Covid-19: HWB Briefing June 2020



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Presentation approach

- Introduction and context
- Pandemic over last three months
- Key issues and challenges
- Current position and immediate future
- Risks and strength of future joint working





Introduction and context

- Novel coronavirus with no vaccine and treatment still developing understanding of symptoms, disease progression and epidemiology
- Unprecedented public health crisis
 >1/4m cases in UK
 more than 40,000 directly attributable deaths to date
- Brighton & Hove experienced early cases contracted overseas leading a major health protection response there was no onward UK transmission



Emergency response structures

- Sussex Resilience Forum
- NHS declared Level 4 National Incident on 30 January extensive work to date to prepare and respond
- Citywide emergency response led by the council 13 cells established (and still operational)
 with a focus on the impact on public health, health & wellbeing, families & children,
 housing & homelessness, economy, etc
- Multiagency/sector response including voluntary & community sector

Current position

- First peak past
- Restoration and recovery
- Easing of lockdown
- Preventing a second surge: NHS Test & Trace and Outbreak Control

Collective effort, too early still for all lessons learnt but there will be a future 'new normal'





NHS response (1)

Government announced measures to reduce the spread and mandated important actions for the NHS to put in place to redirect staff and resources. They included:

- Free-up the maximum possible inpatient and critical care capacity
- Prepare for, and respond to, the anticipated large numbers of Covid-19 patients who would need respiratory support
- Support staff, and maximise their availability

NHS organisations worked with BHCC and other health & care system partners to deliver an integrated response:

- Key measures included infection prevention & control, capacity, workforce, primary care, mental health, medicines, supporting care homes and quality & safety
- Digital transformation of services



NHS response (2)

The NHS response required joint working by all partners across the Health & Care System to respond to the impact of Covid-19.

Work led by the 'Silver' Brighton and Hove CCG Place-Based Cell, and actioned by various work stream cells. Particular focus on developing an Integrated Discharge Hub across the system, securing additional capacity to support safe discharge flow, and supporting care home residents, staff and clients in other care settings via a Care Cell.

Extensive work has been carried out to support primary care, and work between practices themselves across the city, to manage both Covid and non-Covid related patient care.

Enhanced focus on mental health care, during Covid crisis and planning for potential increases in demand.

Partners such as Brighton & Hove City Council, Brighton and Sussex University Hospitals, Sussex Community Foundation Trust, Sussex Partnership Foundation Trust, HERE, Primary Care Networks and the local Voluntary Community Sector have supported this response.

Pandemic over the past three months

Following slides will address:

- Numbers and trend of residents reporting symptoms
- Confirmed cases of Covid-19 in the city
- Estimated Covid-19 mortality and average weekly death data
- Deaths in care homes





Residents reporting symptoms

- 111 and 999 data relating to Covid-19 symptoms is a good early warning indicator
- National research indicates a strong association between NHS 111 and 999 triages for Covid-19 and deaths from Covid-19 16 days later
- Daily monitoring of 111 and 999 data for Brighton & Hove residents show the reduction following the start of the lockdown in March which has continued, with comparatively very low numbers continuing







Community Hub – offering support to local people

10,600 local residents shielded and 5,500 registered as Clinically Extremely Vulnerable Types of support available include:

- Finding help with shopping, collecting prescriptions and other support
- · Emergency foodbank referrals
- Support to keep active & well and reduce feelings of isolation & loneliness

Referrals & Reasons Chart





Total Referrals: 1829

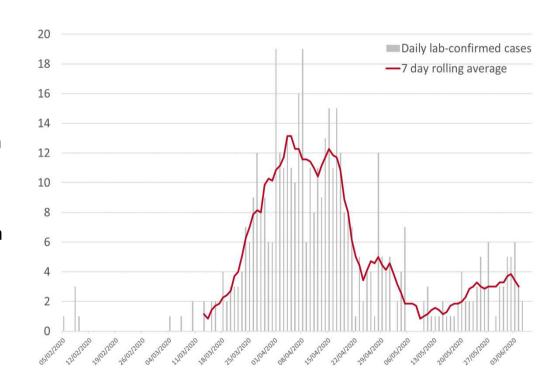
(can be multiple support reasons per referral)

Support Reason	Count
Food	1543
Financial Assistance	640
Mental Health Support	308
Medicine Collection	290
Physical Care and Support	213



Confirmed cases of Covid-19

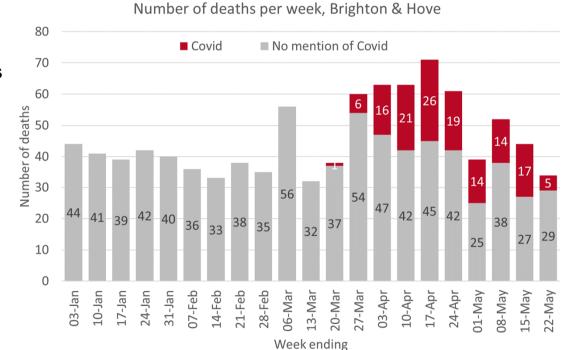
- PHE published data indicate 468 confirmed cases in Brighton & Hove up to 07/06/20
- Tests sent to private labs are not currently included in this data
- The crude cumulative rate from Brighton & Hove is lower than the England average – probably explained by our young age distribution.
- The peak of confirmed cases in Brighton & Hove was in early April 2020.
- Since then there has been a large reduction in the daily number of cases
- There is variation in the daily number of cases given the numbers are low.
- The recent small increase in cases is being closely monitored.



Source: Public Health England

Mortality including Covid-19

- Up to the w/e 22 May 139 Brighton & Hove residents have died with Covid-19 on the death certificate
- Highest number of deaths was w/e 17 April
- Between w/e 17 April and w/e 22 May deaths with Covid-19 and all deaths have reduced.





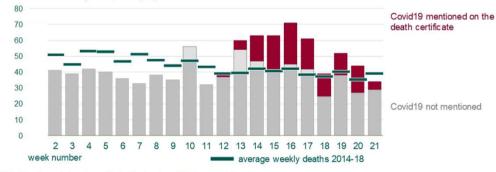
Source: ONS

Excess mortality

- These charts from Public Health England show deaths from all causes for Brighton & Hove by week in 2020 compared to the average for deaths registered in that week for 2014-2018.
- This shows that in the early weeks of 2020, there were fewer deaths per week compared to the average for 2014-18.
- From the w/e 27 March (week 13) there have been excess deaths compared with the average in the city
- In the w/e 22 May (week 21) there were fewer deaths than the average for 2014-2018.







ONS - Deaths registered weekly in England and Wales, provisional





Deaths in care homes

The chart shows deaths from all causes from 28 February to 22 May where the place of death was a care home.

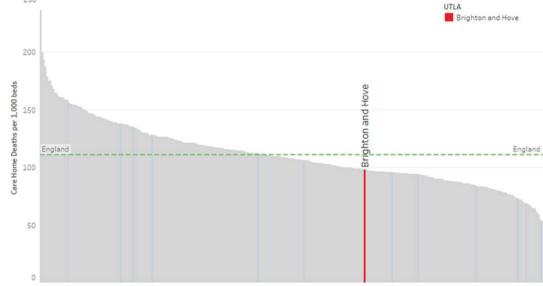
52 deaths in local care homes were recorded up to 22 May where Covid-19 was mentioned.

A crude rate per 1,000 care beds has been calculated to enable comparisons between areas.

The Brighton & Hove rate is similar to England, with Brighton & Hove ranked 204 highest of 317 local authorities in England.







Source: Deaths data from ONS, care beds as at 31/3/2019 from PHE End of Life Care Profiles used as a denominator

Public health/adult social care response (in partnership)

- Operational teams focused on integrated teams with heath colleagues to support NHS and community team focus on protecting 'shielded' residents whilst continuing to meet our statutory responsibility (prepared for Care Act easements)
- Coordinating advice and support to provider services and the wider care market to support safety of service users and staff including daily communications. This has involved complexity linking to PPE, testing, workforce concerns and admission arrangements
- Provision of direct financial support to the care market including provision and distribution of PPE to meet the city's demand, care home support plans.
- Responsive to incidents as they arise through a number of routes, key example being the Incident Management Team providing practical support to outbreaks in care homes and other settings
- Application of Care and Protect model for homelessness/rough sleepers



Key issues and challenges

Keeping vulnerable people safe along with the safety of staff:

- Personal Protective Equipment
- Testing: track and trace still embedding
- Good hygiene practice always!

Reducing rate of community transmissions (incl Care Homes)

- Embedding delivery of the care home support plan that has been submitted to Dept Health & Social Care
- Even closer relationship between NHS, council and service providers (care homes/domiciliary care/supporting services)
- Managing the risks in adopting a measured approach to recovery and a future new normal

Restoration of services

Financial risk to council and wider system





Current position and immediate future

- PPE: approach to likely increase in community demand, schools etc and how we move from a crisis to a future 'business as usual'
- Testing: clarity around who, when, where and how including embedding trace and contact.
- Local Outbreak Management Plan under 7 themes in preparation now, being led by DPH working across system (see next slide)
- Supporting the NHS Continuing to meet the need of patients with Covid and the needs of non-Covid patients. the NHS is open for non-Covid patients to access care too – through use of 111, primary care - especially for urgent symptoms to support early diagnosis of cancer. Digital options wil be used where suitable to support social distancing
- Measured Approach to Recovery Maintaining multi-agency approach, joint working and use of cell structure,
 - Joint working between CCG and LAs/Public Health
 - Integrated working across work-streams and systems
 - Proactive responses, including fast-paced governance progress and quick decisionmaking
 - Engagement with a new set of digital tools and ways of working
- Responsiveness and Agility



Local outbreak control plans – June 2020

- Local government and partners at the centre of outbreak response
- Interface with NHS Test and Trace
- Seven themes
 - Care homes and schools
 - High risk places, locations and communities
 - Local testing capacity
 - Contact tracing in complex settings
 - Use of data including links with Joint Biosecurity Centre
 - Supporting vulnerable people to self isolate
 - Local governance including Covid-19 Health Protection Board and Member led Board (potential role for HWB)



Risks and strengths of future joint working

- Leading and managing in uncertainty
- New challenges to address and new opportunities we will want to retain
- Potential for refreshed HWB to play critical future role
- Financial sustainability too early to detail but impact on council and other system stakeholders is, and will be, profound!



Questions?



