current work streams within the Primary Care Restoration and Recovery Programme.

## Key in our achievements and in our workplan are:

- The effective zoning of patients who are Covid-19 positive or symptomatic in either practices or Hot Sites in East Sussex
- The introduction of face to face contacts after a clinical triage
- Black Asian and Minority Ethnic (BAME) Locally Commissioned Service (LCS) launched to provide additional health care to support BAME residents who are at higher risk of complications resulting from Covid-19. 98% of practices have signed up to this LCS across Sussex
- Serious Mental illness LCS task and finish group to improve uptake and monitoring, liaising with the Integrated Care System Mental Health Team
- Sussex wide collaboration concerning Learning Disability (LD) services to improve uptake and access to LD services, particularly Annual Health checks. Expression of interest to become LD Annual Health Check exemplar. Proposal for stopping over medication in people with LD being developed (STOMP)
- High Risk patients: current clinical guidance and existing service specifications across Sussex pulled into a standard operating procedure to support the management of patients. Diabetes Standard Operating Procedure launched, similar approach taken for the long term conditions of Heart Failure and COPD underway
- Primary Care Data work stream identifying data collection areas of interest and monitoring to illuminate capacity and demand in Primary Care.

# Impact on inequalities

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## Analysis

Covid-19 has exposed some health and wider inequalities. For example men, older people, those with existing health conditions, ethnic minority communities, low skilled workers and people living in deprived communities are all at a greater risk of infection, serious illness and of dying from Covid-19.

## Actions

The local NHS has collaborated with our partners to rapidly support the most vulnerable in our communities. For example:

- Implemented enhanced access to primary care for accommodated rough sleepers and asylum seekers and expanded multi-agency safeguarding services.
- Ensured that patients being discharged from hospital are well supported and connected to relevant local services.
- Supported the establishment and further development of Community Hubs to help people access information / advice, medicines, food and local support services.
- Ensured all Care Homes have been able to access PPE, staff training, health protection support and advice and access to testing for residents and staff.
- Established a BAME COVID-19 Disparity Programme to protect BAME staff and communities, which includes:
  - All GP practices contracted to provide holistic reviews for patients identified taking into account lifestyle factors that contribute to the higher risk of Covid-19.
  - Implemented risk assessments for all NHS and care staff from specific BAME populations groups.
  - Begun a programme of community engagement in Hastings, which has a higher BAME population density, and engagement across other communities.

## Local and national Covid-19 surge planning (1)

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The Covid-19 Phase 3 letter released on 31 July 2020, outlines the expectation for preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally. Including:

- Continue to follow good Covid-19 related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid-19 outbreaks or a wider national wave
- Prepare for winter, including:
  - 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, work is in progress across Sussex to ensure alignment of escalation frameworks across Local A&E Delivery Boards (LAEDB) resilience and surge arrangements with escalation based on early warning indicators 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.

## Local and national Covid-19 surge planning (2)

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### Key risks this winter

There are a range of risks this winter as we continue to respond to Covid-19 including:

- A second Covid-19 wave impacting our ability to restore and recover services
- A combination of a second wave and seasonal flu which would place additional pressure on the system
- Sickness amongst our workforce and/or increased shielding requirements
- Outbreaks and subsequent closures of care homes
- Increased mental health needs and associated impact on A&E services

### Actions in readiness for winter

- Development of early warning mechanism and local outbreak management plans
- Robust capacity plans with built-in social distancing requirements
- Continuation of Covid-19 schemes in line with local needs
- East Sussex Health Care NHS Trust and Healthwatch East Sussex are together providing a welfare check service for patients who have been discharged from hospital
- Risk assessments for staff completed and redeployment and PPE protocols established
- Established enhanced care home support in place alongside systems to support care homes including provision of PPE
- Increased mental health capacity to support the front-door.

Our winter plan is on track for completion and submission to NHS England in October 2020.

# Financial impact

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- As part of the national response to Covid-19, interim non-recurrent resource allocations were made to all CCGs for the period month 1-4 2020. CCGs have also been notified of mandated payments on account to NHS providers, and national contracts implemented for independent sector and national hospice providers with the responsibility for this funding transferring on an interim basis to NHS England/Improvement (NHSE/I).
- The implementation of the above interim financial regime will have a material impact on the ability to deliver the original savings schemes identified in East Sussex to achieve a breakeven position and further work is developing as part of the restoration and recovery process to ensure the planned position is delivered.
- Further information across health and social care will be provided in forthcoming HOSC reports to update on progress as a system.