Health & Wellbeing Board
10th June 2020

Covid-19 Response & Recovery

Background and context

- Where were we as a board pre-covid?
  - Key role of HWBB in oversight and development of local integrated care system
  - Drafted a new health and wellbeing strategy for Haringey
  - Prioirties
    - Start Well, Live Well, Age Well
      - Strong focus on integration and mental wellbeing throughout
    - Healthy place shaping
    - Violence prevention
  - Principles of joint working
    - Tackling inequality
    - Community engagement
    - Stronger integration
- How will HWBB and its role, priorities and strategy be impacted by COVID and what we have learnt

COVID-19 in Haringey: Stocktake of impact – with particular focus on mental health, children and young people and on BAME communities

COVID-19 in Haringey: Cases & Impact

- As of 31st May 2020, there have been a total of 595 diagnosed cases of COVID-19 in Haringey.
- This significantly underestimates the total number of cases - there are likely to have been 10,000s of milder cases and asymptomatic cases in the community in Haringey. A Public Health England antibody study estimated 17.5% of Londoners had evidence of infection
- The average number of new diagnosed cases in Haringey peaked between 30th March – 3rd April (23 cases per day on average)
- This has now reduced to an average of less than 1 case per day between 24th and 29th May 2020.
- There were 253 deaths with COVID recorded as a cause in the year up until 15th May 2020 in Haringey - 208 were in hospital, 22 in peoples own homes, 20 in care homes and 3 recorded as elsewhere.
- This compares to 746 deaths in Haringey from all causes in the same period this year (COVID making up just over a third of all deaths).
- Analysis by ONS suggests that up until 1st May there were 244 excess deaths in Haringey this year compared to the average of the last 5 years.

COVID-19 in Haringey: Cases & impact

Risk factors - Demographics

- Our local analysis shows that there were significantly more deaths from COVID in men then women. Age is the major risk factor for death with the overwhelming majority of deaths in the over 70s and only 10% of deaths in the under 60s.

- Overall, from national data, the highest risk is in the very elderly and those with underlying health issues and health factors (obesity seems to be important).

- Nationally there has been a reported link between deprivation and risk of death from COVID, as well as a link with higher risk of death in certain occupations (care workers and security guards for example, although not an increased risk of death overall in health workers)

- There is also evidence from the Office of National Statistics of a link between certain ethnic groups and an increased risk of death in COVID – Men and women of black ethnicity had a 1.9x greater risk of death from COVID compared to those of white ethnicity, and Men of Pakistani or Bangladeshi ethnicity had a 1.6x greater risk of death from COVID compared to those of white ethnicity.
  - This relationship needs further exploration to understand it better and the actions we need to take
  - Lived experience and qualitative data is also important (see later slides)
  - We don't yet have data on deaths by ethnicity at Haringey level or accurate data on links with deprivation. North Middlesex Hospital have done some work which is due to be published looking at these issues for the population they serve.

COVID-19 in Haringey: Cases & impact

Risk Factors – Care Homes

- We have had a number of outbreaks of COVID in our local care homes. These peaked during April 2020.
  - We have sadly had 13 deaths with confirmed COVID in our care home residents since the beginning of March. These deaths occurred in hospital after the care home resident was admitted. We have had a further 26 deaths in the care homes themselves where COVID was a probable or possible cause.

- We are working very closely with the care sector in Haringey to manage and prevent outbreaks of COVID – including ensuring access to PPE, testing and infection control advice

NHS
North Central London
Clinical Commissioning Group

COVID-19 and Mental Wellbeing

Haringey Health & Wellbeing Board

Impact of COVID-19

NHS
North Central London
Clinical Commissioning Group

- Increased level of anxiety and feeling of isolation as well as fear of jobs loss and security
- Loss and bereavement as a result of COVID-19 deaths
- Care home staff have reported being traumatised as a result of COVID deaths
- There's been a downward trend in referrals to IAPT & BEHMHT. Though inpatient occupancy which was at 90% at the start of the lockdown is now up to 100%
- Launch of a virtual book of remembrance for residents and staff in Haringey who have been bereaved during COVID-19 pandemic
- Fewer requests for MHA assessments, although planning them is more complex to ensure they take account of risks associated with COVID-19 and the Code of Practice.
- All services moved to telephone and online offer. BEH & IAPT starting to use 'Attend Anywhere' to meet clients
- BEH acute wards reconfigured- inpatient beds repurposed for COVID+ or Shielded patients across the three boroughs.

How We Are Responding-1

North Central London
Clinical Commissioning Group

- Making information on mental wellbeing available to residents and staff on ‘Haringey Together’ webpages
- Arrangements with ‘Connected Communities’ to distribute mental wellbeing information to residents who may not have access to the internet
- Bereavement Framework being developed to scope requirements for bereavement support after the lockdown
- Public Health commissioned 110 bereavement training places for health and care staff to enable them have enabling them have effective and empathetic discussions with people who are bereaved or facing distress due to COVID-1.

- Community mental health teams reconfigured for essential services to run. Redeployment of staff to crisis team, wards and Wellbeing Hub on account of staff absences resulting from COVID-19
- BEH set up a 24/7 all age crisis hub for all callers
- Introduction of daily Command & Control structures to manage inpatient flow. OOA bed usage down to between 2-5 beds
- Mind in Haringey Wellbeing Network undertaking welfare calls. 450 calls in May. Issues identified include increased anxiety, isolation and grief as a result of loss of loved ones
- IAPT rolled out Silver Cloud, a digital therapy platform for staff in health and care settings to promote resilience
- Providers have put in place arrangements to support emotional wellbeing of their workforce

Future Challenges and Opportunities

NHS
North Central London
Clinical Commissioning Group

1- Managing Expected Surge in Demand after Lockdown

- BEH and IAPT service using current lull in referrals to clear backlog and reduce waiting list. IAPT waiting times for step 2 and counselling including bereavement now down to between 2-5 weeks. Impact on step 3 CBT waiting times is yet to be seen as it remains high
- IAPT implementing the NHSE COVID guidance for shorter therapy sessions to enable more access
- BEH 24/7 Crisis Hub to rapidly respond to referrals and step up or down as appropriate
- Building on partnership arrangements with C&I, BEH COVID-19 + patients to be treated in C&I which has more inpatient bed capacity
- Crisis home treatment team capacity increased
- Virtual Safe Haven (previously Crisis Café) to go live in June to support those stepped down from BEHMHT
- Implementation of COVID-19 testing to enable timely discharges
- NCL CCG review of Model of Care arrangements and alignment with LTP to account for expected surge in demand

2- Addressing Health Risk Factors Associated with COVID-19

- Rough Sleeper Service now operating to ensure access to health care. Service extended to support rough sleeper who have been placed in Travel Lodge Hotel since the lockdown
- Planned development of a primary care based physical health service for those on the SMI register

3- Addressing Bereavement as a Result of COVID-19 Deaths

- Launch of a virtual book of remembrance for residents and staff in Haringey who have been bereaved during COVID-19 pandemic
- Engagement with community and faith groups on the bereavement framework
- NCL CCG developing a set of key principles for commissioning of bereavement support
- Liaising with IAPT service to put in place arrangements to support care home staff.

COVID-19 in Haringey: Shielded Groups

Who is in the Shielded Cohort?

NHS Digital

8,882 Individuals

On Mosaic

- 3,467 (39%) Matched to Mosaic ID
- 450 of these (13%) currently ASC, 20 (0.5%) currently CSC
- 104 with EHCP, 10 known to Early Help, 11 Parents of known Children

Self Referred

- 2,894 (33%) have Self referred to Haringey
- Of these 1,254 (43%) do not have essential supplies, 187 (6%) do not have their basic care needs met

Living Alone

- 1,669 (19%) have been identified as living alone
- Identified through either LIFT or Vulnerable Housing data

65+

- 3,626 (41%) are 65+
- Of these 846 (23%) are living alone

Self Employed/Low Earner

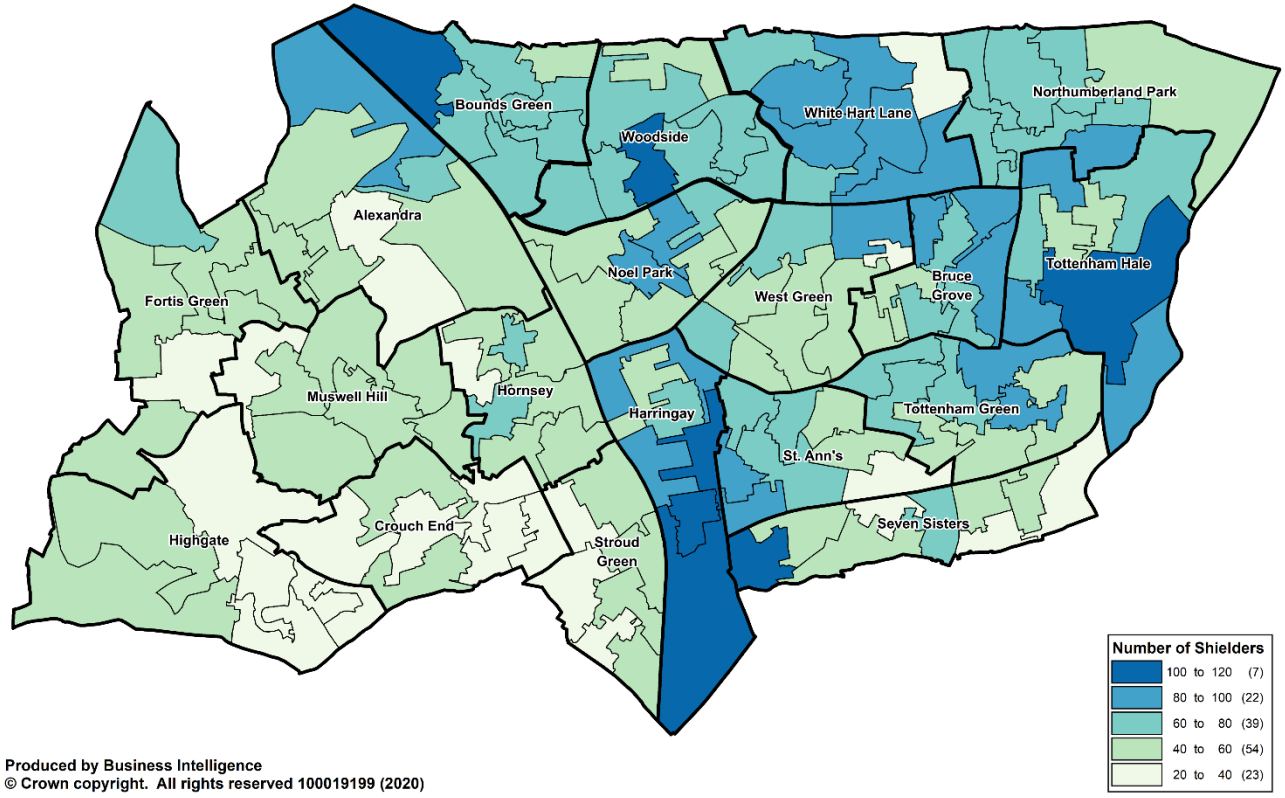
- 101 (1.1%) have been identified as self employed or a low earner
- Identified through LIFT data

No Match

- 3,631 (41%) have not matched to other datasets (Mosaic, LIFT, Vulnerable Housing, Self referrals)

Overlap Between Groups

Map of Shielded Cohort



Impact of COVID-19 on Haringey's BAME Communities

Impact of COVID-19 on Haringey's BAME Communities

The Bridge, in partnership with Haringey Council, organised a meeting held on 14 May 2020 and attended by over 60 people from BAME and statutory partner organisations.

Suggested actions to address issues raised by BAME organisations:

1. Data and evidence:
   More research to collate local ethnicity data building on the research by North Mid Hospital and proposed Haringey Council's Community Impact Assessment and GLA audit. Research should not generalised BAME communities but look into different groups – eg Turkish, Somali etc

2. Funding to build resilience:
   Core and project funding for grassroots BAME organisations and wider voluntary and community sector including faith groups. Haringey Council currently considering additional funding the VCS beyond the rent holidays. NHS partners could do more. More capacity building support to access charitable funding from the Lottery and others.

3. Bereavement and mental health:
   Need accessible and targeted bereavement support. Bereavement Framework currently under development by Public Health to be co-produced with BAME groups.

4. Domestic violence:
   More support to tackle Violence Against Women and Girls and intergenerational conflicts (parents and children).

Impact of COVID-19 on Haringey's BAME Communities

5. Communication and awareness raising:
   More tailored communications that is culturally and linguistically appropriate.

6. Prevention and resilience building:
   More support to various cohorts of BAME families and communities to build resilience for the long-term.

7. Shielding of BAME staff and communities:
   More to be done to identify and shield at risk BAME staff across different front-line services and BAME individuals within the community.

8. Equitable access to services:
   Tackling the structural inequalities and underlying racism and racial bias ingrained in some services; make more infrastructure changes to improve access to services - health care, education and early help, jobs, housing, welfare, etc - for all sections of the BAME communities; co-production and change in conversation about tackling deep inequalities; need to do more to develop trust between BAME communities and statutory services; statutory services to reflect more the community they serve – in terms of ethnic mix.

Impact of COVID-19 on Haringey's BAME Communities

9. Digital exclusion:

More work needs to be done to tackle digital exclusion experienced by BAME organisations and residents – including funding and training.

Next steps:

A small core group to facilitate joined response. Next meeting of the BAME organisations in 6-8 weeks.

COVID-19 in Haringey: Children and Young People

Impact of COVID-19 on Haringey's Children & Young People

- In terms of the general children and young people population, we cannot say definitely what has been the impact as yet. There is a report, Emerging Evidence , which suggests there are higher rates of anxiety, stress, depression symptoms and fear.
- We know that not being able to have their usual routine, children, young people and families have had to be innovative. Public health and Education Psychologists have supported this with producing information for parents that was disseminated via schools very early on during the pandemic and promoting the free on-line Kooth service.
- Education Psychologists are leading the multiagency (CAMHS, Open Door, SENCO/Autism Team, Hope in Tottenham) response to next steps - bereavement and recovery. Further support is being provided to school age young people via Open Door/Hope in Tottenham and staff training by Haringey MIND and Cruse.
- The information sheet 'Staying healthy at home' included tips on eating right, keeping physically active, looking after children, emotional wellbeing and talking to children about coronavirus. A range of Social Emotional Mental Health **SEMH** support is available.
- Now that services can start to open up to 'face to face' appointments more and schools are re-opening, we will need to monitor demand on services, particularly mental health services. We have put in place 'train the trainers' programme on bereavement that any service for children and young people has been able to access and we are finalising new resources through the Anchor Approach for schools.

Impact of COVID-19 on Haringey's Children & Young People

- Public health messages have included regular updates to various forums and websites: PHE guidance disseminated, weekly E-newsletter to head teachers and governors and information sharing relating to emotional health and wellbeing for families, children and young people.
- Support to vulnerable families has been through the Council's Connected Communities service (welfare advice, food parcels etc.).
- Haringey Safeguarding Children's Partnership has been meeting fortnightly and there has been good multi-agency information sharing.
- The numbers of vulnerable children attending school are monitored daily. Although numbers attending are low both nationally and locally, attendance has improved since the return of children from their Easter break. The percentage of vulnerable children with a social worker has increased to around 11% and is around 5% for those with an ECH plan. There is a drop off during school holidays. Schools are opening more widely to some primary year groups from 8 June and for some secondary school year groups from 15 June.
- In line with the national and London picture, the numbers of contacts and referrals to children's social care are down, however the proportion leading to a section 47 investigation (where a child is at risk of significant harm) is up. This means that more children are being referred in an acute state.
- The number of referrals to social care are around half of what they would be pre-COVID 19. The average per week was around 87 referrals and the current average is 42. There has been close working with schools to ensure children at risk are identified and receiving the support they need.

Impact of COVID-19 on Haringey's Children & Young People

- The CAMHS service has reported that at the start of the lockdown referrals were very low, but that they are now closer to normal levels. They have reported that some children are arriving with much higher levels of acuity and need to go straight into crisis services. The Crisis hubs are providing good support and there is also a 24/7 helpline available to parents and schools. MHST 9-3pm for all Haringey schools **0208 702 6035** **Beh-tr.camhstrailblazerinbox@nhs.net**
- The service has reported a drop in self-harming although the Emerging Evidence Report suggests there are higher rates of anxiety, stress, depression symptoms and fear.
- Until recently, inpatient healthcare for children and young people was operating only out of Great Ormond St, although hospitals are now looking to resume services e.g. UCLH inpatient has opened. Community nursing and CAMHS is supporting children through hubs and at home. A new Hospital at Home service is piloting in the west of the Borough with Whittington Health.
- Our most medically vulnerable children remain well. However, sadly, there have some deaths recorded by the local paediatric network because of delayed presentation of sick children to A&E (non-Covid illnesses). There have been pathway changes through NHS 111 as a result of this and increased communication to families and professionals.
- A&E attendances have increasing lately- now 50% of pre-covid level. There is an opportunity to retain reduced ED attendances to ensure appropriate use of A&E going forward
- A recent primary care audit showed 20% of new births are not registered with a GP by 6 weeks. Practices now advised to make proactive contact with families to safeguard babies re their routine health checks and immunisations.

Pause for discussion

Q1: What other key issues in terms of population wellbeing have come to the fore during the last 3 months

Q2: What do we envisage the key issues to be over the next 6 to12 months and what should we focus on as a board. (does this change the focus of our Health and Wellbeing Strategy)

Organisational Perspectives

Organisational Perspective

Issues for the Council

- Financial impact – this covers both increased spending and costs in some areas as well as a significant reduction in income levels
  - Increased spending is largely for adult social care, mortuary provision, food and welfare support, response to homelessness
  - Reduced income is largely for parking, rent/business tax/council tax payments, adult social care contributions
- Closure and gradual re-opening of specific services, specifically with a focus on health and wellbeing, with temporary redeployment of staff being flexed in response
  - some services delivered for or by the Council are covered by central government requirements including libraries, leisure centres, museum and galleries, registrars
  - Others are more broadly covered by social distancing requirements including customer services for example and are being considered on a service by service basis
- Democratic accountability
  - Cabinet will meet virtually and in public for the first time on 16th June – arrangements are now in place for further Cabinet meetings
- Workforce
  - Some staff members have been directly affected by Covid-19 and support is being offered, equally some family members been affected, and there is a wider impact on the workforce given public transport issues, shielding, self-isolation etc.
- Continuation of GOLD arrangements for working our way through the latest guidance

Whittington Health Update

Discussion materials

Whittington Health NHS

3 JUNE 2020

Whittington Health Organisational perspective

Impact

- Increased numbers of patients - quickly the hospital filled with patients and ICU had to be expanded
- Sicker patients - many required a form of ventilation (CPAP) on the wards
- Greater amounts of PPE required - this took time and was uncomfortable
- Drain on staff, anxiety, pressure - impact on BAME staff, shielded staff, staff worked longer hours and had to deal with more deaths

Response

- Zoning of wards and ED - we aimed to minimise risk to patients and staff through cohorting
- New discharge hub and expanded rapid response - very effective at reducing length of stay and DTOCs
- Virtual by default - 73% patients now seen virtually, all IAPT services over the phone
- Support to care homes & shielded - we have increased geriatric support to care homes and vulnerable
- Locality working continuing at pace - connected communities, Northumberland Park hub etc.
- Creating capacity quickly - discharging, moving paediatrics to GOSH, stopping electives, cancer hub
- Created logistics team and Project Wingman for support offers - many gifts & food, helped the council set up the amazon wish list and sent any of our excess supplies to the council collection point
- Remote working - many of our staff began to work from home

Challenges

- Staff sickness - at one point we had 18% off for various reasons, this is now 5%
- ICU Oxygen - we needed to manage oxygen supplies carefully
- PPE - there was enough but it was often just-in-time
- Restarting services - this is a challenge now to do in a safe way prioritising and creating green zones
- Encouraging public to use services again - we are open for business
- Investment in IT is a challenge to keep pace with the change required

General Practice

FEDERATED 4 HEALTH
THE PAN HARINGEY GP FEDERATION

Impacts of C-19

Resilience - staffing
- Initial high sickness levels – some struggled to stay open
- Shielded staff needed to work remotely
- For some, harder to work remotely e.g. nurses, HCAs etc.
- High level of concern from staff due to PPE, new disease, greater impact for some groups
- Some practices particularly challenged – smaller practices, those with an older workforce

Population
- Attendances reduced – patients reluctant or unable to come in
- Fewer minor concerns attending, but concern over conditions missed (cancers)

Estates
- Practice doors closed
- 1-2 sites closed as could not socially distance

Ways of Working
- Forced to think differently about how work and who needs to be seen F2F
- Rapid change suddenly possible
- Role of PCNs and Federations

Organisational Response to Covid

Remote Consultations
- Total telephone triage – every patient reviewed on the phone first
- Digital solutions became the norm (video consultation, electronic prescribing, use of AI)
- Use of equipment remotely e.g. pulse oximeters

Retain but increase face to face (F2F)

Cohorting of patients
- Patients with Covid symptoms seen in totally separate site (1 hot hub and home visiting service for Haringey)
- PCNs expected to provide a clinical lead for each care home with lead practice

Retain care homes work, consider zoning in practices in future

Greater collaboration
- Frequent meetings with CCG, PCNs and Federation and then Borough Partnership
- Discussing with Whitt how to manage temporarily housebound together

Retain collaboration

Service Changes and Developments
- In practices, temporarily stopped prevention and routine work. At scale suspended GP gym, frailty service, diabetes service
- Fast-tracked rough sleeper service
- Possible fast track of severe mental illness holistic physical health check service

Restart services when possible and aim to retain new services subject to commissioning

Challenges Faced

Pace of Change and retaining change
- Change and uncertainty continues:
  - Evolving clinical guidance
  - Month by month planning
- How to maintain positive change

Access to other services
- Limited diagnostics access – blood tests, scans
- Some lack of clarity over what is available

Care for people post-Covid
- People unwell for longer and more complex than initially thought
- New Care Pathways required
- Need for education in new disease
- Support needed for some cohorts particularly e.g. diabetes post lockdown

Restarting services
- Convincing patients to re-engage
- How to enable at risk staff groups to work who cannot work remotely
- Ensuring all practices able to see patients
- Managing non-urgent care that cannot be remote e.g. prevention - flu vaccinations, smears, foot checks, health checks

Estates & IT
- Making practices covid safe (social distancing, PPE, risk assessments)
- What estates is required for the future – less F2F but more social distancing
- Ensuring internet fast enough, practices have the right kit and know how to use

Impacts of Covid felt

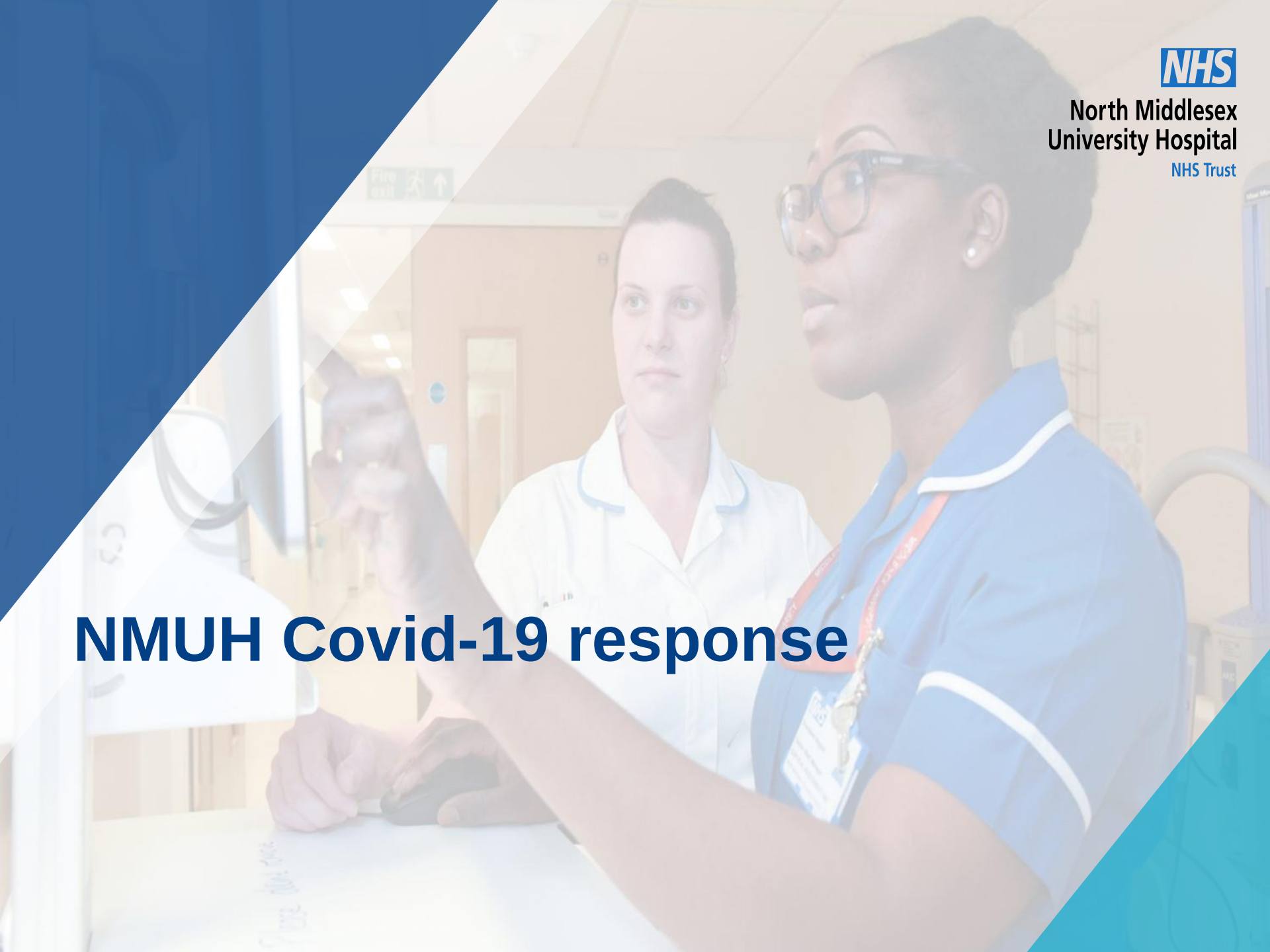
- New public health messages
- Changes in access to, and provision of, health and social care services
- In hospitals and care homes, and in adult social care services, both for Covid and non-Covid patients and service users

Organisational response

- Staff providing a full service working from home
- Focus on communicating up-to-date Covid-19 public health information
- Increased focus on communicating up-to-date information on how to access health and social care services
- Helping people to access health and social care services when they encounter problems
- Gathering feedback virtually – phonecalls, emails, Zoom meetings, online surveys
- Haringey care home survey
- Turkish/Kurdish communities survey
- VCS survey
- Community response to Covid-19 – Borough Partnership, telephone friendship service, medicine courier service

Challenges faced

- Ensuring everyone has access to up-to-date Covid-19 public health information and up-to-date information on how to access health and social care services
- Ensuring we gather feedback from those who are digitally excluded
- Ensuring we gather feedback from seldom heard individuals and communities



North Middlesex University Hospital NHS Trust

NMUH Covid-19 response

North Middlesex University Hospital Response to COVID 19

NHS
North Middlesex
University Hospital
NHS Trust

What's happened?

In order to enable safe efficient provision of emergency services, a number of urgent changes were implemented:

- Relocation of existing services to alternative onsite locations:
  - Splitting of Main A&E and Paediatric A&E relocated into larger area.
  - Initial expansion of beds in critical care services – now contracted to pre-covid-19 levels
  - Chemotherapy Services into specialist 'buses'
- Transfer of existing services to off site locations:
  - Antenatal Services to Spurs
  - Non-elective Paediatric Inpatient Services to Great Ormond Street
- Suspension of non urgent outpatient services
  - Alternative ways of working – digital first or virtual by default
  - Triaged approach to identifying urgent referrals and reviews.
- Research article submitted to Lancet regarding relationship between ethnicity, deprivation and Covid-19 suggesting a strong correlation

Workforce actions

- Risk assessment introduced for all staff regarding working areas
- Enhanced wellbeing offer for all staff – ranging from food donations to counselling and psychological therapies

What have we learnt?

- Need for separation of elective and emergency services wherever possible to meet infection control
- Need for digital platform to support transformation of all domains of healthcare provision.
- Value of integrating services into community settings to provide services to patients closer to home.
- Value of collaborative approach across the NCL sector, sharing solutions and ideas and particularly support from local councils, businesses, and communities
- Need for services to return to build confidence in local population accessing services here at NMUH

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Haringey Health and Wellbeing Board
10 June 2020

Barnet, Enfield and Haringey Mental Health NHS Trust
COVID-19 Response and Recovery

Response

Rapid response with relatively small number of C19 cases and significant support for staff

Excellence for service users	• Rapid implementation of national guidance • Minimised spread by rapid cohorting of red and green inpatients by site, with shielding at St Ann's • Risk stratification of vulnerable patients in community who are monitored through phone, 'Attend Anywhere' and face to face • Consolidated Community Mental Health Teams into new community hubs supported by new 24/7 open access telephone service and Single Point of Access for referrals
Empowerment for staff	• Supporting staff through new health and well-being package including relaxation spaces, psychological support, support helplines and hot food • Support for BAME staff and others at higher risk through formal risk assessments, webinars, Better Together Network and psychological support • Engaging all staff through weekly webinars led by the CEO • Comprehensive communications and access to on-line resources for staff including learning and development

Response

Response supported by a digital revolution and close working with partners

Innovation in services 	• Roll out of 'Attend Anywhere' across mental and physical health • Using digital technology to maintain access for patients and support home working for staff • New ways of working to support social distancing • Enfield GP Federation COVID-19 'hot' hub on Chase Farm site
Partnerships with others 	• Support to NMUH and Barnet Hospital A&Es • Rapid establishment of new CAMHS A&E at Edgware (as part of new ICS model of care) • Physical and mental health support to NMUH and care homes in Barnet, Enfield and Haringey • Pooled management of C19 green and red patients across both BEH and C&I where clinically appropriate • Increased bed capacity of Capetown Ward (on Chase Farm site) to support discharge of C19+ patients from acute hospitals

Recovery

Emerging themes in Reset and Recovery work

1. Developing new clinical model	• Capturing the benefits of new ways of working for patients and staff • Reviewing estate to better support new ways of working • Further development of 'System by default' where appropriate e.g. NCL CAMHS A&E and collaborative working with C&I on adult acute care pathway
2. Restoration of essential services	• Introduction of new gateway process before services are 'switched back on'
3. Increasing use of technology	• Extending reach of digitally enabled care • Going paper free
4. Supporting staff	• Ensuring that new health and well being package is available and effectively for all staff • Workforce redesign to support new clinical model of care
5. Preparation for expected surge in demand for mental health services	• Increased demand expected to be particularly from those suffering depression, anxiety and PTSD • Modelling scenarios

Pause for discussion 2:

Q1: What has worked well in terms of ways of working that we want to retain

Q2: What has not worked well

Q3: What should the board focus on as common principles for how we work together in Haringey – where would the board add value.