

East Sussex Strategic Partnership meeting

Health response to the COVID-19 pandemic

8 July 2020

Introduction

- We have worked incredibly collaboratively across health and social care partners to manage our response to the pandemic
- This approach has delivered significant benefit for the population of East Sussex – 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
- These slides set out:-
 1. How we have worked together to manage our response;
 2. How we have ensured critical NHS services have remained in place and are working to fully restore services safely and effectively;
 3. How we have worked with the County Council to support our Care Homes;
 4. How our Primary Care practices have responded; and
 5. How we are leveraging the benefits of this collaboration to further integrate services across our partnership

- NHS England and Improvement's declaration of a Level 4 National Incident on 30 January 2020 in response to Covid-19, and the rapidly moving landscape thereafter, as the NHS and the country as a whole responded to Covid-19, has fundamentally shifted the role of the CCGs and way that they work within the wider system.
- On 23 March 2020, NHS England issued legal directions to all CCGs (the Coronavirus Directions 2020); these were further refreshed on the 20 April 2020. These legal directions mean that NHS England can now co-ordinate the approach with independent providers across the country to support the NHS response and provide additional services and capacity to fight the spread of coronavirus.
- To ensure effective direction of all NHS resources within Sussex, NHS England and Improvement agreed in late March 2020 that, as the Integrated Care System (ICS) Senior Responsible Officer (SRO), the CCG Chief Executive would be given authority to act as the NHS Strategic Commander for Sussex, replacing the relevant NHS England director in this role.

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 CCG, ASC&H, ESHT, SPFT and SCFT
- 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, 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 fit for discharge from hospital
 - Action plan to support social care including mutual aid support for PPE, Infection Prevention and Control
 - 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
- Significant reduction in demand for services from April–June beginning to reverse

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.
- Restart mobilisation of the 111/CAS with go-live on 1 October

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.

Maintaining and restoring critical health services

Elective, diagnostic and Cancer services

- Across Sussex activity is lower than pre Covid levels –
 - Outpatient first appointments at 55% and follow ups at 77% of pre Covid levels
 - Day case at 27% and elective admission at 54% of pre Covid levels
 - Reduction in suspected cancer 2 week wait referrals was -66% at the beginning of April and -27% at the end of May
 - Year-to-date the diagnostic activity has reduced by 19%

Actions to support restoration

- Rapid progress made in role out of virtual consultations and will be become the default position -
 - 55% of first outpatient appointments in Sussex during May were virtual compared to 5% pre Covid-19 lockdown measure
- ESHT is risk stratifying the patient tracking list working to local clinical prioritisation based on the Royal College of Surgeons guidelines
- Risk stratified approach being taken to prioritise cancer screening those at highest risk first
- Sussex Cancer Board has approved proposals to work collaboratively to address variation and health inequalities and funding proposals to improve cancer outcomes
- Communication strategy in place to maintain patient awareness of cancer symptoms and ensure confidence in the safety of services
- Continued use of Independent sector diagnostics capacity

Maintaining and restoring critical health services

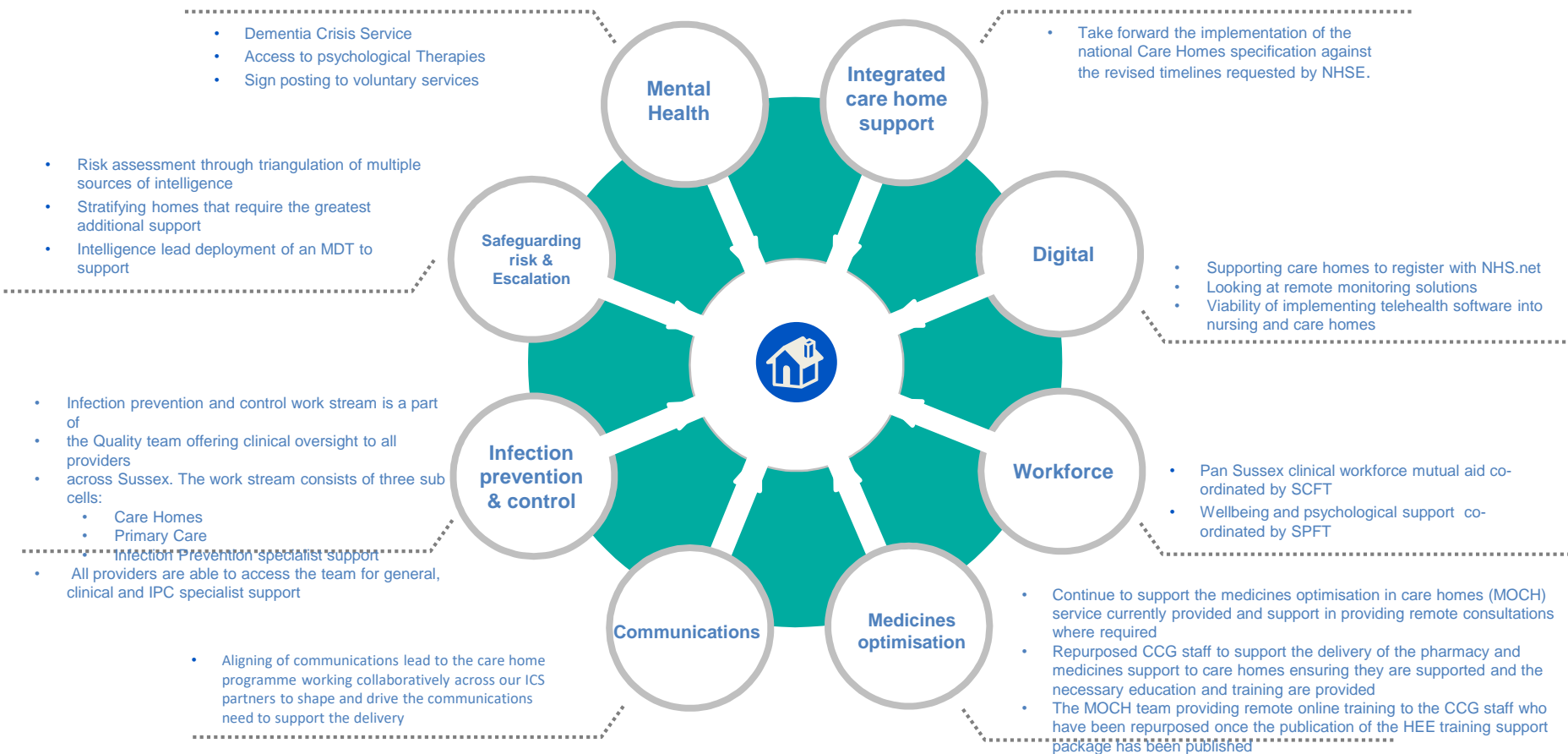
Mental Health

- Crisis service has been maintained with demand having increased by a third during COVID19.
- Establishment of all age 24/7 crisis mental health line - 60% of calls resolved crisis
- Five Urgent Care Hub model fully established across Sussex to maintain open access crisis services.
- Increased use of digital solutions as safe alternative to face to face interventions eg Use of Attend Anywhere with over 15,000 appointments provided by SPFT.
- SPFT working with Sussex acute trusts to provide enhanced psychological support for all NHS staff who need it.

Maternity

- Core services have been maintained throughout
- Home Birthing in East Sussex and the MLU in Eastbourne were suspended during phase response phase to Covid-19.
- Home birthing services resumed on 22 June.
- ESHT sourcing temporary accommodation to re-instate MLU at Eastbourne.

NHS support to care homes in East Sussex



The aim of the Sussex-wide Care Home programme, as part of the COVID-19 response is to provide co-ordinated CCG and Local Authority support and oversight to the integrated system response for care homes during the Covid-19 pandemic.

The objectives of the Sussex-wide Care Home programme are:-

- Ensure Place Based Delivery with Local Authorities
- Deliver statutory responsibilities for safeguarding vulnerable people
- Deliver Infection Prevention & Control and Medicines Management services
- Provide primary care for people living in care homes and support to the care home providers
- Coordinate communications for care homes and about our work with care homes
- Deliver Health Commissioning Responsibilities

Care Homes - Context

- For the 65+ population, Sussex has 53.9 beds per 1,000, compared to 47.5 for SE Region and 43.3 for England.
- While the Sussex rate for 65+ is 25% greater than the England rate, this should be seen in the context of the south coast's popularity as a retirement destination.
- For all ages Sussex has 11.6 care home beds per 1,000 population, compared to 9.0 for SE Region and 7.6 for England.

Sussex CCGs	Care homes	Care home Capacity	CCG Total Population	CCG 65 & Over Population	Beds per 1,000 Total Population	Beds per 1,000 65 & Over Population
Brighton & Hove	93	2,130	326,064	42,036	6.5	50.7
West Sussex	356	10,279	904,503	201,915	11.4	50.9
East Sussex	315	8,332	560,096	141,132	14.9	59.0
Sussex Total	764	20,741	1,790,663	385,083	11.6	53.9
England	15,508	457,400	60,429,301	10,575,128	7.6	43.3
South East	2,951	84,708	9,419,119	1,784,889	9.0	47.5

Source: CQC and NHS Digital for March 2020.

General Practice – support to care homes

- Two new **Locally Commissioned Services** to support care homes, have been introduced:
 1. Temporary GP Remote Out of Hours Cover for patients in Care Homes LCS, to:
 - Provide enhanced clinical support to care homes out normal GMS hours.
 - Reduce the risk of inappropriate conveyance to hospital.
 - Improve timely access for care homes to
 - Clinical decision making.
 - Prescribing
 - Implementation of end of life / palliative care plans
 - Reduce the burden on other out-of-hours services for this population (111 / 999)
 2. Temporary Placements (Discharge to assess) in Care Homes and other Community based beds LCS, to:
 - To provide the medical care of patients placed temporarily in purchased beds in the community (usually in care homes) after discharge from hospital, under the following arrangements
- Further NHSE measures have also been delivered in full to all care homes in Sussex, which include:
 - A named clinical lead for each home
 - A 'weekly check in' to review all patients identified as a clinical priority for assessment and care
 - Development of a process for the development of personalised care and support plans for care home residents
 - Provision of pharmacy and medication support to care homes.
- These additional measures have been delivered to 100% of care homes either through an existing Locally Commissioned Service (LCS) or through the provision of a new Care Home Model LCS which has been developed and introduced to ensure the measures are met and that we have a consistent service offer across all care homes in Sussex.
- The existing Medicines Optimisation teams in each CCG have been refocused to fulfil the clinical pharmacy support requirements, with the additional CCG pharmacists and pharmacy technicians being aligned to practices to support Medicines Optimisation in all care homes. The named Clinical Lead to provide clinical leadership support for each care home has been accomplished with each homes having a named Clinical Lead to be their single point of contact in exceptional circumstances / crisis.
- Joint work is also taking place with community service providers, care homes and PCNs to jointly plan for and deliver the full proactive multidisciplinary PCN EHCH DES requirements by October 2010.

Infection Prevention and Control support to care homes

- **CCG Quality/IPC Support to Care Homes:**

- As part of the COVID19 response the CCG Quality Team established a Care Homes Quality and IPC Work Stream.
- Currently 95 Care homes in East Sussex have declared an outbreak since the start of the pandemic (Source: ES PHE Team).
- The Quality/IPC work stream provides a supportive call and ongoing IPC advice and guidance as required to homes declaring a COVID19 outbreak via PHE. Members of the work stream also input to the Incident Management Team meeting in relation to supporting homes to prevent or manage an outbreak, which in turn feeds into ongoing work with ESCC Market Support Team to address quality issues within care homes.
- The CCG Quality & ICP Care Homes work stream continue to participate in each place based response for Care Homes, including providing advice and guidance to the place based CCG Care Home Cell meetings, reporting into the Sussex Wide Care Homes cell. The team have recently established a Sussex Care Homes training cell and designed and commenced delivery of 'Prepare Prevent Manage – COVID19 for Care Homes' a virtual training session open to all homes and providers, covering best practice principles for COVID19 prevention or management and identifying soft signs of deterioration.

- **Care Homes Incident Management meetings (CHIMT)- COVID facing:**

- A place based Incident Management Team meeting has been established in East Sussex to deliver a multi organisational approach to care homes that require additional support due to a COVID19 outbreak.
- Chaired by Public Health England, the meeting is well supported by multiple organisations across East Sussex, including ESCC ASC and Contracting teams, ESHT, SCFT and the CQC.
- Homes with significant quality issues are escalated via these meeting to the Sussex wide Provider Sub Surveillance Group (PSSG) for over sight of risks/issues and plans for improvement.

Infection Prevention and Control support to care homes (ctd)

• Infection Prevention and Control Training:

- At the beginning of May, NHSE Chief Nursing Officer instructed all CCGs to offer infection prevention and control trainers and training to care homes. The offer was made via East Sussex Local Resilience Forum and the CCG Care Homes Quality and IPC Work Stream worked in partnership with East Sussex County Council and East Sussex Hospitals NHS Trust.
- A 'Train the Trainer' model was utilised with 9 IPC Nurse specialists training a number of clinical staff across the county to deliver the face to face element of the training plan. The IPC training covered IPC standards, Hand Hygiene principles, use of PPE, managing the home environment and taking swabs.
- Training figures for East Sussex Care Homes shown below – training sessions continue to be offered until the end of July 2020.

Total Number of East Sussex Homes IPC Trained	Total as % of East Sussex Homes
160	51%

• FIT Testing Training:

- During sustained transmission of Covid-19 any carers supporting clients with aerosol generating procedures (AGP) are required to wear FFP3 or P3 respirators to protect the user from inhalation of the virus during these specific procedures in accordance with public health policy.
- The CCG Quality/IPC Care Home work stream have delivered FIT Test training across Sussex as follows :
 - 383 people trained to wear an FFP3 or P3.
 - 139 as users only and 232 as users and trained as fit testers for their organisation to cascade fit testing to staff
 - 140 providers across Sussex and 25 private carers not associated with an overarching organisation.

Primary Care in East Sussex – restoration and recovery plan

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Phase One
30 June

- Consolidation of Hot Sites and / or zoning.
- Implementation of care homes LCS
- Implementation of the BAME LCS
- Implementation of a High Risk LCS (to include shielded patients)
- Commence flu vaccinations
- A plan for the additional Roles in PCNs to support the identified workforce gap

In doing this we will work with our PCN Clinical Directors and have a weekly forum for this to happen

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Phase Two
30 September

- Development of a sustainable model for general practice
- An impact assessment of general practice in delivering a new model of care
- The harmonisation of multiple current care homes LCS'
- The reinstatement of some LCS
- Reinstatement of protected learning time to share best practice
- Support in the delivery of LD Health Checks

In doing this we will engage with our PCN Clinical Directors and our membership

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Phase Three
From 1 October

- Delivery of the Enhanced Health in Care Homes DES
- Delivery of the Early Cancer Diagnosis
- The roll out of the MOCH service across Sussex
- Support implementation of PCN DES for structured medication reviews
- The delivery of screening
- Continued introduction of LTC services

In doing this we will engage with our PCN Clinical Directors and our membership

Primary Care resilience and developing a new model of care

- As part of Phase 2 recovery a detailed programme of work has been established to deliver a new way of working, (based on local best practice in General Practice and Primary Care) with a focus on the most vulnerable population. PCN Clinical Directors, locality representatives and the wider membership, have engaged in this.
- Some of the identified priorities for primary and community care in East Sussex are:
 - The development of a sustainable model for general practice that meets the needs of the population – this includes the consolidation of Hot Sites and / or zoning that is scalable to meet seasonal demand
 - The harmonisation of multiple current care homes LCS' in place to ensure equity and consistency of offer across Sussex
 - The ongoing support for shielded and high risk patients - built into this is proactive case finding and multidisciplinary assessments
 - The implementation of a BAME LCS – to proactively case find, contact and support this vulnerable group
 - A remote triaging model that works for clinicians and patients
 - Enhanced digital support to ensure safe remote working including online consultation and other digital opportunities
 - The role out of the Medicines Optimisation in Care Homes (MOCH) service which supports individual care homes to all of Sussex
 - Flu plan delivery that ensures safe administration whilst adhering to social distancing
 - Screening and immunisations inline with demand and capacity modelling and restoration programme
 - To support general practice in the delivery of the Learning Disabilities Health Checks
- Priorities will be underpinned with an engagement and communication's strategy to influence patient expectation and behaviours.
- Identified risks are:
 - Primary care estate – there is a risk that the general practice estate may not be fit for purpose for zoning and will require adaptation
 - Demand exceeding capacity in general practice to undertake face to face consultations and hot / cold consultations.

Building on the collaborative approach to the Covid-19 pandemic

- Review Integration Programme priorities for 2020/21 across Children and Young People, Community, Planned Care, Urgent Care and Mental Health, in light of Covid-19 impacts, risks and complexity
- Evaluating the new models that have been rapidly developed to understand the benefits, for example:
 - Hospital discharge liaison hubs and pathways
 - Virtual integrated working across health and social care teams
 - Whole system mutual aid support for care homes
 - Community hub delivery with District and Borough Councils and the VCS
- Develop a revised integration programme, objectives and KPIs focussing on the immediate and pressing priorities for 2020/21

Task	When
Complete initial review	July 20
Agree reset integration programme Agree to return to former whole system governance in full	August 20
Resume programme monitoring, reporting and governance	September 20

Building on the collaborative approach to the Covid-19 pandemic

- Further strengthen how we work as an Integrated Care Partnership to deliver outcomes for the East Sussex population:-
 - Collaborative working across commissioners and providers
 - Strategy and planning
 - Integrated support to providers across all sectors
- Areas in scope to be worked up:-
 - Developing a whole system mental health plan and programme to meet the mental health needs of our East Sussex population - agreeing our shared priorities taking account of the impacts of Covid-19 on demand and capacity
 - Joint model to support and shape the care market to continue to support care home resilience
 - Integrated commissioning model for bedded care to support hospital discharge and step up/down for the winter, taking in plans for a potential second wave
 - Next steps for developing a Locality model to link together:
 - Primary Care Networks, wrap around care + support to care homes
 - Integrated community health and social care services and our agreed Target Operating Model (updated in light of Covid-19)
 - Proactive care and prevention coordinated across the wider range of services and support to promote wellbeing and reduce health inequalities

Acronyms / Abbreviations

• CCG	-	Clinical Commissioning Group
• ICS	-	Integrated Care System
• SRO	-	Senior Responsible Officer
• ASC&H	-	Adult Social Care & Health
• ESHT	-	East Sussex Healthcare Trust
• SPFT	-	Sussex Partnership Foundation Trust
• SCFT	-	Sussex Community Foundation Trust
• RSCH	-	Royal Sussex County Hospital
• OPEX	-	Operating Executive (meeting)
• PPE	-	Personal Protective Equipment
• CAS	-	Clinical Assessment Service
• PCW	-	Pulmonary Capillary Wedge
• PPCI	-	Primary Percutaneous Coronary Intervention
• MLU (Eastbourne)	-	Midwifery Led Unit
• IPC	-	Infection Prevention and Control
• MDT	-	Multi Disciplinary Team
• NHSE	-	NHS England
• MOCH	-	Medicines Optimisation in Care Homes
• HEE	-	Health Education England
• SE	-	South East
• GMS	-	General Medical Services
• LCS	-	Locally Commissioned Service
• PCN	-	Primary Care Network
• EHCH	-	Enhanced Health in Care Homes
• DES	-	Directed Enhanced Service
• PHE	-	Public Health England
• ICP	-	Integrated Care Partnership
• PSSG	-	Provider Sub Surveillance Group
• ASC	-	Adult Social Care
• CQC	-	Care Quality Commission
• AGP	-	Aerosol Generating Procedures
• LTC	-	Long Term Condition
• LD	-	Learning Disability
• BAME	-	Black Asian Minority Ethnicity
• VCS	-	Voluntary Community Sector
• KPI	-	Key Performance Indicator