

Brighton and Hove HOSC

COVID-19 update

October 2020

Introduction

- We have worked collaboratively across health and social care partners to manage our response to the pandemic.
- This approach has delivered significant benefit for the population of Brighton and Hove – deaths per 100,000 in the county were significantly lower than the average across England.
- These slides set out:-
 1. An overview of the response in Brighton and Hove, and across Sussex, including any changes to services during this period;
 2. System plans to restore services effectively; and
 3. Planning for the future, including reviewing changes to services and implications for inequalities and how we are addressing these as part of recovery plans.

Our response to COVID-19

Our response to the COVID-19-19 pandemic in Brighton and Hove

- We have worked incredibly collaboratively across health and social care partners to manage our response to the pandemic in Brighton and Hove – and across Sussex as a system.
- This approach has delivered significant benefit for the population of Brighton and Hove – deaths per 100,000 in the county were significantly lower than the average across England.
- The whole system adapted its governance in March to respond to the emergency response across Sussex.
- In Brighton and Hove, there were daily 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.
- This covered hospital discharge pathways, surge capacity planning, agreeing and securing additional bed capacity; mutual aid for PPE, care home resilience plan and mutual aid to nursing and residential care.

Changes to services

- During the COVID-19 response there have been temporary changes made to the way some health services worked and how patients could access care and support;
- In the majority, these changes involved providing phone, digital and online access and appointments to patients apart from where face to face was clinically necessary;
- This enabled services to continue to provide care and support whilst ensuring the safety of patients and of staff;
- This approach was adopted in primary care (GP practices), secondary care and mental health;
- There are no formal substantive changes to services in Brighton and Hove that have been made during the COVID-19 response;
- The CCG is now engaging with the local population, stakeholders and partners to understand people's experiences of health and care services during the pandemic response, to help inform and shape plans as we consider how services restore and longer term ways of working.

Lessons learnt to date

- A debrief process took place in July across the ICS following the standard model used by the Sussex Local Resilience Forum. The process sought to identify items of good practice, areas for improvement and recommendations to be made.
- The key areas for improvement taken forward in current work include:
 - 1. Preparations and Expectation**
 - Need for preparedness to resource an incident of this long standing nature and across more than one geography
 - 2. Governance and Decision Making**
 - Need for plans to stand up response more quickly to full level of response
 - Variation in approaches across CCG/LA areas
 - 3. Communications**
 - Clear need for proactive comms at all times, especially around what is available
 - 4. Information Flows**
 - Volume of information requests/sitreps was significant
 - 5. Partnership working and coordination**
 - Not all NHS providers and partners using the same platform
 - 6. PPE**
 - Need for detailed planning and preparation for scenarios requiring PPE at this level

Key areas identified have informed the system's continuous planning for managing the Sussex response to COVID-19-19 and the system's response to the Phase 3 letter.

System plans to restore health and care services

Summary

Phase 3 letter for the NHS response to COVID-19-19 was released by NHS England and Improvement on 31 July 2020.

- NHS emergency incident level moved from Level 4 (national) to Level 3 (regional) with effect from 1 August.
- Focus on priority areas:
 - **Accelerating the return to near-normal levels of non-COVID-19 health services**, making full use of the capacity available in the ‘window of opportunity’ between now and winter.
 - **Preparation for winter demand pressures**, alongside continuing vigilance in the light of further probable COVID-19 spikes locally and possibly nationally.
 - Doing the above in a way that takes account of lessons learned during the first COVID-19 peak; locks in beneficial changes; and explicitly **tackles fundamental challenges including support for our staff, and action on inequalities and prevention.**
 - **Further system development**, including leadership, governance, and commissioning.
- Sussex Health and Care Partnership submitted the system’s local plans to NHS England by 21st September.

Approach to Phase Three planning

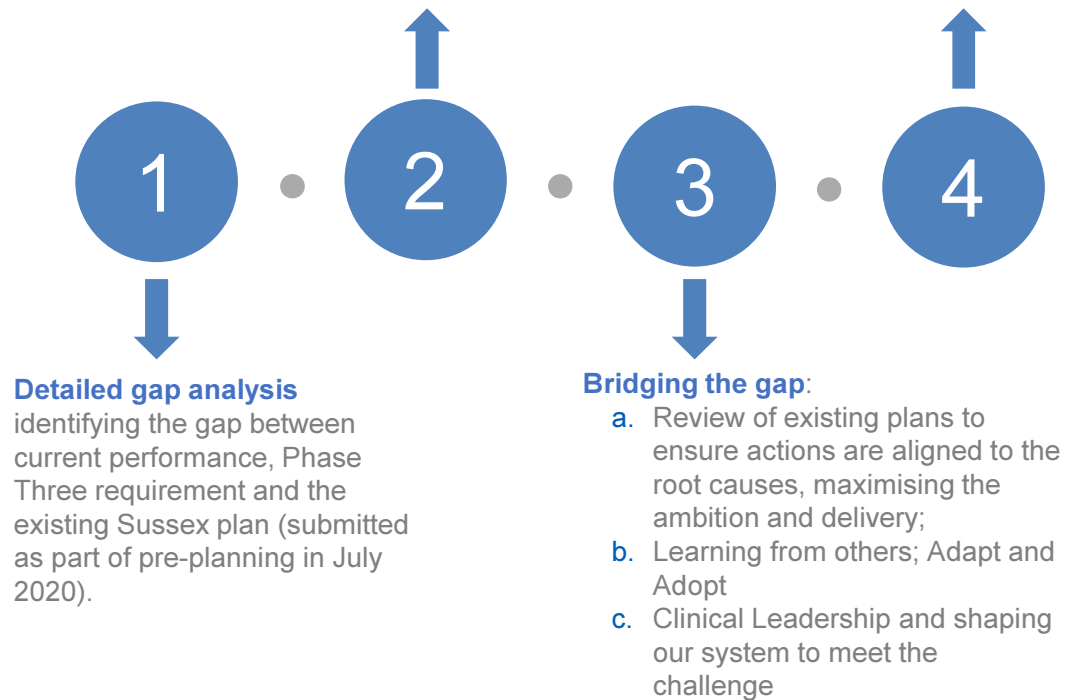
A Consistent systematic approach overseen by the **SHCP Partnership Executive**

Understanding of drivers and root cause of gaps:

- a. Demand and capacity mismatch:** using the Sussex Model
- b. Workforce:** vacancy, shielding, redeployment
- c. Productivity:** reduced productivity due to national and local policies
- d.** Recognising System risks and mitigations
- e.** Patient Feedback and experience

Draft Plan developed and signed off via Collaborative Networks

B Plans developed under the auspices of the **Sussex Collaborative Networks**



Changes to services

A summary of changes made during COVID-19 response and current position is as follows:

Primary care provided online and phone appointments, and only face to face where clinically necessary.	GP practices are now open for patients, and are providing face to face appointments for those who need them. Triage processes are still in place and patients will be encouraged to use phone and online appointments where appropriate.
Locally Commissioned Services were suspended in primary care.	The CCG is working with GP practices to restore LCS services across Brighton and Hove where it can be done safely for patients and staff.
Improved Access was suspended.	Evening and weekend appointments are now being restarted across Sussex.
Elective procedures were suspended to enable acute hospitals to focus on COVID-19 treatment.	Elective and non elective services are resuming, with all patients currently waiting for treatment having had their cases clinically assessed to ensure appointments are being clinically prioritised.
Memory Assessment Services were suspended in line with national guidance along with some Locally Commissioned Services.	Services have restarted and plans are in place to support agreed recovery trajectory across Sussex within 12 months.
Cancer screening services were suspended	Return of cancer screening services across Sussex.
Any Qualified Provider (AQP): many services scaled down or suspended	Services restarted
Fertility services suspended	Services restored with appropriate safety measures

System plans to restore services (1/6)

Urgent and emergency services

- All services have been maintained throughout COVID-19-19 pandemic for Brighton and Hove residents.
- There has been substantial adaptation of facilities to accommodate infection prevention and control measures.
- Significant reduction in demand for services from April–June beginning to reverse and activity is expected to return to pre-COVID levels.
- Week ending 9 August: 4 hour performance was 92.0% across Sussex. An increase of 5% compared to the same week last year (87.0%). In the same week there were 3,513 emergency admissions across Sussex. A decrease of 213 (-5.7%) compared to the same week last year (3,726).

Actions to support restoration

- The Clinical Assessment Service as part of NHS 111 went live on 1 October.
- 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 and online as first point of contact.
- ESHT testing NHS 111 First from mid October; BSUH and WSHFT go live in December.

System plans to restore services (2/6)

Elective, diagnostic and Cancer services

- Across Sussex activity is lower than pre COVID-19 levels:
 - Outpatient first appointments at 66% (72% - plan) and follow ups at 82% (71% - plan).
 - Day case at 52% (43%) and elective admission at 49% (50%).
 - The system has restored CT and MRI services to pre-COVID-19 levels and will maintain this position for the rest of the year.
- 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.
- There is an increase in patients waiting over 52 weeks.

Actions to support restoration

- Rapid progress made in roll out of virtual consultations and will become the default position:
 - 45% of first outpatient appointments in Sussex in August were virtual compared to 5% pre-COVID-19-19 lockdown measure.
- BSUH is risk stratifying patient lists working to local clinical prioritisation based on the Royal College of Surgeons guidelines
- Cancer long waiters – clinical harm reviews to determine level of harm (physical and psychological) for those impacted by a long wait and understand impact on health outcome and patient experience.
- Sussex Cancer Board has approved proposals to work collaboratively to address variation and health inequalities and funding proposals to improve cancer outcomes.
- Formation of Clinically led Sussex Outpatients, Theatre, Diagnostics and Endoscopy Working Groups with a remit to further develop demand assumptions, adopt and adapt innovative solutions, ensure access to additional diagnostic capacity and develop longer term plans.
- Continue working with Healthwatch on patient and public comms
- Continued use of Independent sector capacity.

System plans to restore services (3/6)

Mental Health

- Crisis services continue to support increasing demand.
- Mental Health Collaborative have implemented plans to improve flow, reduce DToC and increase bedded capacity across Adult services
- Enhanced Mental Health Line to provide 24/7 support to patients, carers, and Health & Social care staff across Sussex.
- Urgent care pathway enhanced to cover 24/7 and providing alternatives to A&E through the establishment of Urgent Care Lounges/Havens across Sussex.
- Increased use of digital solutions as safe alternative to face to face interventions.
- Enhanced psychological support for all NHS staff who need it is now in place and psychological provider services have worked with each acute trust to ensure support is being consistently provided.
- Referrals to IAPT are steadily increasing towards pre-COVID-19 levels and a system wide recovery plan has been developed to describe the recovery trajectory back to agreed planned activity.
- Recruitment is underway to an expanded CYP Eating Disorder Access service.
- Dementia Diagnosis Rates - Memory Assessment Services were suspended in line with national guidance along with some Locally Commissioned Services, and some staff redeployed to front line services. Plans in place to support agreed recovery trajectory in each of the 3 Sussex 'places' within 12 months.

System plans to restore services (4/6)

Primary care

- There is a focused programme of work to support primary care in Brighton and Hove, and across Sussex more widely, to restore services back for the local population. This includes monitoring and managing capacity and demand.
- **Access to services:**
 - GP practices have re-started to see patients face-to-face, following a clinical triage process.
 - Telephone and digital appointments do continue to be routinely offered where possible but face to face appointments are available for those who clinically need them.
 - Patients who are COVID-19 positive or symptomatic are now mostly zoned in practices, with a small number of Hot Sites remaining.
 - Clinical guidance is being coordinated to ensure the most appropriate support for high risk patients as services restore.
 - During the pandemic Improved Access appointments were repurposed to support Hot Sites. As part of the restoration and recovery process these are now returning to previous use with patients able to access weekend and evening appointments.
 - The new 111 Clinical Assessment Service went live on 1 October 2020. As part of its introduction, there is a wider range of health professionals available as part of the 111 service so more patients should be able to receive help and advice on the cal. There will also be the ability to book a set number of patients into a telephone appointment with their practice as this is rolled out.

System plans to restore services (5/6)

Primary care (continued)

- **Annual Health Checks (LTC):**
 - At the start of the pandemic the CCG suspended the requirement to deliver a number of services in order to free up capacity to manage the impact on patients and practices. GPs are now being encouraged to restart these services where appropriate and safe to do so. A restoration and recovery group meets fortnightly to manage the reinstatement of Locally Commissioned Services, which are put in place to provide additional support often for patients with Long Term Conditions, reviewing each specification to ensure it remains fit for purpose given the continued need for social distancing etc. Services for patients with Diabetes, COPD, Cardiac problems, and those in Care Homes have been prioritised.
- **Annual Health Checks (LD):**
 - There has been a specific Sussex-wide focus concerning Learning Disability (LD) services to improve uptake and access, particularly annual health checks.
 - This includes an expression of interest to become a Learning Disabilities Annual Health Check exemplar. A proposal for stopping over medication in people with LD being developed (STOMP).
- **BAME residents:**
 - A BAME Locally Commissioned Service (LCS) has been launched to provide additional healthcare to support BAME residents who are at higher risk of complications resulting from COVID-19; 98% of practices have signed up across Sussex.
 - This includes all practices writing to their BAME patients to provide clear information on how to stay safe and protect themselves and those around them (information translated as appropriate).

System plans to restore services (6/6)

Maternity

- Core services have been maintained throughout
- Home birthing services resumed on 22 June.

Stroke and Cardiovascular disease services

- Stroke services have continued throughout with Thrombectomy pathways continuing into RSCH and Southampton.
- Cardiac, Heart Attacks, PCW, PPCI, Urgent Arrhythmia services, severe heart failure/valve disease services are fully functioning.

Clinically Effective Commissioning

- In response to COVID-19 efforts in March and April 2020, the CCGs had decided to temporarily suspend the next stage development of the Sussex Clinically Effective Commissioning programme, which would have seen the commissioning of a third tranche of policies.
- Given the continued focus on recovery and restoration of NHS services, and the need for additional capacity that the introduction of additional clinical policies would place upon our acute and community providers, the CCGs have taken the view that the CEC programme will remain suspended until the end of the financial year, and a further decision will be made as to the appropriateness of restarting it.
- The only exception to this, is the development of a policy on fertility which is necessary to align all Sussex CCGs to NICE guidance.

COVID-19 testing

Pillar	Owner	Testing for	Locations	Booked through
Pillar 1	NHS pathology labs	<ul style="list-style-type: none"> • Patients • Staff (if spare capacity) 	NHS Trusts	Internal NHS systems
Pillar 2	DHSC and commercial partners	<ul style="list-style-type: none"> • Public • Key workers • Care home residents and staff 	Brighton, Gatwick, Tangmere, Bexhill, mobile testing units, home testing kits, care home testing kits	National booking portal

Pillars 3, 4 and 5 cover research studies including antibody testing and new testing methods

- The national COVID-19 testing system’s laboratories are currently facing very high demand.
- COVID-19 test are currently available for people at East Brighton Park Tennis Courts, Gatwick, Bexhill and Tangmere.
- The latest guidance is that you should only apply for a COVID-19 test if you have symptoms – a new continuous cough, a high temperature or a loss or change to your sense of smell or taste. You should isolate for ten days or until a negative test result is received, only leaving home to get tested. Anyone in your household who does not have symptoms should isolate for 14 days.
- Tests can be booked at www.gov.uk/get-coronavirus-test or by calling 119.
- As a local system, the NHS, public health and local authorities are working together to support DHSC to find additional testing sites. We are in regular discussions and we are putting more key worker (NHS and council staff) tests through our local in-house laboratories to enable the general population to have as much access to the national laboratory capacity as possible.

System plans for the future

Planning for the future

As services restore, system wide plans for recovery are also being progressed. This means longer term aspirations for health and care across Brighton and Hove are being scoped, including:

- **Digital use** – work is underway to explore how use of technology can support an increase in virtual appointments, especially in outpatients. This will need to take account of public and patient engagement on digital use, and any groups or communities who may find it as easy to use technology in these circumstances. Work with Healthwatch has already taken place to gain insight on attitudes, behaviours and barriers to digital use to help inform this work;
- **Triage in GP practices** – to work with GP practices as they shape their processes to support patients, such as the clinical triage process to understand a person's needs before offering an appointment, whether that be online, on the phone or face to face;
- **Support for patients post discharge** - wellbeing checks pilot scheme in Brighton and Hove carried out with Healthwatch (overseen by CCG and LA) being evaluated and sustainability explored.

Any consideration of service change would follow clear governance and agreed processes, including HOSC.

Impact on inequalities

- 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.
- As services restore, and we look at longer term planning, there is a clear focus on protecting the most vulnerable from COVID-19 and restoring services inclusively so they are used by those in the greatest need.
- The CCG has collaborated with partners to rapidly support the most vulnerable in our communities. This work includes:
 - Implementing enhanced access to primary care for accommodated rough sleepers and asylum seekers and expanded multi-agency safeguarding services.
 - Ensuring patients being discharged from hospital are well supported and connected to relevant local services.
 - Supporting the establishment and further development of Community Hubs to help people access information / advice, medicines, food and local support services.
 - Ensuring all Care Homes have been able to access PPE, staff training, health protection support and advice and access to testing for residents and staff.

Impact on inequalities (cont)

- BAME COVID-19 Disparity Programme established across the Sussex system 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 (LCS).
 - Implemented risk assessments for all NHS and care staff from specific BAME populations groups.
 - A programme of community engagement in Brighton, Crawley and Hastings, which have a higher BAME population density, and engagement across other geographic areas. Phase 1 complete and reported, phase 2 to commence.

Hearing from our population

We have launched the **Big Health and Care (Socially Distanced) Conversation**: a system wide public involvement programme to hear experiences of access and use of health and care services during COVID-19:



- Sussex NHS Commissioners/Healthwatch across Sussex have sought the views of people and communities through two online surveys and interviews to understand how people accessed health and care services during the initial crisis period, challenges and public behaviour (with a focus on digital access covering GP services, A&E, mental health services):
 - The final report has been produced, and is a helping shape restoration and recovery plans related to digital and non digital access;
 - A similar number of responses were received from Brighton and Hove, East Sussex, and West Sussex (less than a 4% difference across the three areas).
- **#LetsTalkSussex**; themed online conversations to draw in feedback – topics so far include GP services, mental wellbeing, carers, dentistry.
- Healthwatch carrying out further **engagement on care homes** (with carers/residents);
- **Hospital discharge engagement** underway- phase 1 complete, phase 2 being planned;
- **“The Big Debate”** – narrative and deliberative engagement on key topics, including the impact of delayed care, and self care/self support
- Work with NHS and Local Authority partners to scope out **common topics and joint work and triangulate intelligence** – including mental wellbeing, access to A&E, information provision
- A grant programme for **inclusion engagement** across Sussex was launched on 07 September and expressions of interest are now being evaluated;
- Pan Sussex **“provider Community Engagement”** network established, including BHCC and BSUH;
- Brighton and Hove **Communications and Engagement Network** established
- Pan Sussex **Partnership Forum** established, membership comprising VCS and Healthwatch, communications and engagement leads across system

Stay up to date with COVID-19 advice in Brighton and Hove

See the latest alert level for the city, public health information and latest update on services:

<https://www.brighton-hove.gov.uk/coronavirus-covid-19>

Join the Big Health and Care (Socially Distanced) Conversation:

<https://www.seshealthandcare.org.uk/priority/engaging-with-our-people/>

