



HIOW NHS Response to Covid-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels September 2020

1. Introduction

Following the briefing provided in July 2020, this paper provides an update on the impact to date of the pandemic; the health element of the Hampshire and Isle of Wight Local Resilience Forum response to Covid-19; and the NHS restoration and recovery work including seeking the views of key stakeholders and local people.

The paper also provides details of planning work being undertaken across Hampshire and the Isle of Wight (HIOW) for winter and a potential second wave of Covid-19.

2. Impact of Covid-19 on Hampshire and the Isle of Wight

Up to 27 August, 2020 there have been 330,368 lab-confirmed cases in the UK with 41,477 deaths of people who had a positive test result and died within 28 days. The numbers of confirmed cases and deaths across Hampshire and the Isle of Wight have been as below:

- Total lab-confirmed cases and rates by unitary authority area:
 - Hampshire 5,302 (383.5 rate)
 - Southampton 1,008 (399.2 rate)
 - Portsmouth 541 (251.7 rate)
 - Isle of Wight 431 (304.0 rate)

(Rates per 100,000 resident population) Source: Public Health England Data)
- Number of deaths as reported by Trusts:
 - Hampshire Hospitals NHS Foundation Trust – 161
 - Isle of Wight NHS Trust – 39
 - Portsmouth Hospitals NHS Trust – 229
 - Solent NHS Trust – 2
 - Southern Health NHS Foundation Trust – 17
 - University Hospital Southampton NHS Foundation Trust – 198

Source: NHS England Data up to 4pm 27 August (announced 28 August, 2020)

Across HIOW staff sickness averaged 4.74% in June and 3.85% in July with 2.1% and 1.3% respectively related to Covid-19. We have provided support to our staff in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups. This support is being provided on an ongoing basis to support the impact on staff from responding to the incident.

We have also successfully supported a further 49 returners to work in both health and social care since July, with 493 in total now in place, along with 990 second and third year students to work on the frontline, as reported in July.

3. HIOW NHS response to Covid-19

The NHS across HIOW continues to work with our Local Resilience Forum to provide a co-ordinated system response to the pandemic.

As detailed in the July briefing, a number of temporary changes to NHS services were made as part of the response. The majority of these were implemented in direct response to requirements of national guidance with a smaller number made locally to enable the NHS to focus on the response to the major incident.

The changes made were changes in method of access; changes in location of services; reductions in service; and suspensions or increases in service. Changes determined locally were done so to embed social distancing; manage staffing pressures; increase (bed) capacity; support flow/ discharge; manage demand; prepare for redeployment of staff to other roles and/ or protect staff and patients.

Services are steadily being restored taking into account both the requirements of national guidance (Third phase of NHS response to Covid-19 which is available NHS England's [website](#)) and the service benefits realised through the changes made.

Progress to date includes:

Prevention

Health visiting and school nursing:

- Almost all nurses are back from redeployment to other services (only 0.4% FTE have not returned)
- Mandated checks: These were offered remotely (phone or video conferencing) during lockdown with very high levels of coverage maintained. Face-to-face contacts started to be offered incrementally from mid-June with a focus on the first three mandated checks (antenatal, new birth, 6-8 weeks)
- Digital offer: Maintaining access during social distancing. In Hampshire, ChatHealth, an anonymous texting advice service, has seen increased demand in 0-5 years service. Roll out of 11-19 year old service was brought forward from August to June. Many service users have said they prefer using digital channels e.g. DNA rates for mandated checks very low during lockdown, fathers able to join from work, anonymity of ChatHealth. Digital part of new service specifications and implementation has been accelerated
- School nurses helped head teachers with Covid-19 related safeguarding and mental health prior to end of term.

Sexual Health:

- Most staff have returned from redeployment to other services
- Some return of face-to-face support
- From mid-June service users could return to clinic to have bloods taken
- From June onwards some face-to-face appointments have been provided for warts / skin conditions / long-acting reversible contraception (LARC) / vaccinations.

Substance misuse:

- Increase in referrals, especially alcohol related. Sessional workers have been employed to meet increased demand
- Face-to-face appointments are being initiated for high risk and vulnerable users

- Service user feedback positive on video and phone support and remote arrangement of rapid prescribing.

Primary Care

Primary care services have remained open throughout the pandemic but the way in which services are delivered has changed:

- All of the HIOW general practices are open and operating a total triage model to support the management of patients remotely where possible. All practices are operating telephone and online consultations
- Strengthened working with NHS 111, with NHS 111 able to directly 'book' patients into a practice work list for follow-up
- Continued provision of essential face-to-face services (including home visits) through designation of hot and cold sites (or zoning) and teams to minimise the spread of infection
- All sites designated as 'hot' sites have reviewed their situation in order to implement practice zoning or home visits for Covid-19 patients
- 72,000 shielded and vulnerable patients contacted to ensure ongoing care and support plans are in place and needs met via multidisciplinary teams (MDTs). This has involved significant joint working with local authorities, voluntary and community networks
- 100% alignment of 629 HIOW care homes with Primary Care Networks (PCNs) with a named clinical lead, weekly virtual MDTs and medication support in place. Strengthened collaborative working and provision of support in conjunction with local authorities including infection control, PPE (personal protective equipment), testing, workforce and clinical input
- Greater shared decision making through strengthened referral support, advice and guidance in collaboration with secondary care clinicians
- Daily resilience monitoring to enable rapid enactment of resilience plans at Primary Care Network (PCN) / Integrated Care Partnership (ICP) level, including mutual aid.

Community Care

The response to Covid-19 saw the system achieve greatly reduced lengths of stay in acute trusts and community hospital rehabilitation centres, with vastly improved discharge rates. Increasing numbers of people are now being supported in their own homes. This has been achieved through:

- Implementing seven day single points of access for community teams in all acute trusts
- Strong system and partnership working to optimise the rapid transfer of people from the acute hospitals who could be managed in the community
- A 'Home First' approach supported by integrated intermediate care models
- Community mental health access aligned to supporting physical health needs
- Community diagnostics and a rapid step-up of community rehabilitation capacity
- An accelerated digital capability
- Strong collaborative working between community services and local authorities to enact national discharge guidelines
- Collaborative commissioning between community services and local authorities to provide additional care at home and bed based support to enable discharges
- Continuing to provide telephone and video consultations with face-to-face appointments provided where required
- Support and education groups meeting virtually where possible
- Enabling patient visiting at inpatient units whilst maintaining social distancing.

Planned Care

HIOW hospitals have remained open to referrals with day and inpatient cases rising every week since the end of May. Work is underway to increase activity levels in line with national requirements.

Treatment levels in cancer services are now back to pre-Covid-19 levels. The focus is now on addressing those elements of service that were not achieving cancer standards pre-Covid-19:

- Two week wait cancer referrals dropped during the first Covid-19 peak but are now beginning to improve
- Cancer screening programmes are resuming, focusing on people already invited and high risk patients.

Patient visiting has been enabled at inpatient units whilst maintaining social distancing.

Mental Health

The vast majority of mental health services continued to operate throughout the lockdown period, but there were changes to how these were provided to ensure people could continue to access services. Progress to date to restore services includes:

- Continuing to provide increased specialist capacity within NHS 111 with safe haven and crisis support services available
- Providing telephone and video consultations in services as appropriate with high risk patients seen face-to-face where possible
- Proactively contacting and supporting current patients
- Triaging delayed non urgent referrals
- Serious mental illness and learning disability annual health checks resuming
- Group psychological interventions being providing digitally
- Older People's Mental Health Memory Assessment Service restarting in July
- Early Intervention Psychosis: Physical health monitoring resuming in June and seeing greater uptake
- Improving Access to Psychological Therapies (IAPT) services working towards restoring face-to-face appointments and identifying those who cannot access telephone or online treatment options to ensure they can receive therapy options
- Enabling patient visiting at inpatient units whilst maintaining social distancing.

Urgent and Emergency Care

Through the Covid-19 period, Emergency Department (ED) performance has improved and been maintained. As attendances increase recovery plans include maintaining improvements. These include:

- Sustaining reductions in delays to discharge from hospital
- NHS 111 First pilot in Portsmouth and south east Hampshire which is underway and will be rolled out to other areas as directed by NHS England/NHS Improvement nationally
- Continuing to directly admit patients to appropriate wards rather than all being directly conveyed through Emergency Departments
- Continuing telephone and video consultations for urgent Rapid Assessments
- Maximising the benefits of the Clinical Assessment Service model for both category three and four conveyances via NHS 111 and 999.

4. HIOW NHS restoration plans

In addition to the progress to date outlined in section three, a number of actions are being planned for the restoration of services as part of the third phase of the NHS response to Covid-19.

These include:

Prevention

- Increasing face-to-face appointments
- Restarting NHS annual health checks
- Using video-sharing social networking services for sexual health promotion

Primary Care

- Fully restore all services
- Retain and expand digital technology support to ensure optimised use for total triage and care delivery
- Delivery of annual flu vaccination programme
- Strengthen access to primary mental health care
- Further development of Integrated Care Teams
- Implementation of social prescribing in each Primary Care Network (PCN)
- Implementation of shared care record
- The development of estate plans
- Full implementation of Enhanced Health in Care Homes

Community Care

- Further detailed work on the demand and capacity and to determine priorities

Planned Care

- Review five specialities and make recommendations for change. Based on clinical risk and length of wait these are Orthopaedics, Urology, ENT, Dermatology, Ophthalmology and Endoscopy
- Maximise new pathways including advice and guidance, triage systems and straight to test and 'digital first'
- Create a HIOW diagnostic imaging network to support providers and facilitate at-scale working where beneficial
- Maximise the utilisation of available independent sector capacity
- Take a 'system waiting list' approach to ensure that patients are treated in priority order

Mental Health

- Commitment to deliver IAPT service to 25% of the prevalent population and access to services to meet surge in demand for psychological support
- Increase support for complicated grief based on 10 to 20% of the bereaved population experiencing this
- Accelerate development of integration through PCN development bringing together primary care, IAPT, secondary care mental health services and voluntary sector
- Support the Child and Adolescent Mental Health Service (CAMHS) to deliver 20% additionality including appropriate support in acute hospitals
- Maintain children and young people specific crisis line
- Support continued growth in 24/7 all age mental health NHS 111 triage service
- Continue to develop community perinatal services
- Continue phased approach to delivering psychiatric liaison

- Deliver physical health checks to at least 60% of people on the serious mental health registers
- Complete rehabilitation and re-ablement review in Hampshire
- Target and support practices with low Dementia diagnosis rates
- Assess impact of the increase of drug and alcohol use and impact on co-occurring substance use and mental health.

5. NHS England and NHS Improvement commissioned services

NHS England and NHS Improvement South East commission a number of local services and implemented changes in direct response to national guidance.

- **Pharmacy services**

Pharmacies remain busy providing essential services for patients whilst adhering to social distancing measures.

Whilst all pharmacies are open, some are operating to different hours to ensure they are able to catch up and to clean.

- **Dentistry services**

General dental and orthodontic practices were able to reopen from 8 June for a gradual resumption of face-to-face care. The exact timing for each practice varied depending on the personal protective equipment (PPE) they were able to put in place and their ability to staff the practice, for example, some practice staff may still have been shielding.

There are strict protocols for both practices and Urgent Dental Care Hubs which are still operational. It is important that dental practices continue to adhere to strict infection prevention control and social distancing measures so whilst practices are open, they are not able to treat as many patients per day as they could previously.

All dental practices in the South East providing NHS services are now able to provide face-to-face care. Practices are providing different types of treatment and should minimise treatment involving Aerosol Generating Procedures (AGPs) (such as fillings, root treatment, crown preparation, scale and polish) due to the ongoing risk this poses to the dental team and patients.

Practices that cannot provide AGPs or face-to-face management can continue to refer patients to one of the Urgent Dental Care Hubs which were put in place during lockdown, where this is clinically appropriate. Additional Urgent Dental Care hubs have been put in place and there are now 69 in operation across the South East.

Patients who have an urgent dental need should continue to contact their dentist in normal working hours who will assess their need and advise on the most appropriate course of treatment which may be remote or face-to-face. Where patients do not have a regular dentist they can obtain details of dental practices from NHS.uk website or the Wessex Dental Advisory Service.

- **Optometry services**

High street optometry practices are now providing face-to-face routine patient appointments. However, infection control and social distancing measures mean that the number of patients who can be sight tested during testing sessions is reduced.

- **Immunisation and screening services**

Flu planning is underway as we prepare for the vaccination season. GP practices continue to be open and their staff are already putting plans in place to be able to safely administer the flu vaccine for patients. This may be done differently to how it has been done in the past. They are currently exploring options such as booked appointments only, in line with the current government advice; potential drive-through vaccine clinics at key venues; home visits to elderly and vulnerable patients where required; and holding small drop-in sessions at local venues.

A public campaign to drive awareness of the importance of getting vaccinated will begin during September. GP surgeries will use websites and their other communication channels to inform their patients how to get the flu vaccine. Health and social care workers will shortly be invited to have their flu vaccine.

A national campaign will be running shortly to encourage people to take up appointments for screening and immunisation services.

6. Winter and potential Covid-19 second wave planning

Planning for the management of winter 2020/21 is ongoing. The planning also covers the arrangements for responding to second wave/future spikes of Covid-19, working with the local authority Covid-19 Health Protection Boards, and a potential 'No Deal' EU Exit as well as supporting the extended flu immunisation programme. This work takes into account the maintenance of key service provision for urgent non-Covid-19 care. This includes managing issues such as testing arrangements, PPE (personal protective equipment) supplies, and staffing

The main principle that underpins our winter planning is forward planning and anticipation. It will ensure that health and care provision is optimised to meet demand, and that simple and effective systems and processes are in place to manage surges of demand on system capacity. Taking this approach will support us to ensure that we will be able to continue to restore and recover services during the winter period.

7. Seeking the views of local communities

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW. To support this we are:

- Working with our Local Resilience Forum partners to track engagement work being undertaken by partners and other agencies to develop a bank of insight
- Seeking the views of the HIOW NHS Citizens Panel on their use and experience of NHS digital solutions during the pandemic. The survey was completed by 661 people. Highlights from the results are:
 - As might be expected, Covid-19 has increased respondents propensity to do things online, including communicating with family and friends, shopping, banking and managing utilities. Those at high risk of Covid-19 are more likely to be doing some of these things for the first time
 - In terms of using digital channels for health there is a mixed picture. Some things, such as ordering a repeat prescription or using an interactive symptom checker have increased in usage whereas others such as booking a GP appointment have decreased. This might be a reflection of a general avoidance of face-to-face

- contact and worry about overburdening the NHS, rather than not wanting to use digital channels
- Positively, nearly one in ten respondents had an online GP appointment for the first time and 8% used the NHS App
 - Most respondents using digital health channels for the first time had confidence in using them again with the exception of using an interactive symptom checker and accessing mental health or counselling support online
 - Personal interaction appears to be key to a 'very good' experience, with in person, telephone and face-to-face online appointments being higher rated than email or live chat. Telephone is considered good or very good by 78% of respondents and this is the channel that most respondents would consider using in the future for non urgent health and care appointments
- Working with local authority partners to include health based questions in their citizens surveys – the surveys for two of the unitary authorities have now closed and the responses are being analysed. Some of the district and borough surveys are currently still open for responses
 - Starting to seek the views of patients who have used the NHS 111 First Service to understand their experience
 - Supporting primary care access and resilience during winter 2020/21 including:
 - Working with our local Primary Care Networks to support them to engage with local communities, including developing a toolkit
 - Working with Age Concern Hampshire to develop a Carers Panel who we will work with as 'critical friends' to help identify some of the key concerns that patients and people in the community have, particularly carers and the people they look after
 - Aligning activities to Healthwatch Hampshire, for example, investigating how we can link to their PCN Collaboration Project's 'Working in partnership with people and communities' workstream.

8. Recommendation

The Committee is asked to note this update briefing.