

Covid-19 update for ONEL JHOSC

- Managing the Emergency
- Next Steps – London/National Context
- Phase 3 – NEL Actions

Wednesday 16 September 2020

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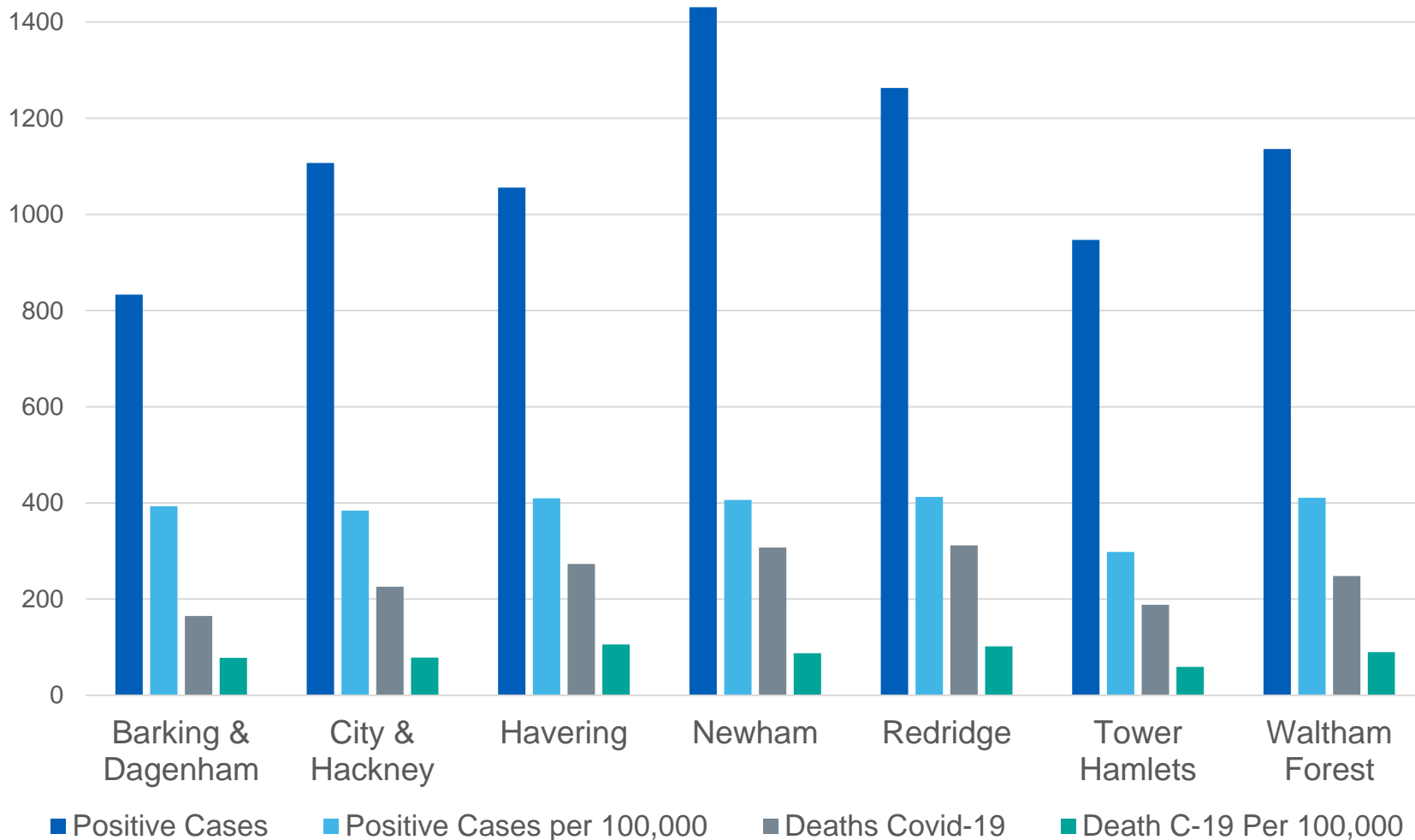


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Managing the Emergency

Covid cases and deaths

Cases to 24 August; Deaths to 24 June 2020
(latest official figures)



Covid cases



Calculated through Pillar 1 and 2 testing. 7 day rolling total cases as per methodology in PHE Centre Daily Covid-19 report (Period 15-21 August)

Place	7 Day Total	7 Day Rate / 100,000	Cumulative Total	Cumulative Rate / 100,000
Hackney and City of London	65	23	1140	395
Barking and Dagenham	21	13	848	400
Tower Hamlets	29	10	970	305
Waltham Forest	19	10	1149	415
Havering	22	10	1072	416
Newham	20	9	1446	411
Redbridge	22	8	1269	418
NE London	198	9.9	7894	393
London	815	11.6	35543	433
England	4913	11.3	285155	508

Socio-demographic risks

Headlines	Socio-demographic risk factors on hospitalisation, critical care and mortality following a diagnosis of Covid-19 (Tower Hamlets, Newham and City and Hackney C-19 logistic regression). Data used outcomes of 1,673 confirmed C-19 cases, August 2020.
Gender	Compared to females, males were more likely to end up in hospital
Age	Compared to younger adults, people aged over 50 were more likely to be hospitalised and/or die following a diagnosis of Covid-19. Age has the most significantly increased odds of all risk factors, especially for those age 70+ who had the highest odds of dying compared to all other risk factors (between 11 and 23 times more likely to die compared to adults under 50)
Ethnicity	People of Black and Asian ethnicity had greater odds of ending up in hospital, and those of Asian ethnicity were significantly more likely to be in critical care or die following, compared to people of White ethnicity.
Learning Disability	People with Learning Disabilities were around five times more likely to die than people without learning disabilities, and the difference is statistically significant.
Long-term conditions	People with certain LTCs (cancer, kidney disease, diabetes) had some greater odds of ending up in hospital compared to people without any diagnosed underlying conditions.
Obesity	People who were obese had greater odds of hospitalisation and requiring critical care, and those who were morbidly obese had a greater likelihood of death, compared to those of a healthy weight.

PCR (Swab) tests for public, health and social care staff



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Pillar 1

Local NHS supply (Max. 1600 tests per day) to cover testing of patients, health and care staff and their families; responding to local outbreaks in care homes, supported living and extra care providers; and research studies.

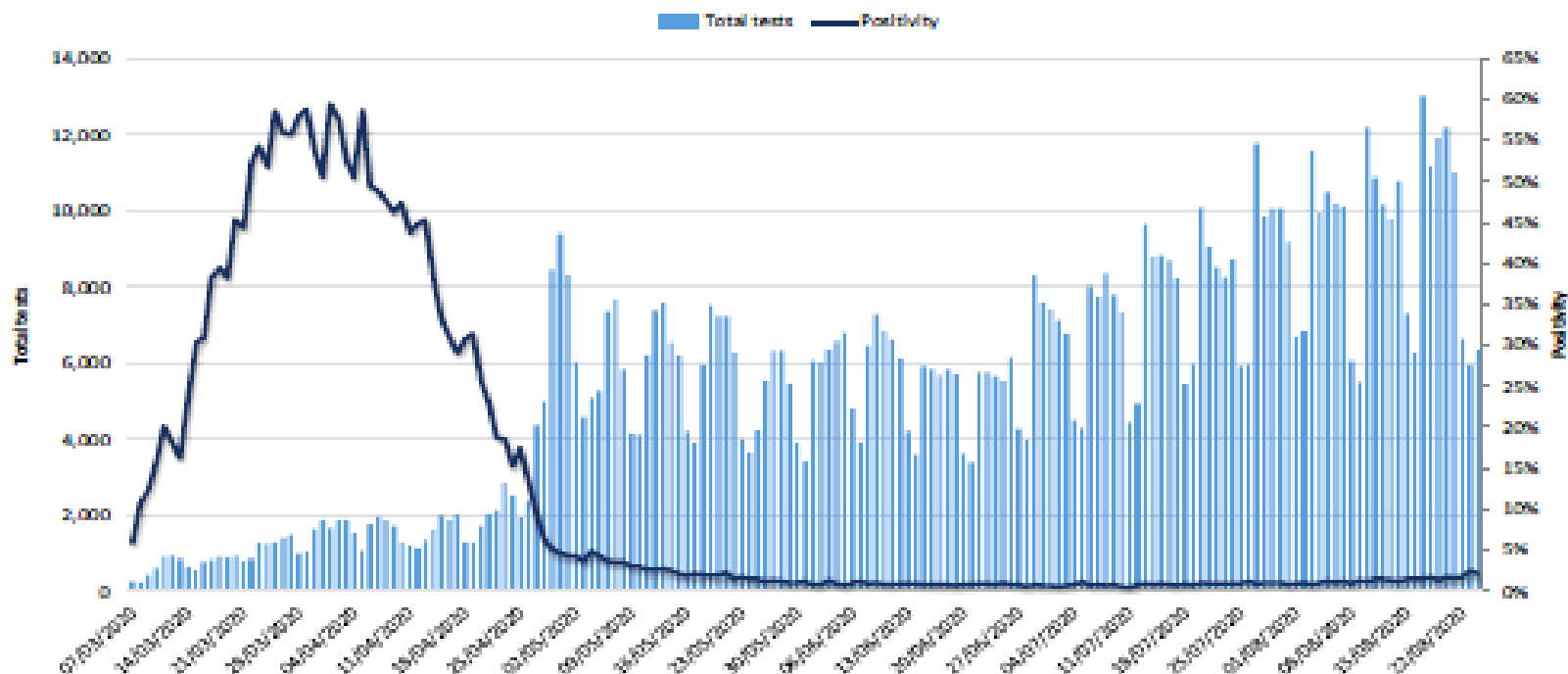
Pillar 2

National scheme for testing anyone who has COVID-19 symptoms and regular testing of care homes.

- **Weekly meets with key leads and Directors of Public Health to manage local outbreaks and ensure test and trace is working.** This has included responding to suspected outbreaks at two care homes in Havering (all 274 staff/residents tested), two supported living sites in Hackney (150 tests) and a site in Redbridge (14 tests)
- Working with the Trust pathology labs and NHSE/I to resolve current capacity issues and increase Pillar 1 capacity to 3,000 tests per day
- Worked with Directors of Public Health to agree a prioritisation framework to enable access to finite Pillar 1 capacity to support the testing of residents and staff in care homes and supported living sites if they can't access testing from the national scheme
- In a UK-first, the ELHCP worked with Queen Mary University of London to trial a **new portable rapid PCR testing machine** that was shown to deliver results in 30 minutes. The test is cost-effective and its proven technology will be critical in responding to local

Tests vs Positivity

London Daily Positivity and Total Test (Pillar 1&2)



Borough	Pillar 2 tests in 7 days up to 25 Aug	% that were positive
City of London	967	3%
Hackney	932	3%
Barking and Dagenham	550	3%
Havering	862	1%
Redbridge	865	1%
Newham	616	2%
Tower Hamlets	724	2%
Waltham Forest	799	1%

Test and Trace Antibody Tests



- New **NHS Test and Trace** app is being trialled with residents in Newham over three weeks. Residents receive unique codes to give them early access to download the app via email and post to monitor performance and identify improvements ready for national launch.
 - <https://www.gov.uk/government/publications/nhs-test-and-trace-app-privacy-information/the-nhs-test-and-trace-app-early-adopter-trial-august-2020-data-protection-impact-assessment>
- From May to 23 August we offered the **antibody test** to over 38,773 NHS and social care staff at a range of sites across North East London.
 - Because we don't know if someone with antibodies can still pass the virus on or get re-infected, anyone with a positive test result still has to follow all Government guidance on self-isolation, social distancing, correct use of PPE, good hygiene etc. So the test is used to keep the Coronavirus under surveillance
 - Testing has now stopped for NHS staff and from 4 August has been offered to social care staff. As of 27 August we have provided 491 antibody tests to social care staff.

Personal Protective Equipment



- National agreement that from September onwards, the formal Quality Assurance process for PPE will be fully implemented before shipping to the UK to ensure that PPE bought abroad is only shipped if compliant.
- FFP3 (Filtering Face Piece) masks which are thicker than surgical masks and have a filter have proved to be the most difficult items to stock in different sizes (which is important). NHSE is trying to resolve the issue.
- The PPE eCommerce Portal, managed by the Department of Health and Social Care, is now available as an emergency PPE top-up route for all GPs, social care residential and domiciliary care providers regardless of size, and pharmacies.
- We are working to ensure that all relevant organisations across our local authority areas have successfully registered on the portal.
- The NEL PPE Emergency Hub also continues to operate as an emergency route, with a dedicated team in place, to help ensure that organisations across north east London have access to the emergency PPE they need to keep staff safe.

Next Steps – London/National Context

Phase 3



- From 1 Aug 2020 NHS Emergency Preparedness, Resilience and Response (EPRR) incident level moved from **Level 4 (national) to Level 3 (regional) control**
- **London priorities** (a NEL plan is required by 21 Sept 2020). Acting in a way that takes account of lessons learned, and utilises beneficial changes; systems are required to accelerate the return to near-normal levels of non-Covid health services before winter, with a focus on:
 - Restoration of community and acute services
 - Mental health
 - Inequality actions
 - Patient Initiated Follow Ups (PIFUs). This means patients can request follow up appointments when they think it is most appropriate for their personal condition, rather than using a service-agreed fixed timescale
 - Workforce

We are the NHS: People Plan 2020/21 – action for us all



- In June 2019 NHS England, NHS Improvement and Health Education England published [the Interim People Plan](#) Covid-19 has changed things, but the central themes; **more people, working differently, in an inclusive and compassionate culture** – are even more important now than they were then.
- The plan commits to:
 - **Looking after our people** – ensuring they are safe and healthy, physically and mentally well and able to work flexibly
 - **Belonging in the NHS** – ensuring the NHS is inclusive and diverse and a place where discrimination, violence and bullying do not occur. We will overhaul recruitment practices to improve representation; have health and wellbeing conversations; empower staff to use their voice to inform learning and improvement and further develop inclusive, compassionate leadership
 - **New ways of working** – being flexible and making the best use of skills and experience; upskilling staff; expanding multi-disciplinary teams; supporting volunteers and expanding routes into health and care careers; and supporting staff development
 - **Growing for the future** – capitalising on the interest in NHS careers and higher numbers of applications to education and training by recruiting into entry-level clinical and non-clinical roles; encouraging return to practice; new training places in shortage professions; international recruitment; and retaining more people in the service

Our NHS People Promise

- [Our NHS People Promise](#) published alongside the People Plan, urges all staff to make a firm commitment to improve the experience of working in the NHS.



- We are developing our own People Plan (draft ready by end of Sept) to supplement the national work.

Obesity Plan



- New campaign to encourage people to achieve a healthier weight with evidence-based tools and apps and advice on how to lose weight
- Expanding NHS weight management services and the Diabetes Prevention Programme. Primary Care Networks will be offered training to be healthy weight coaches
- Public consultation to gather views and evidence on the 'traffic light' label
- New legislation to require large hospitality food businesses, e.g. restaurants and takeaways with more than 250 employees, to add calorie labels to food
- Consulting on making companies provide calorie labelling on alcohol
- Legislating to end the promotion (online and in high streets) of foods high in fat, sugar or salt (HFSS) e.g. by restricting buy one get one free
- Banning the advertising of HFSS products on TV and online before 9pm and holding a consultation on introducing a total HFSS advertising restriction online
- Looking at ways to support:
 - disabled people eat healthily: part of National Strategy for Disabled People
 - employers ensure people are able to be healthier whilst at work

<https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives>

Phase 3 – NEL Actions

Winter preparedness



- **A&E numbers fell sharply earlier in the year, but are steadily rising** (to about two thirds of pre-pandemic rates). We are reassuring the public that the NHS is open for business; whilst maintaining high standards of infection control; and encouraging people to use services appropriately.
- To create a Covid-free zone **at Mile End Hospital we have relocated the inpatient dementia assessment services to the purpose-built East Ham Care Centre. This will** improve the quality of care by consolidating all cognitive impairment specialist dementia beds at EHCC. Family and carers will be able to access travel assistance if this is an issue.
- NEL hospitals recently received **£13.2 million prepare for winter**
 - **£4.1million for Queen’s Hospital Emergency Department** to provide blood tests in A&E rather than a laboratory, meaning results are immediately available; and to increase the number of patients who can be assessed at the same time in A&E; and get patients the care they need more quickly, whilst ensuring social distancing.
 - **£6.4million for Barts Health. £3m for Whipps Cross; £1.8m at Newham and £1.6m at Royal London** to segregate Covid and non-Covid patients in A&Es, support social distancing, and ensure services are relocated where A&E is taking up more space
 - **£2.7million for Homerton**
- In primary care we are zoning practices and developed ‘hot hubs’ to separate Covid and non-Covid symptomatic patients which can be used flexibly to adapt to changing situations

Flu



- The flu vaccination programme is a key priority as we push hard to vaccinate 75% of 'at-risk' population groups and people over 65. We will deliver on these ambitions in partnership across NEL through:
 - population modelling to ensure there is enough vaccine for the new patient cohorts
 - a North East London marketing, communications and engagement campaign
 - PPE planning to provide the vaccine safely to patients and staff during Covid-19
 - mutual aid plans for vaccine sharing and underwriting costs of any excess vaccines
- Key focus on health and social inequalities; in light of the disproportionate effect of Covid-19 on Black, Asian, minority ethnic and older populations.
- Developing innovative models of service delivery such as doorstep vaccinations targeting whole streets of eligible people; 'drive through' vaccination services; and working with Covid-19 volunteers as 'flu fighters' to encourage vulnerable people to get flu jabs), as well as collaborating closely with local pharmacy partners.
- Developing a joined-up approach (between CCGs, Trusts, local authorities and key community groups such as Healthwatch, National Childbirth Trust and interfaith groups) to managing communications and engagement to pool knowledge and resources and ensure a clear consistent message
- People aged 50-64 will be eligible for the free flu vaccine from mid-November, ensuring those in the normal 'at-risk' groups are seen first. We are working with GP practices and pharmacies to manage any interest prior to November.

Mental health



- Expanded crisis resolution home treatment teams and crisis hubs reduced demand for psychiatric beds in the pandemic. And new 24/7 mental health helplines continue to operate with an aim to move to a national service in the future if funding allows
- Expanding Children/Young People crisis services & Mental Health in Schools teams
- IAPT (Improving Access to Psychological Therapies) services to resume fully. Successful expansion of online delivery. IAPT services have given invaluable support to front line staff and a co-ordinated approach to bereavement services.
- Black, Asian and Minority Ethnic Working Groups established to identify and address the differential impact of Covid
- Proactive review of all CMHT (Community Mental Health Team) caseloads to ensure appropriate therapy/interventions are in place.
- Developing alternatives to inpatient settings/ treatment for people with a learning disability and ensuring Care and Treatment Reviews always take place
- We are ensuring patients/public are accessing services; but also expecting a surge in the need for services. We are increasing ward capacity and investing in the community e.g. crisis resolution teams, crisis hubs and alternatives to online support such as outdoor meetings
- NEL Mental health summit brought together over 200 people with lived experiences, Healthwatches, voluntary / statutory organisations to discuss building partnerships; reducing inequalities; experiences of services and how we can improve

Inequalities

- NEL Recovery and Restoration Inequalities programme led by Jason Strelitz, Director of Public Health, London Borough of Newham.
- **Three agreed health inequalities priorities:** 1. Epidemic response; 2. Economic recovery and Anchors. 3. Inequalities Analysis

Workstream	Workplan Progress / Examples	Next Steps
<p>Epidemic response: Our residents frequently cross borough and city boundaries so we are collaborating to address issues quickly. Boroughs reviewed their Local Outbreak Response Plans, shared learning and discussed blind spots.</p>	<ul style="list-style-type: none"> • Local Outbreak Control Plans regional peer review with Professor Kevin Fenton (PHE) • Sharing information /ideas e.g. community champions; walk-in and care home testing; education and schools; and winter planning. 	<ul style="list-style-type: none"> • Working collectively on contact tracing approaches. • Planning prioritisation for immunisations and vaccinations using data on high-risk groups.
<p>Economic recovery: Covid & Brexit will exacerbate health and social inequalities. To mitigate this we are using the anchor system approach focusing on:</p> <ul style="list-style-type: none"> • Procurement and local supply chains • Local skills and employment • Environmental impact and sustainability • Social value; wellbeing/inclusion/equality 	<ul style="list-style-type: none"> • Two engagement events organised (Sept and Oct) to bring together chief execs and directors to showcase local work, share learning and define opportunities for collaboration. • Sustainability framework for NEL to be launched. 	<ul style="list-style-type: none"> • Baseline data collection at NEL level underway (economic and inequalities data) • Governance for the anchor system approach regionally.
<p>Inequalities data: Data is collected and analysed by local PH departments, but in silos. Increased data sharing will inform work programmes and commissioning decisions.</p>	<ul style="list-style-type: none"> • Weekly sub-group meetings. • Draft workplan has been put together, with two priority actions (1) Covid-19 risk stratification and (2) equity audits 	<ul style="list-style-type: none"> • Delivering and tracking outputs • Covid risk stratification outputs Sept 2020 • GDPR and governance

Inequalities

To strengthen our delivery over the next 3-12 months NEL will be accelerating and embedding the programme by achieving the following eight steps;

Delivery Priorities next 3-12 months		2020-21
1	Align strategy with NEL Long Term Plan goals and ensure progress is tracked against developing maturity and governance models.	Sept 2020
2	Deliver NEL analytics inequalities data workplan framework and baselines to support new segmentation and risk stratification models. NEL to align this work with national Wave 3 Integrated Care System Population Health Management Programme due to start Jan 2021	Sept 2020
3	Starting with general practice, prioritising groups at significant risk of Covid-19 in time for winter then Primary Care Networks with involvement from other providers and systems.	Sept 2020
4	Working with regional BI-Analysts and researchers to build and cleanse core data sources i.e. Acute, CEG, JSNA etc. – improve on LTCs data sets especially diabetes.	Oct 2020
5	Establish NEL anchor charter principles underpinned by the developing London kite mark to ensure stakeholders are working together under one framework.	Sept - Oct 2020
6	Supporting partners to implement Equality Impact Assessments framework i.e. Equity Audits in ELFT, Quality Improvement methodology, EDS2 regional assurance etc.	Jan 2021
7	Embed new ways of working across our workforce ensuring all staff are trained on population health approaches Each system will get dedicated analytical support (and tools) to produce data packs using local linked data.	Feb 2021
8	Designing and implementing proactive care models for key population cohorts identified through segmentation and risk stratification.	Mar - Aug 2021

Primary care



- We are using the window of opportunity between now and winter to resume primary care services and face to face appointments, with a particular focus on those that have potentially missed out – people with Long Term Conditions, people with a learning disabilities, those needing immunisations, cancer screening etc.
- CCG Chairs wrote to GPs in August to remind them it should be made clear to patients that all practice premises are open to provide care, with adjustments; that no practice should be communicating to patients that their premises are closed or redirect patients to other parts of the system unless necessary; and CCGs will be monitoring this and undertaking work locally to get feedback from patients on their ability to access services.
- CCGs and GPs have started public facing communications, in line with national messages and materials, to reassure people they will not be a burden and should contact their GP if they have any concerns about their health and to attend any appointments they are invited to.
- We have been surveying and engaging with patients on their experiences of primary care during lockdown and previous experiences of the flu vaccine to inform our recovery and communications efforts.

Involvement and Consultation



- Commissioned all eight Healthwatches in NEL and Healthwatch England to gain insight on improving services that have changed during Covid-19; and what lessons we have learned about the future structure of services.
 - Review all existing surveys and analyse c5-8k patient and public comments
 - In partnership with CCGs, providers and local councils, explore gaps in knowledge e.g. diverse communities; those not digitally connected. Analysis at local/NEL-level
- Engaging with specific condition/high risk/vulnerable/shielding groups particularly when we need to make urgent changes to cope with the pandemic or e.g. when services need to be recommissioned
 - e.g. DeafPlus, East London Motor Neurone Disease Support, Breathe-Easy, Age UK and the British Lung Foundation and with broader groups e.g. Youth Forums; women's experience network; faith groups etc
- National guidance is changing rapidly; however the clear direction of travel is to separate urgent and planned care to reduce infections
- We will develop our thoughts, taking into account learning from winter, to outline a list of changes we believe would be beneficial to make permanent. We will then discuss with stakeholders and OSCs before preparing a case for change and determining appropriate involvement and consultation in 2021

Developing our Integrated Care System and one CCG


- Direction of travel in NHS Long Term Plan is one CCG per Integrated Care System (ICS) by April 2021
- Took more time in NEL than other areas to ensure development of our local arrangements and wider ICS
- **80:20 principle** – Majority of decision-making is local and close to our populations through more integrated partnerships
- Shared our proposal *‘The future of health and care for the people of north east London’* in early August and seeking views from now and through September
- Please read our document and respond:

<https://www.eastlondonhcp.nhs.uk/ourplans/the-future-of-health-and-care-for-the-people-of-north-east-london.htm>



Public messages

- The Integrated Care System partners have produce a public-facing bulletin that our community and other partners are invited to distribute. Initially we envisage this will be fortnightly. It is also on our website: <https://www.eastlondonhcp.nhs.uk/elhcp-public-bulletins/health-and-care-news-from-across-north-east-london/115570>
- Issue 1 contains links to patient stories and videos of their positive experiences, and advice on:
 - What to do if you have Covid symptoms
 - Wearing a face mask
 - Contacting a GP if you are concerned about your health
 - The infection control measures the NHS is putting in place
 - Advice for parents about getting care



22 August 2020
Issue 1

**East London
Health & Care
Partnership**

Health and care news from across north east London

Welcome to our new bulletin, keeping local people informed about health and care services and how you can stay well and keep safe. This bulletin can also be found on our [website](#).

Covid-19: Advice on what to do if you have symptoms

- If you have any of the main symptoms of Covid-19 you must stay at home (self-isolate) and get a swab test. Do not wait. Apply for a swab test as soon as you have symptoms. General advice on getting tested is on the [national website](#).
- You can book a swab test either at a drive-through or walk-through site, or you can ask for a home test kit to be sent to your home. To get a test use the [national testing site](#).
- If you are worried about your symptoms or not sure what to do, use the [NHS 111 online coronavirus service](#), or speak to your GP surgery, hospital or pharmacy.
- Latest advice on all aspects of the coronavirus is on the [Government website](#).

Inside this issue

- Latest Covid-19 advice
- Updates from provider trusts
- Guidance for parents

About East London Health and Care Partnership (ELHCP)

ELHCP is made up of clinical commissioning groups (CCGs), provider trusts, councils and local communities working together across north east London to improve health and care and create a more efficient and effective NHS.

North east London covers seven CCG areas: City and Hackney, Newham, Tower Hamlets, Southwark, Barking and Dagenham, Havering and Redbridge CCGs. For more information, contact the NHS communications team on 020 3009 1116 or 02030091116@nhs.uk