



**Tees Valley**

Clinical Commissioning Group

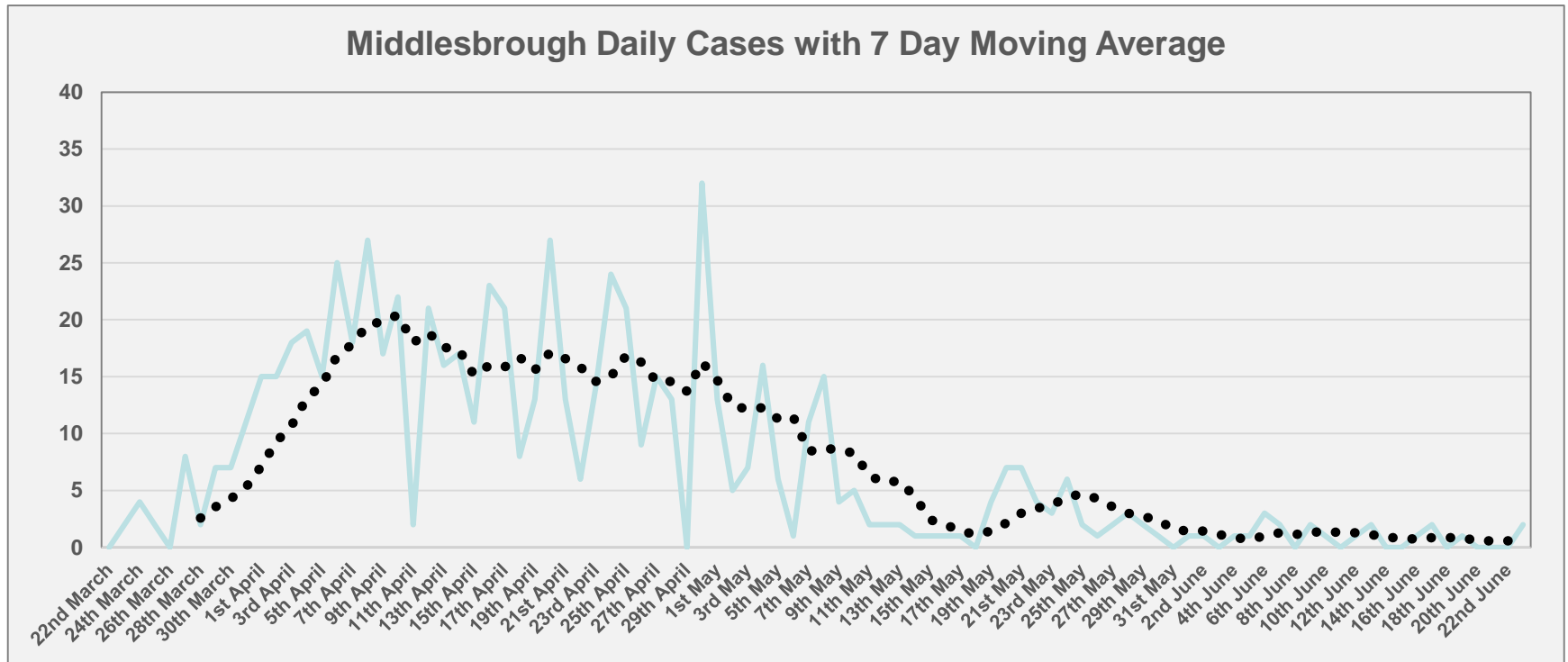


# Middlesbrough Council - Overview & Scrutiny Board - Covid-19 Update

2 July 2020



# Middlesbrough Covid Infections



# Joint Working Between NHS/Adult Social Care and Public Health

- Infection, Prevention and Control Training
- Mutual Aid – Personal Protective Equipment
- Local testing approach using James Cook University Hospital
- Primary Care - Enhanced offer to care homes
- Tees, Esk & Wear Valley NHS Trust providing virtual clinics for those lacking capacity
- Emergency nursing support to care homes

# COVID-19 Data Summary

## Middlesbrough

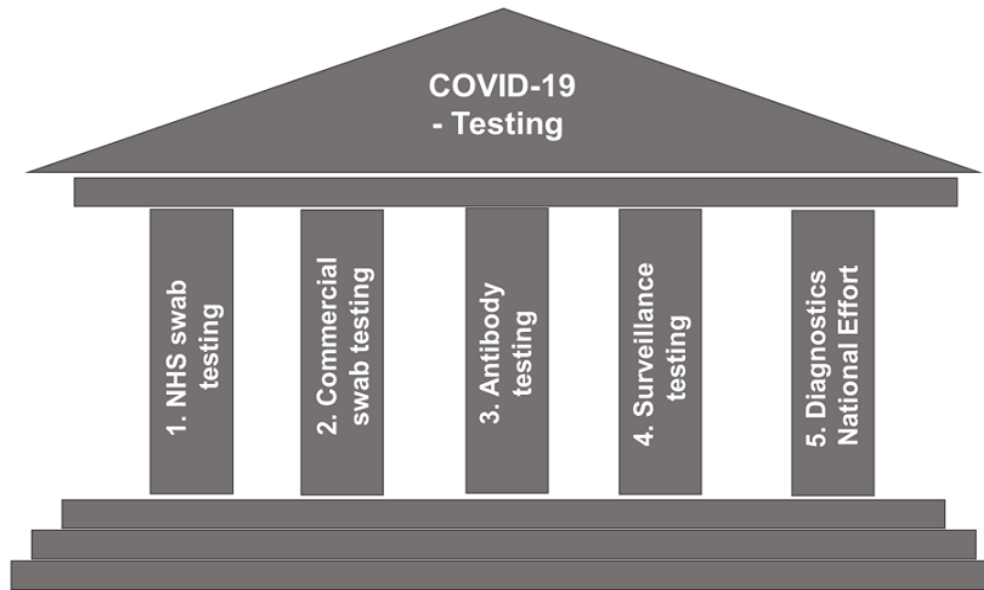
## Key Available Datasets

- **COVID Testing (PHE)**
- **R number**
- **NHS Test and Trace**
- **COVID Deaths (ONS)**
- **Hospital admissions (JCUH)**

## PHE Testing Data



- Testing data reported nationally relates to pillar 1 of the Government's testing strategy.
- Pillar 1 is NHS antigen swab tests called a PCR test. This is for those with a medical need and critical key workers. This data does not include testing from pillar 2 which is commercial swab testing for broader keyworker groups and other sectors.



# PHE Testing Data



## MIDDLESBROUGH

Cumulative Total

**697**

CASES

Daily Total

**+ 2**

CASES

Rate per 100,000

**494**

CASES

Rank of Rate

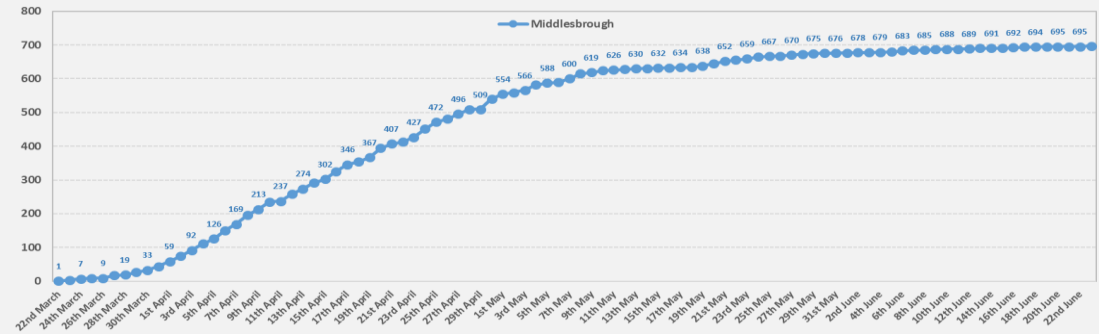
**4<sup>TH</sup>**

HIGHEST OF  
150 Upper Tier  
LAs

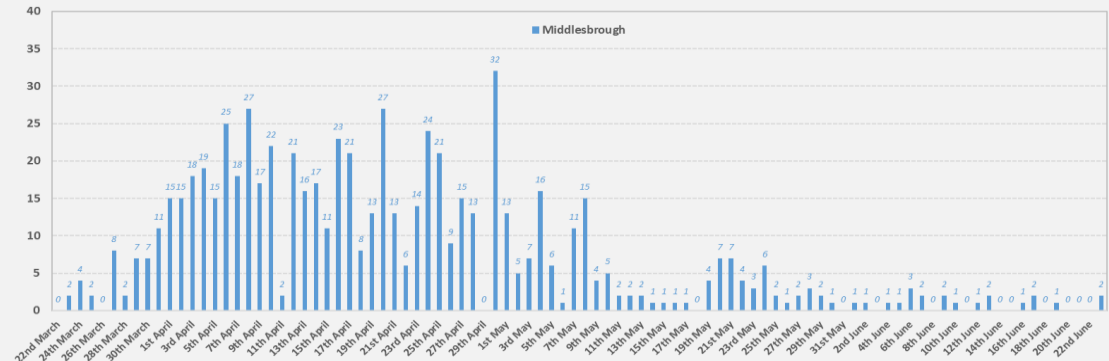
**8<sup>TH</sup>**

HIGHEST OF  
316 Lower Tier  
LAs

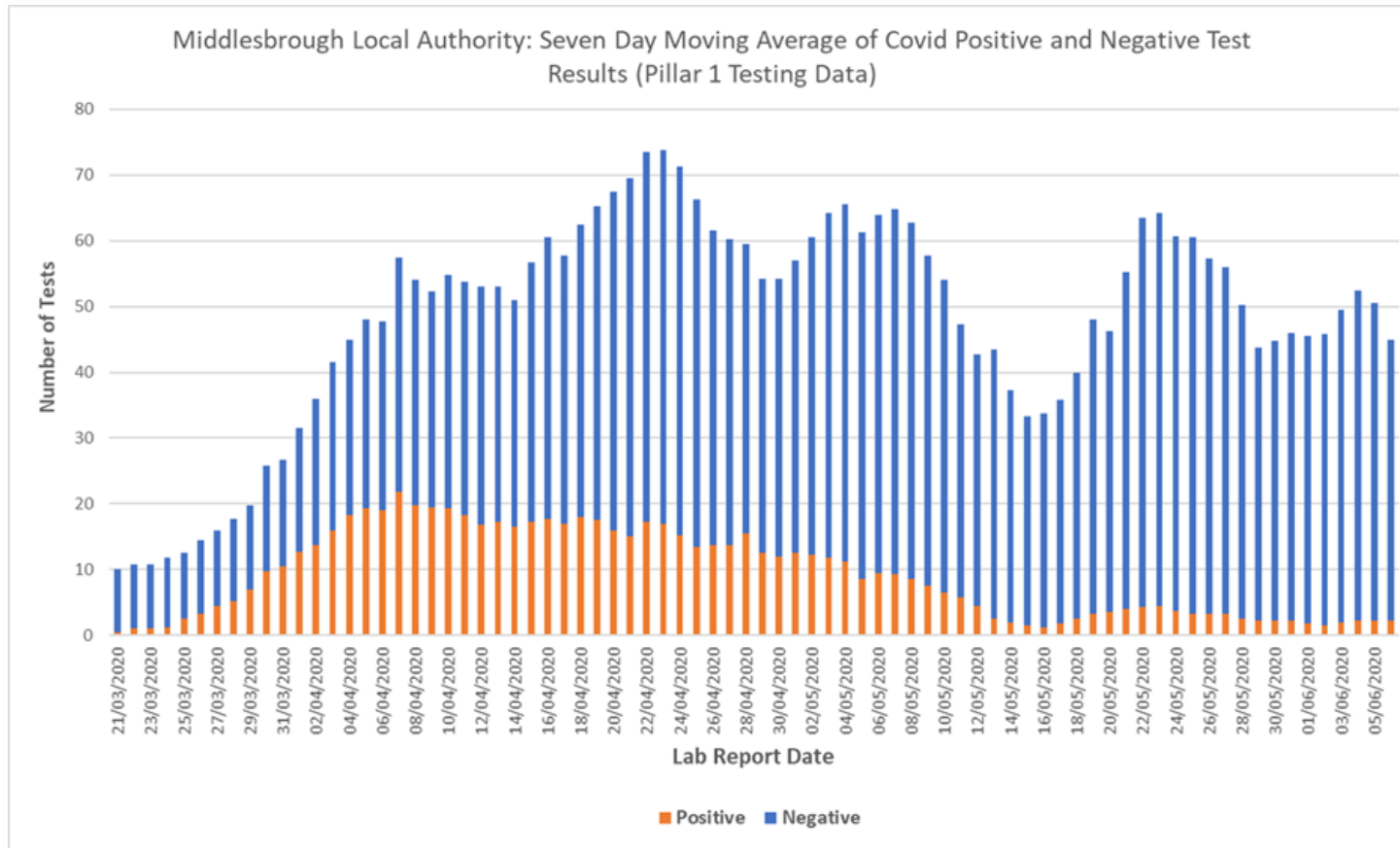
Middlesbrough Cumulative Cases



South Tees Daily Cases



# PHE Testing Data – Trends testing

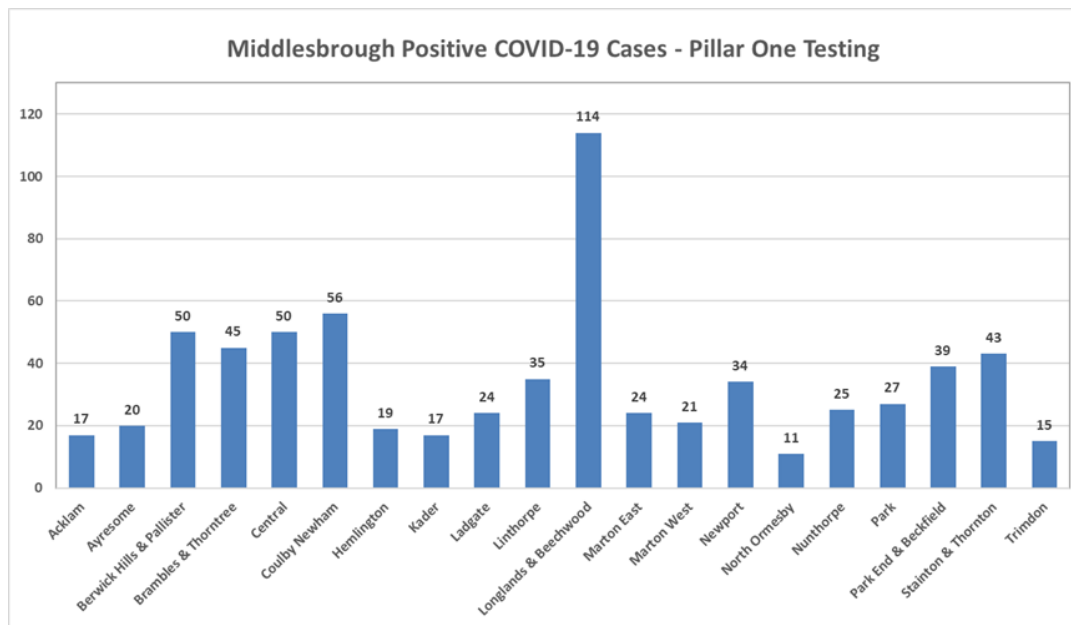




# PHE Testing Data - Ward



- Up to 6<sup>th</sup> June 2020, there were 686 confirmed positive COVID-19 cases in Middlesbrough. Below is the ward level breakdown of these cases.
- For Middlesbrough Longlands & Beechwood has the most number of cases with 114 and significantly higher than other wards. This was followed by Coulby Newham, Berwick Hills & Pallister and Central wards.

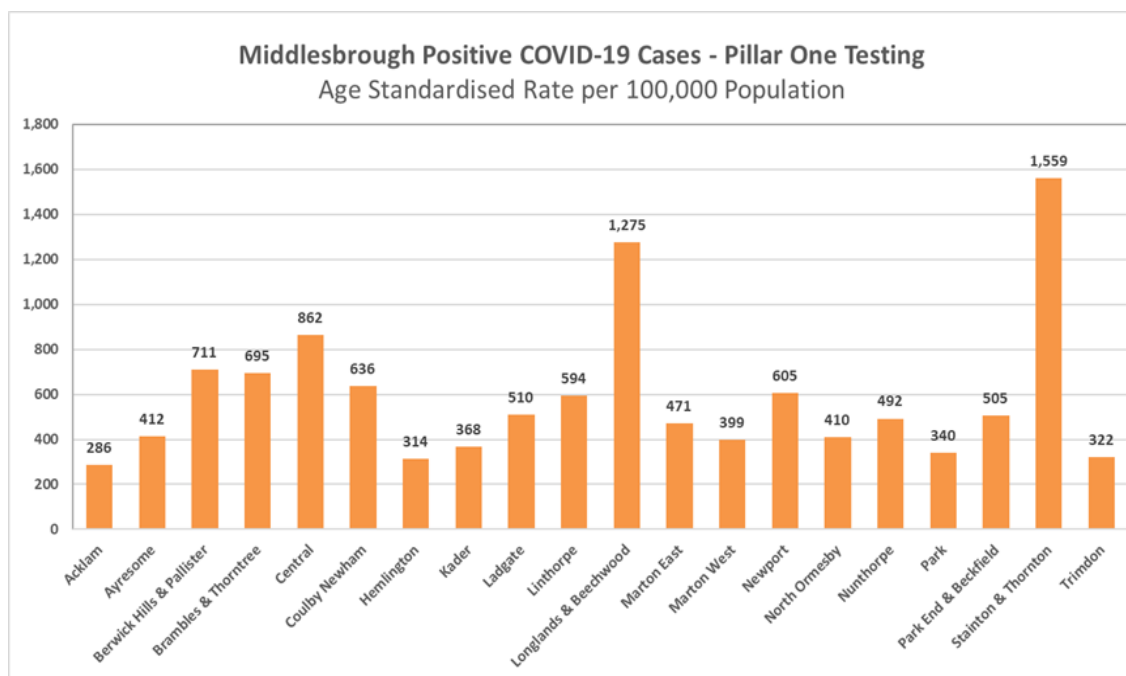


Source - NECS

# PHE Testing Data - Ward



- Positive cases as an age standardised rate per 100,000 population for each ward in Middlesbrough show that Stainton & Thornton has the highest number of cases as a proportion of the ward population, followed by Longlands & Beechwood and Central ward.

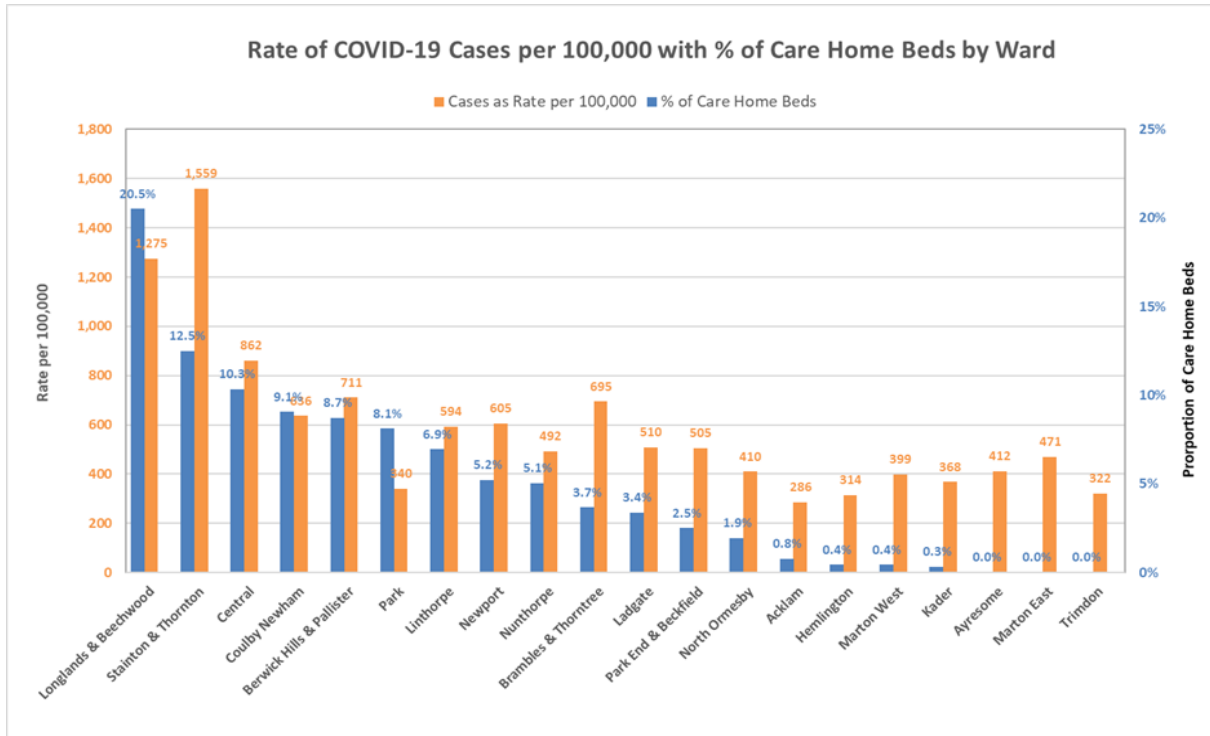


Source - NECS

# PHE Testing Data - Ward



Proportion of care home beds by wards as a percentage alongside positive COVID cases as a rate per 100,000. There is a clear link between higher number of beds and higher COVID cases. Longlands & Beechwood and Stainton & Thornton account for a third of all care home beds (33% or 594 beds) and have high rates per 100,000



# R Number



## Latest R number and growth rate

Last updated on Friday 19 June 2020.

Latest R number range for the UK

# 0.7-0.9

Latest growth rate range for the UK

# -4% to -2%

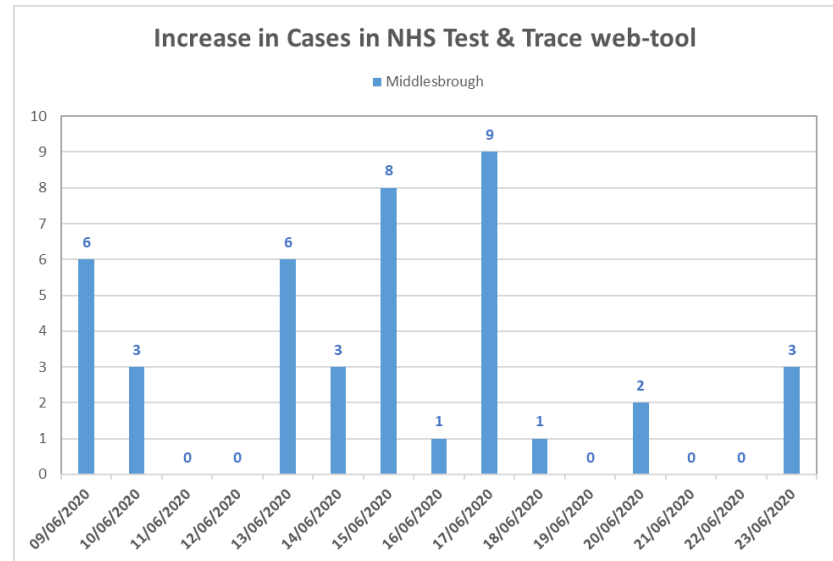
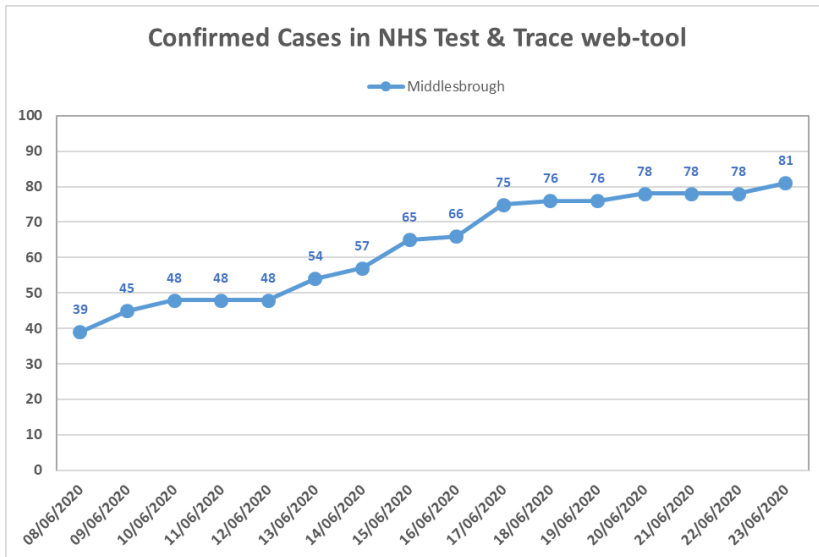
per day

Region	R	Growth rate % per day
England	0.7-0.9	-4 to -1
East of England	0.7-0.9	-6 to -1
London	0.7-1.0	-5 to +1
Midlands	0.8-1.0	-4 to 0
North East and Yorkshire	0.7-0.9	-5 to -2
North West	0.7-1.0	-4 to 0
South East	0.7-0.9	-5 to -1
South West	0.6-0.9	-6 to 0

# NHS Test & Trace



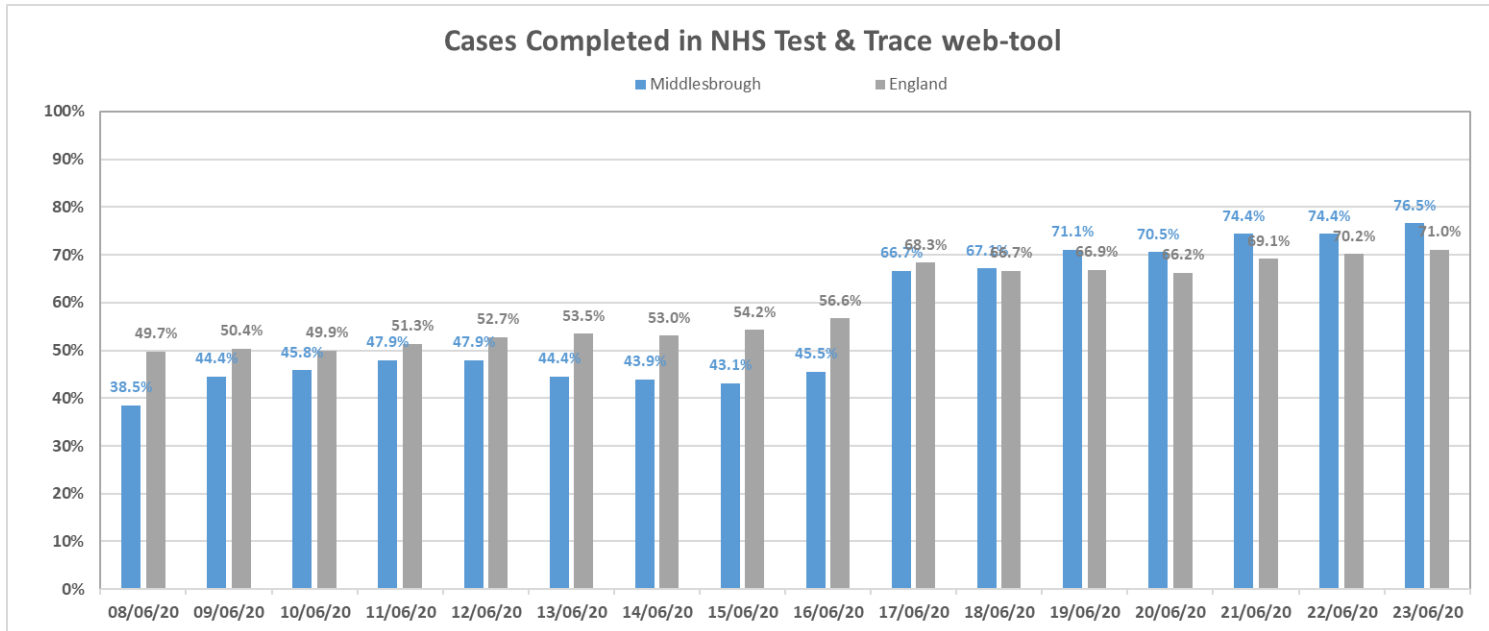
- **Confirmed cases in NHS Test and Trace web-tool are the number of cases who have been or currently are being managed within the automated web-tool, or by phone-based contact tracers or by Local Health Protection Teams (Level 1).**



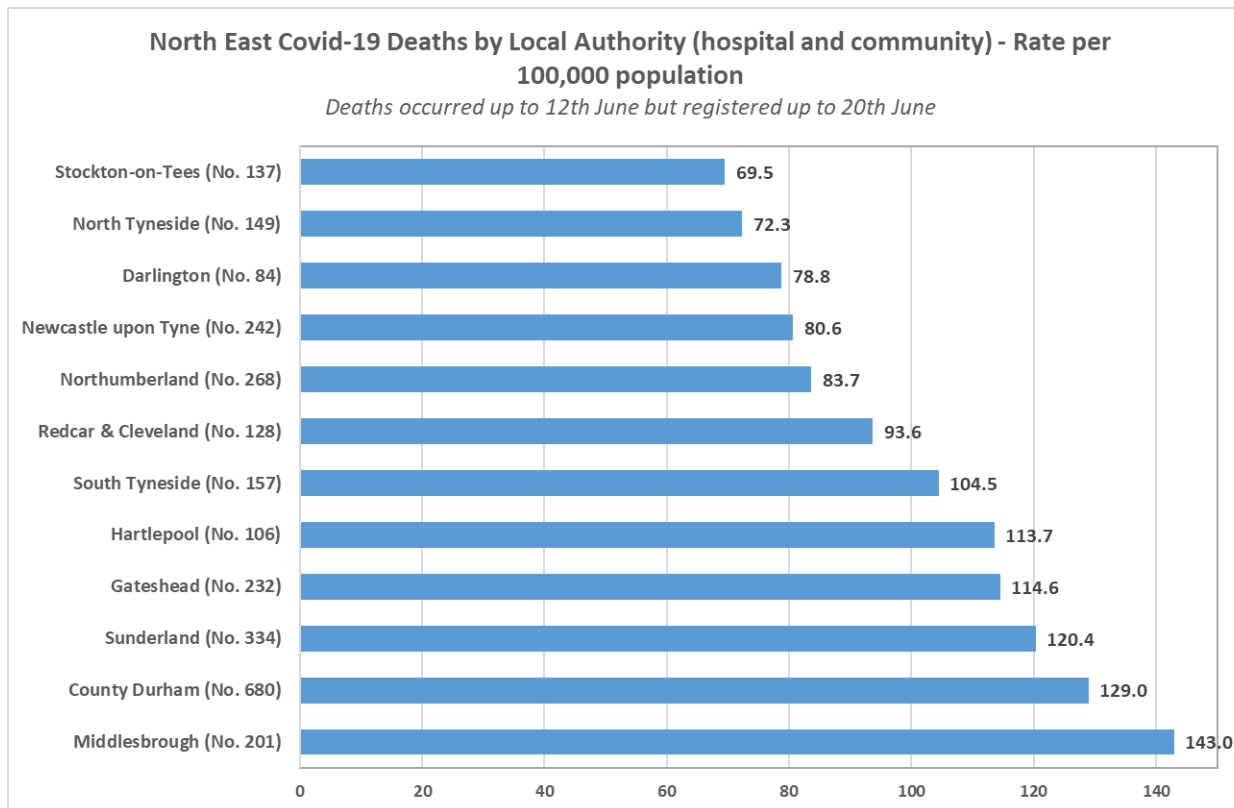
# NHS Test & Trace



- For cases, successful completion is defined as self-registered on the NHS Test and Trace (NTAT) web-based tool or been called and completed the appropriate NTAT form to provide information about their contacts. This will now include cases escalated where contact tracing was managed entirely by Level 1.



# COVID Deaths



# COVID Deaths – Excess Mortality



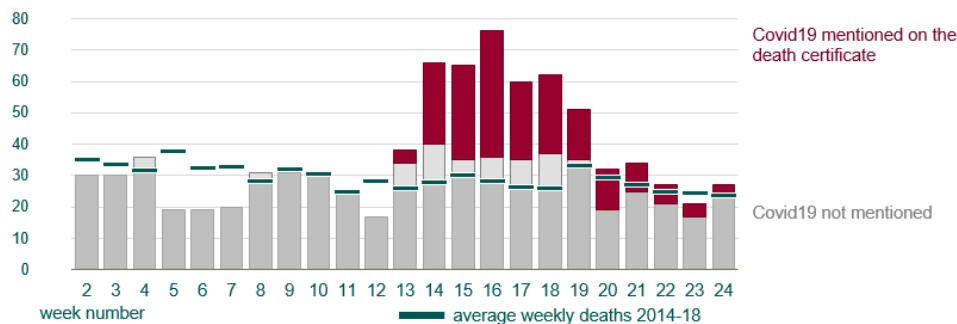
Weekly provisional figures on deaths occurring, minus the weekly average occurrence 2014 to 2018, with proportion where coronavirus (COVID-19) was mentioned on the death certificate (week 24 - up to 12 June 2020)

Covid19 mentioned on the death certificate

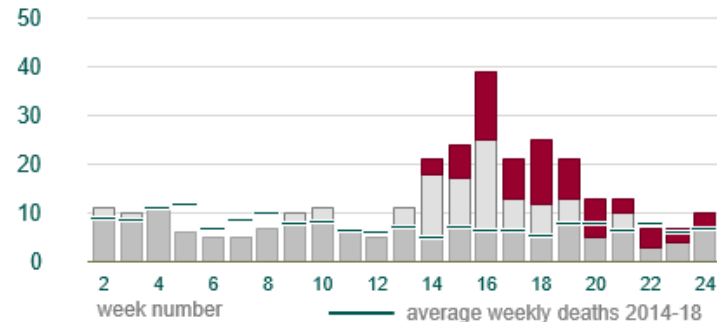
Covid19 not mentioned

## Week 24: Middlesbrough, death occurrences

All deaths in 2020 by week, with proportion where Covid 19 is mentioned



## Care home (nursing or residential)



ONS - Deaths registered weekly in England and Wales, provisional

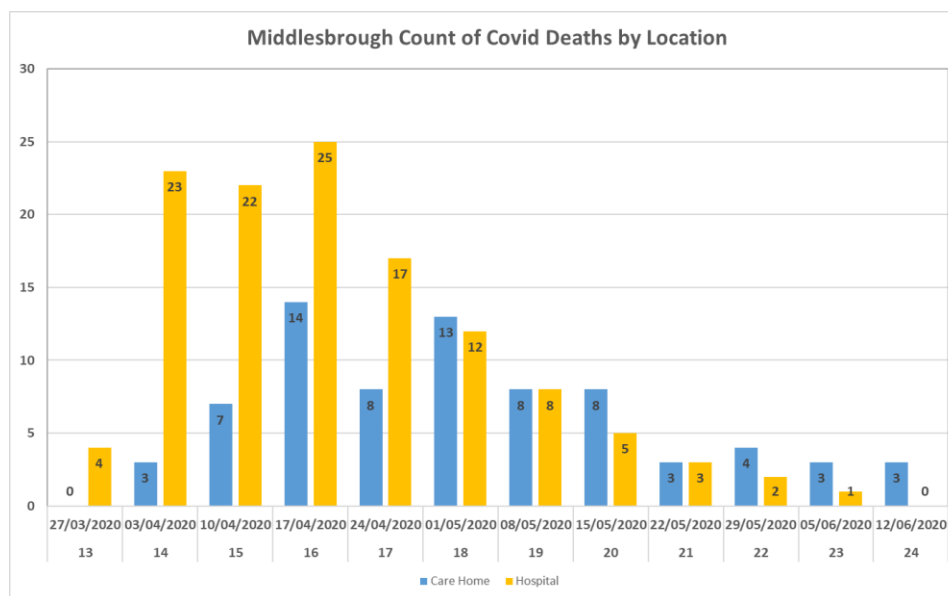
Death occurrences in week 24 =	27
Excess death occurrences in week 24 (using 2014-18 weekly averages)	3
Death occurrences mentioning COVID-19 in week 24 =	3
Death occurrences mentioning COVID-19 in weeks 1 to 24 =	201



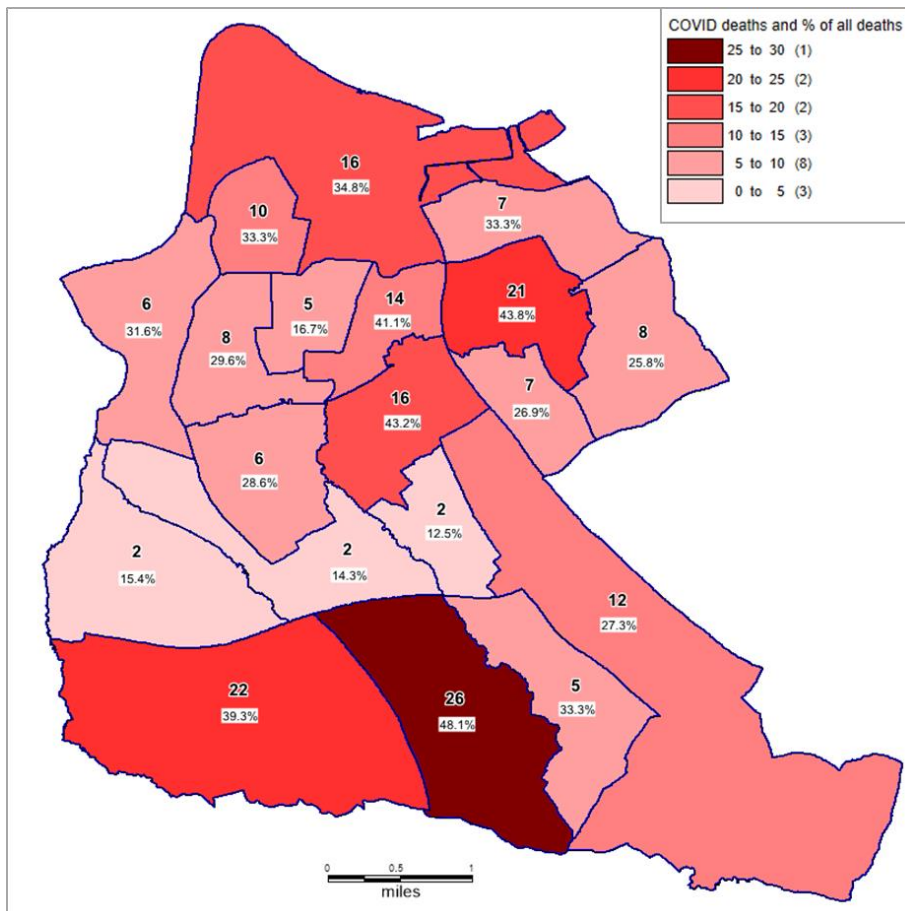
# COVID Deaths – Location of COVID Deaths



	Home		Hospital		Care Home		Hospice		Eslwhere		Total Deaths		
	No.	%	No.	%	No.	%	No.	%	No.	%	All	COVID	%
Middlesbrough	4	2.0%	122	60.7%	74	36.8%	1	0.5%	0		559	201	37.7%
England	-	4.5%	-	63.5%	-	29.8%	-	1.4%	-	0.8%	-	-	16.8%



# COVID Deaths – MSOA Level



## Number of COVID-19 deaths and COVID-19 deaths as a percentage of all deaths by Middle Super Output Area (MSOA)

Deaths occurring between 1<sup>st</sup> March 2020 and 31<sup>st</sup> May 2020

- **MSOAs are geographic areas with approximately 7,000 residents and roughly match ward areas but not always.**
- **High numbers of covid-19 deaths have been registered in the Coulby Newham, Stainton & Thornton/Hemlington and Berwick Hills & Pallister areas.**
- **The percentage of all deaths highlights areas such as Coulby Hewham area where nearly half of all deaths have been COVID related but also areas in Longlands & Beechwood where numbers are lower but percentages are not to dissimilar.**

# JCUH Hospital Admission Data



## Middlesbrough Patients – Up to 28<sup>th</sup> May

- Total of 437 of which 127 (29%) have died, 298 (68%) have been discharged and 12 (3%) were currently in hospital.
- Admissions by age show 43% were aged 80 or above and 61% above 70.

### By age band

10 yr age band	Died	Discharged	In hospital	Cases	m/rate	Finished	m/rate	% cases
0-49	5	57	2	64	0.08	62	0.08	15%
50	8	40	3	51	0.16	48	0.17	12%
60	9	45	1	55	0.16	54	0.17	13%
70	21	56	4	81	0.26	77	0.27	19%
80	58	78	2	138	0.42	136	0.43	32%
90+	26	22	0	48	0.54	48	0.54	11%
Total	127	298	12	437	0.29	425	0.30	

## JCUH Hospital Admission Data



Admissions by ethnic group for Middlesbrough residents show that **379 (87%)** were **White British** and **46 (11%)** were from **BAME** ethnic groups, however there were also **12 (3%)** unknowns.

By ethnic group

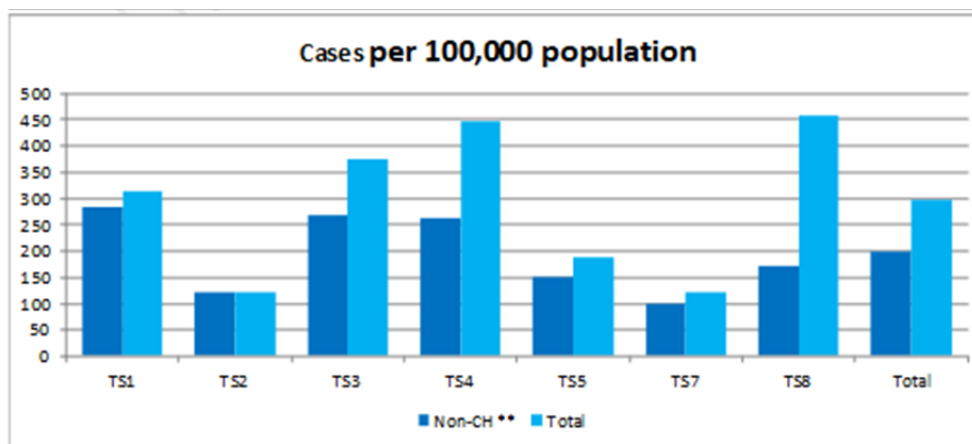
Group	Died	Discharged	In hospital	Cases	m/rate	Finished	m/rate	% cases
White-British	119	249	11	379	0.31	368	0.32	86.7%
Pakistani	3	18	0	21	0.14	21	0.14	4.8%
N/k	1	6	1	8	0.13	7	0.14	1.8%
Other	2	4	0	6	0.33	6	0.33	1.4%
Asian other	0	6	0	6	0.00	6	0.00	1.4%
Caribbean	1	2	0	3	0.33	3	0.33	0.7%
White-Other	1	2	0	3	0.33	3	0.33	0.7%
Indian	0	3	0	3	0.00	3	0.00	0.7%
Not stated	0	3	0	3	0.00	3	0.00	0.7%
Bangladeshi	0	1	0	1	0.00	1	0.00	0.2%
Mixed other	0	1	0	1	0.00	1	0.00	0.2%
#N/A	0	1	0	1	0.00	1	0.00	0.2%
White and Asian	0	1	0	1	0.00	1	0.00	0.2%
White and Black African	0	1	0	1	0.00	1	0.00	0.2%
African	0	0	0	0	0.00	0	0.00	0.0%
Black other	0	0	0	0	0.00	0	0.00	0.0%
(blank)	0	0	0	0	0.00	0	0.00	0.0%
White-Irish	0	0	0	0	0.00	0	0.00	0.0%
Chinese	0	0	0	0	0.00	0	0.00	0.0%
<b>Total</b>	<b>127</b>	<b>298</b>	<b>12</b>	<b>437</b>	<b>0.29</b>	<b>425</b>	<b>0.30</b>	

# JCUH Hospital Admission Data



By Postcode area and postcode as care home proxy

Area	Cases		
	Care home *	Non-CH **	Total
TS1	6	48	54
TS2	0	1	1
TS3	32	78	110
TS4	33	43	76
TS5	15	59	74
TS7	5	22	27
TS8	60	35	95
<b>Total</b>	<b>151</b>	<b>286</b>	<b>437</b>





**South Tees Hospitals**  
NHS Foundation Trust

# **Middlesbrough Council - OSC**

South Tees Hospitals NHS Foundation Trust

2 July 2020



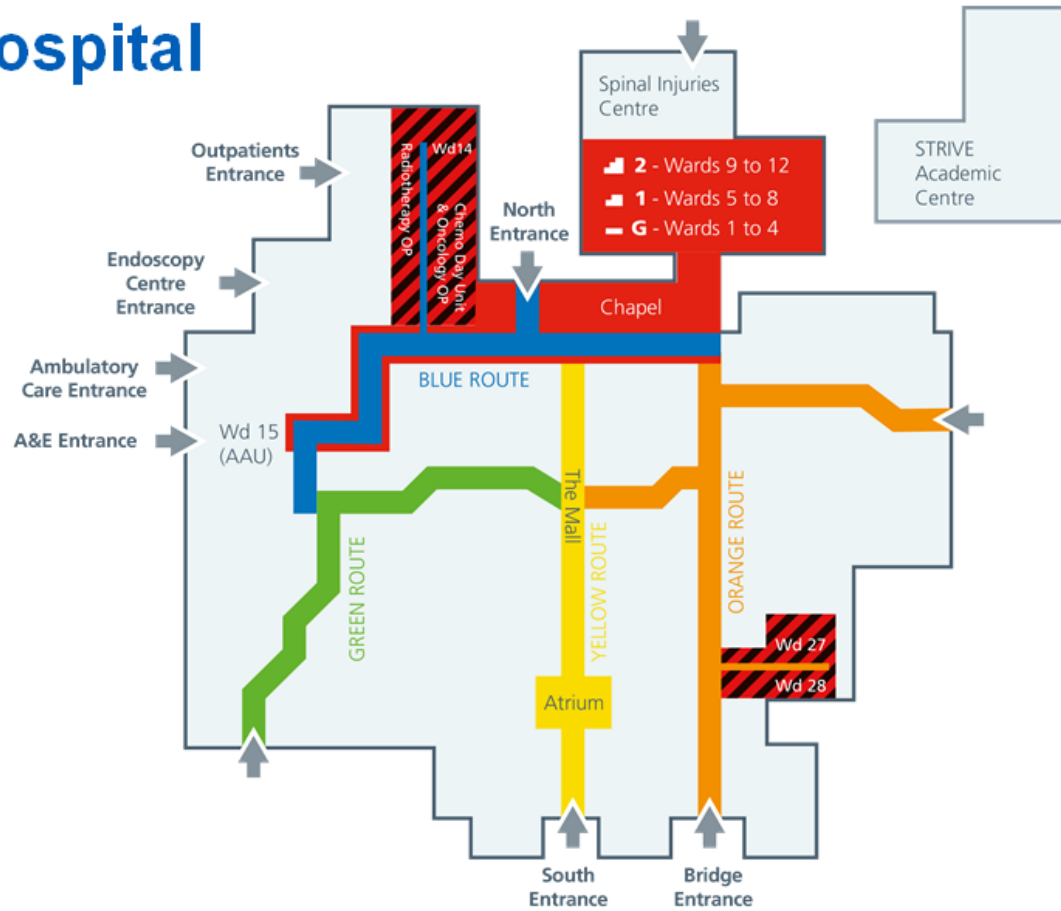
# COVID-19 response

1

# James Cook University Hospital

## Covid-19 Unit

- Surge phase
- ▨ Super-surge phase (not exhaustive)





# Covid-19

## Safe PPE

### PPE - low-risk settings

For all staff working in all clinical areas, to include hospitals and community care settings

Eye protection  
(safety glasses, goggles or visors)

Fluid-repellent  
surgical face mask

Plastic apron

Non-sterile gloves

### PPE - high-risk settings

For staff working in Intensive Care Units or a hot zone of an Emergency Department or in the delivery of aerosol generating procedures

Eye protection  
(disposable goggles or full-face visor)

FFP3 respirator

Long sleeved  
disposable gown

Plastic apron

Gloves

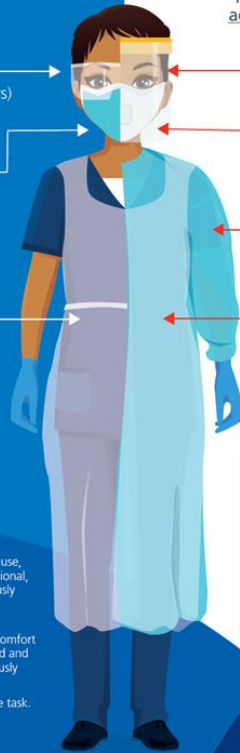
#### High risk settings include:

- ICU
- HDU
- ED resuscitation areas
- Ward 15 aerosol generating bays
- Patient contact with non-invasive ventilation
- Operating theatres
- Endoscopy units for upper respiratory, ENT or upper GI endoscopy

Whilst gloves and aprons are single patient use, the fluid-repellent surgical face mask is sessional, but should be replaced if it becomes obviously contaminated by patient secretions, or if it becomes damp or misshapen.

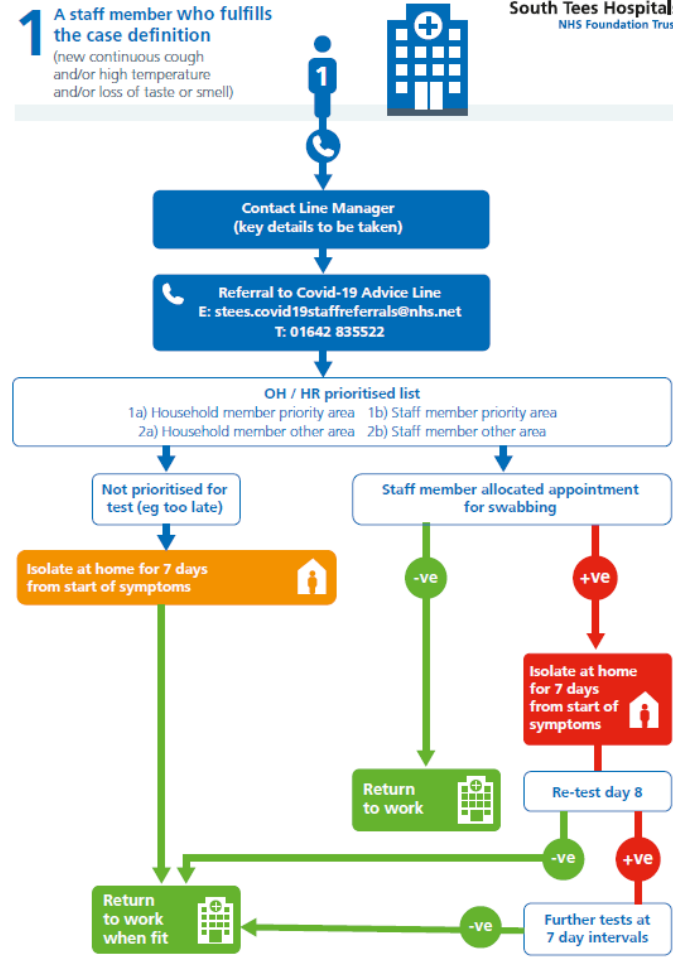
Eye protection can be worn for as long as comfort allows. When removed it should be replaced and should also be replaced if it becomes obviously contaminated by patient secretions.

Ensure PPE is removed on completion of the task. Before donning, ensure you are hydrated.



## COVID-19 Staff Testing Process

**1** A staff member who fulfills the case definition  
(new continuous cough and/or high temperature and/or loss of taste or smell)



**Please DO NOT enter this building** if you or anyone in your household has a high temperature and / or a new and continuous cough and / or loss, or change, to your sense of smell or taste. Go to **NHS.UK** to check your symptoms and follow the specialist advice.



**South Tees Hospitals**  
NHS Foundation Trust

# Patient visiting suspended on all hospital sites

Visiting will only be permitted in the following circumstances:

- For patients who are receiving end-of-life care (one visitor per patient)
- For birthing partners in maternity units (one birthing partner per woman in labour)
- For parents or legal guardians in the children's unit (one parent or legal guardian)
- For parents in the neonatal unit (two parents)
- You are supporting someone with dementia, a learning disability or autism, where not being present would cause the patient to be distressed

CORONAVIRUS

**PROTECT YOURSELF  
OTHERS &  
THE NHS**



PLEASE  
KEEP  
YOUR  
DISTANCE



STAY  
AT LEAST  
2 METRES  
APART  
FROM  
OTHER  
PEOPLE

CORONAVIRUS

**PROTECT  
YOURSELF  
OTHERS &  
THE NHS**

CORONAVIRUS

**PROTECT  
YOURSELF  
OTHERS &  
THE NHS**





**South Tees Hospitals**  
NHS Foundation Trust



A number of our  
departments are now offering

# Video appointments using Attend Anywhere



# Recovery

# 2



**South Tees Hospitals**  
NHS Foundation Trust

# Face coverings MUST BE WORN

By all patients and visitors  
entering our hospitals or  
health services

**Please bring your own face covering.**

Don't have one? Masks will be available at main entrances



**talk  
before**

**you  
walk**

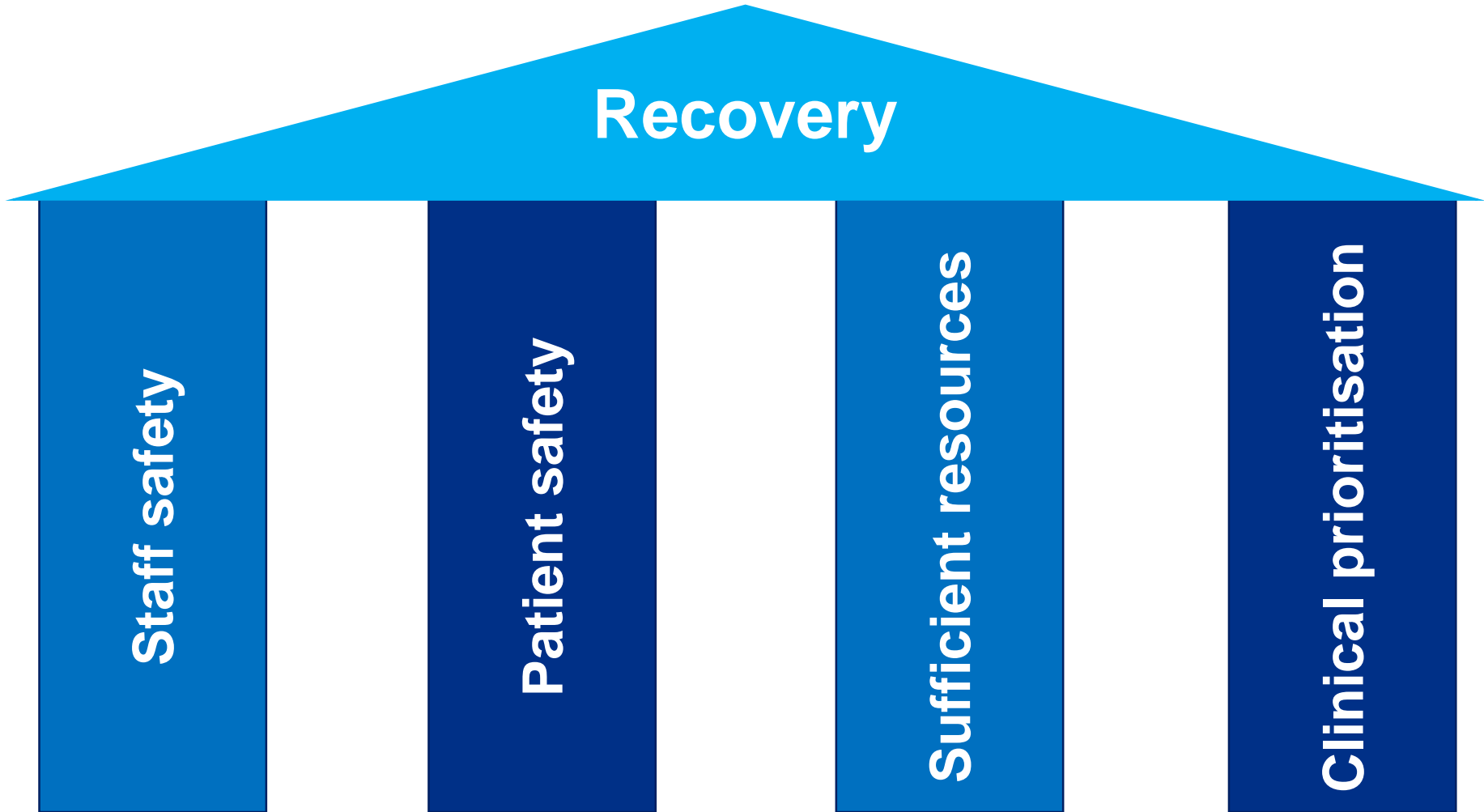


**South Tees Hospitals**  
NHS Foundation Trust

Call **NHS 111**  
for urgent advice

CALL  
**111**

# Gradual and safe process

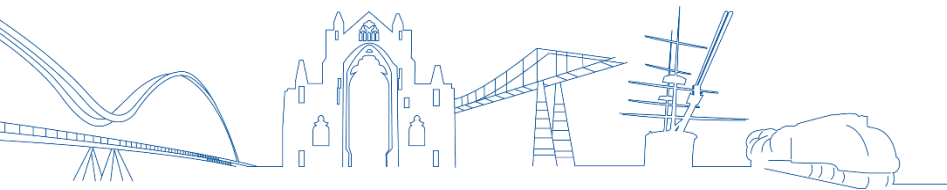


# Thank you





# National Health Service Timeline and Key Statistics



# Timeline of High Level Key Actions

## March 2020

- Implementation of Command & Control arrangements – established Tees Valley ICP Covid group
- Organisational preparedness - CCG staff instructed to work from home
- Developing system capacity
- Communications with staff and partners

## April 2020

- Implemented key covid responses in relation to;
  - Primary care and ‘Hot’ clinics
  - Discharge from hospital
  - Revised Community hospital arrangements (Covid and Non-Covid sites)
  - Community services
  - Staff Testing

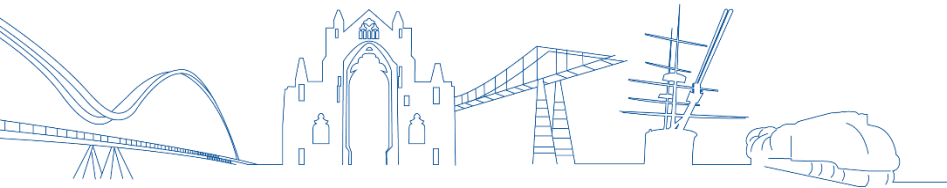
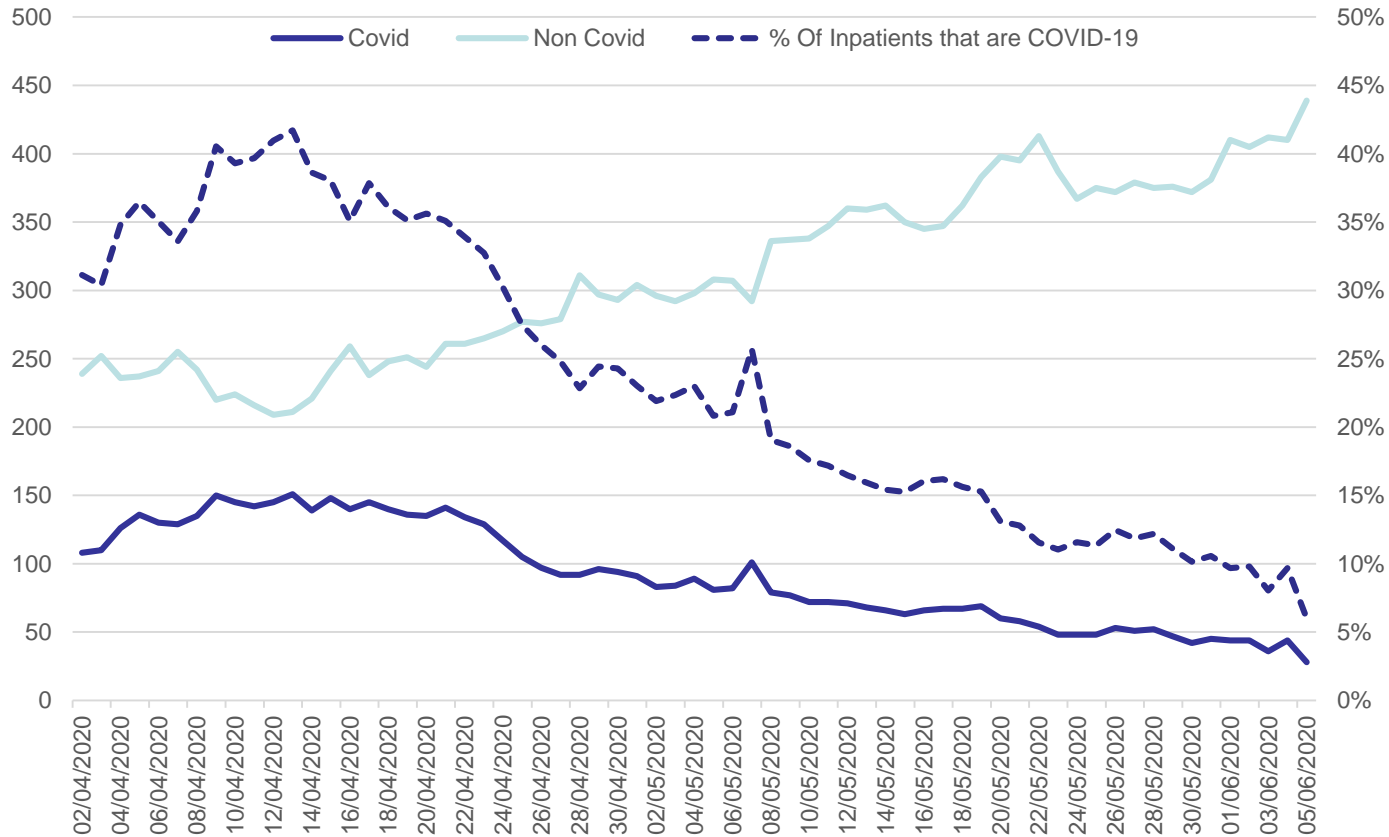
## May 2020

- Enhancement to care home support
- Second phase response
- Establishing ‘new norms’



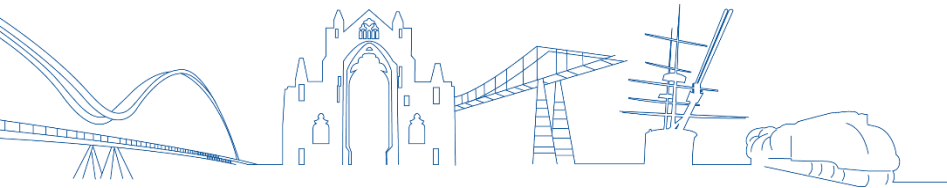
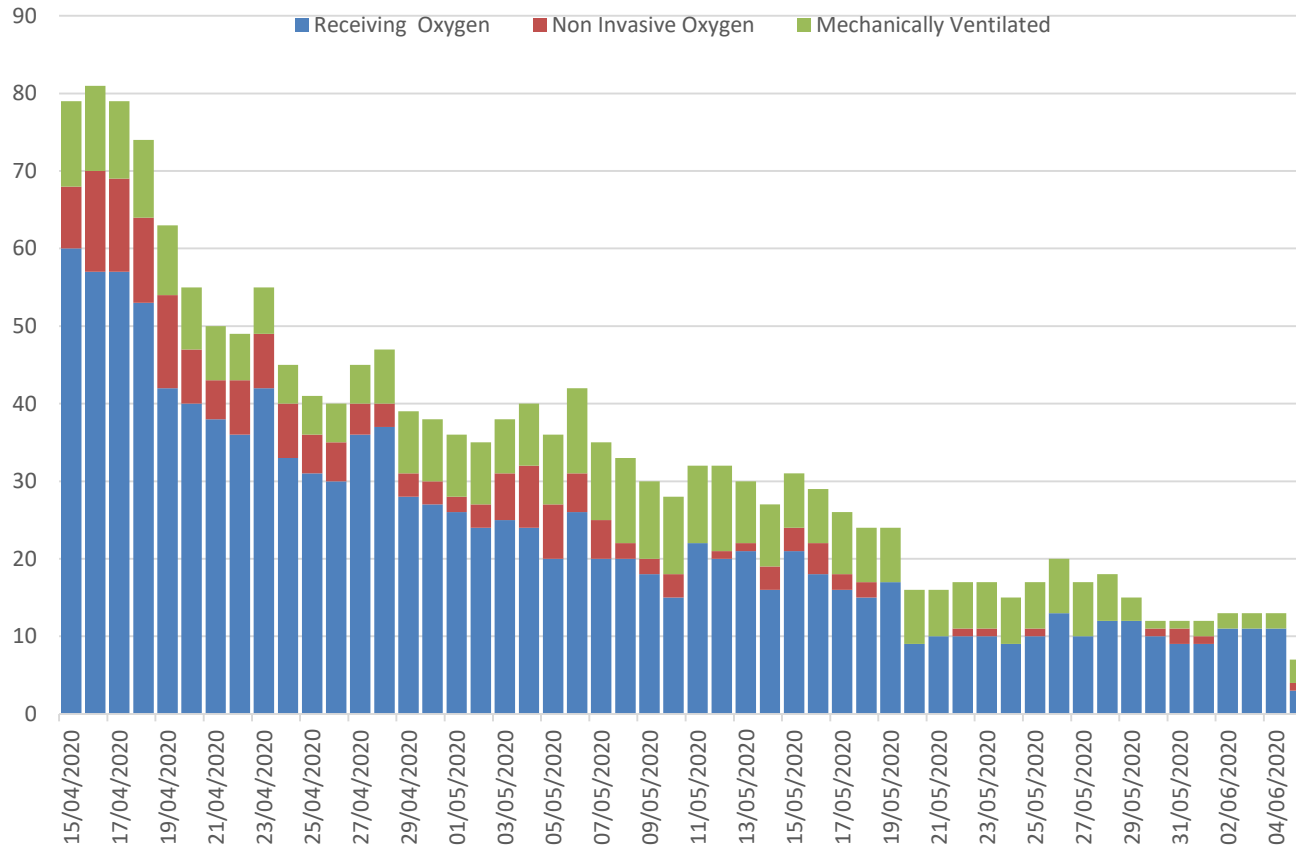
# Hospital Occupancy

South Tees hospitals NHS Foundation Trust - Patients in beds at 8am census



# Hospital Occupancy

South Tees hospitals NHS Foundation Trust - Patients Receiving Ventilation

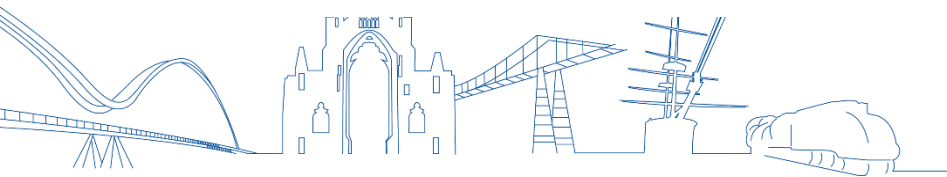
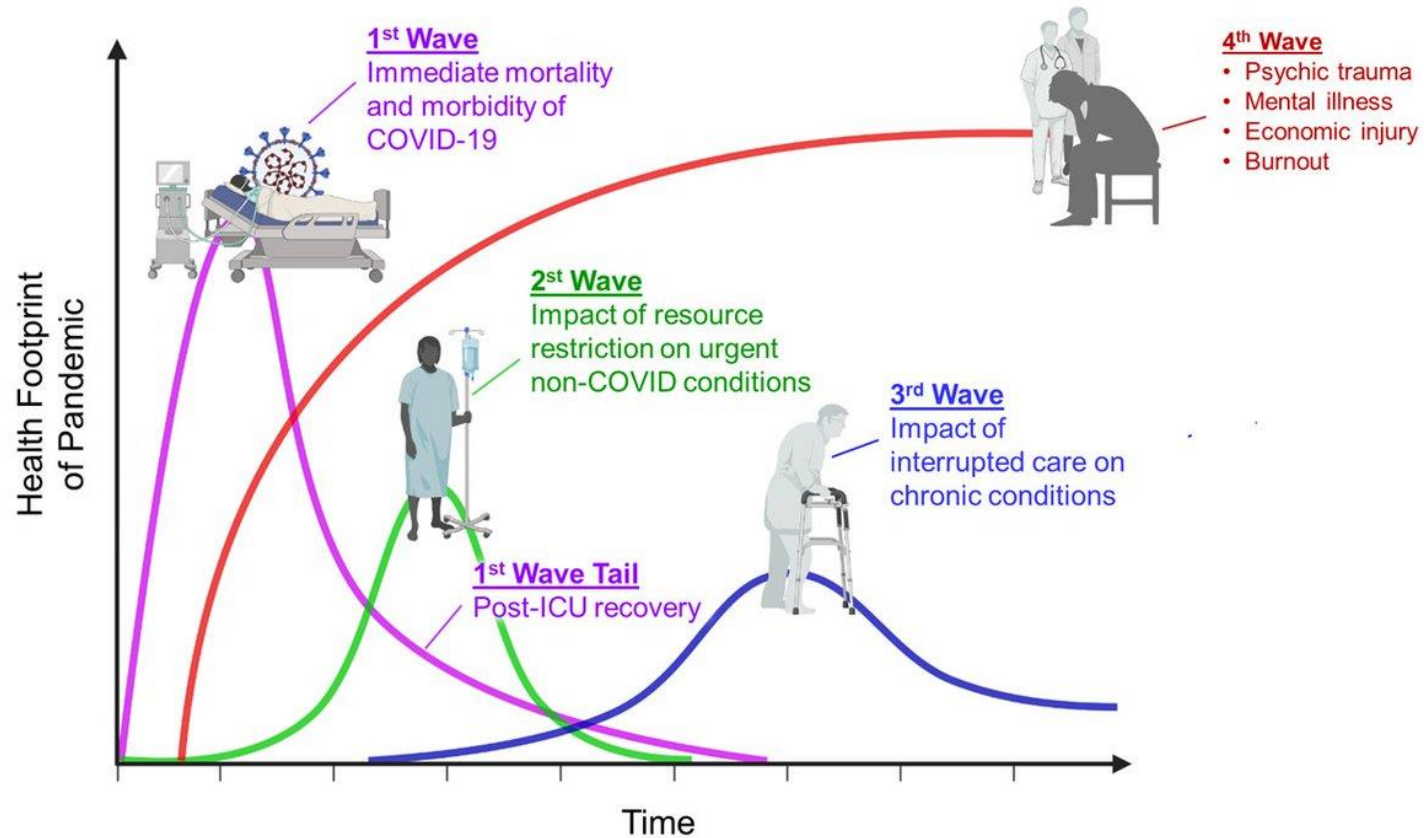


# Key learning

- Digital Technologies;
  - Clinical Assessments (Primary and Secondary Care)
  - Training (specifically with Care Homes)
  - Information sharing (Share-points)
  - Roll-out and utilisation of MS Teams
- Partnership Working;
  - Operational responses; i.e. PPE
  - Strategic responses; whole systems approach and consistency of messages
  - Improved communications
  - Reduction and removal of organisational barriers
- Staffing;
  - Adaptability/flexibility to new ways of working; i.e. delivering services, undertaking new roles etc.
  - Willingness to provide support across the system/organisations
  - Resilience; pastoral support, virtual drop-ins, team building/shared identity etc.
- Communications;
  - Internal; daily briefings and team meetings, practice engagement
  - External; joining up communications across the system, sharing of information with partners



# Continued Health Impact



# Phase 2 Response (May to July)



- Development of Recovery Plans at Organisational and System level (Tees Valley)
- Focus on delivery of safe services for patients and staff whilst managing Covid and non-Covid pathways
- Planning for further/future spikes (i.e. 2<sup>nd</sup> Wave), winter pressures and seasonal flu
- Understanding impact of Phase 1;
  - Impact of delayed presentation to Primary Care, reduced long term condition management and reduced screening and immunisation uptake
  - Impact on ‘routine’ non-Covid hospital pathways
  - Impact on staff i.e. burnout should current ways of working continue over an extended period



# Impact on Adult Social Care



# National Financial Impact for Adult Social Care

Cost Item	Cost 1 Apr – 30 Sept 20 £M
PPE – Care Homes	3,091
PPE – Home Care	802
PPE – Supported Living	286
Care Home Deep Cleaning	616
Additional Staff Costs	1,018
Other Staff Costs	79
Lost Income	714
<b>Total Cost</b>	<b>6,066</b>

# Residential Care

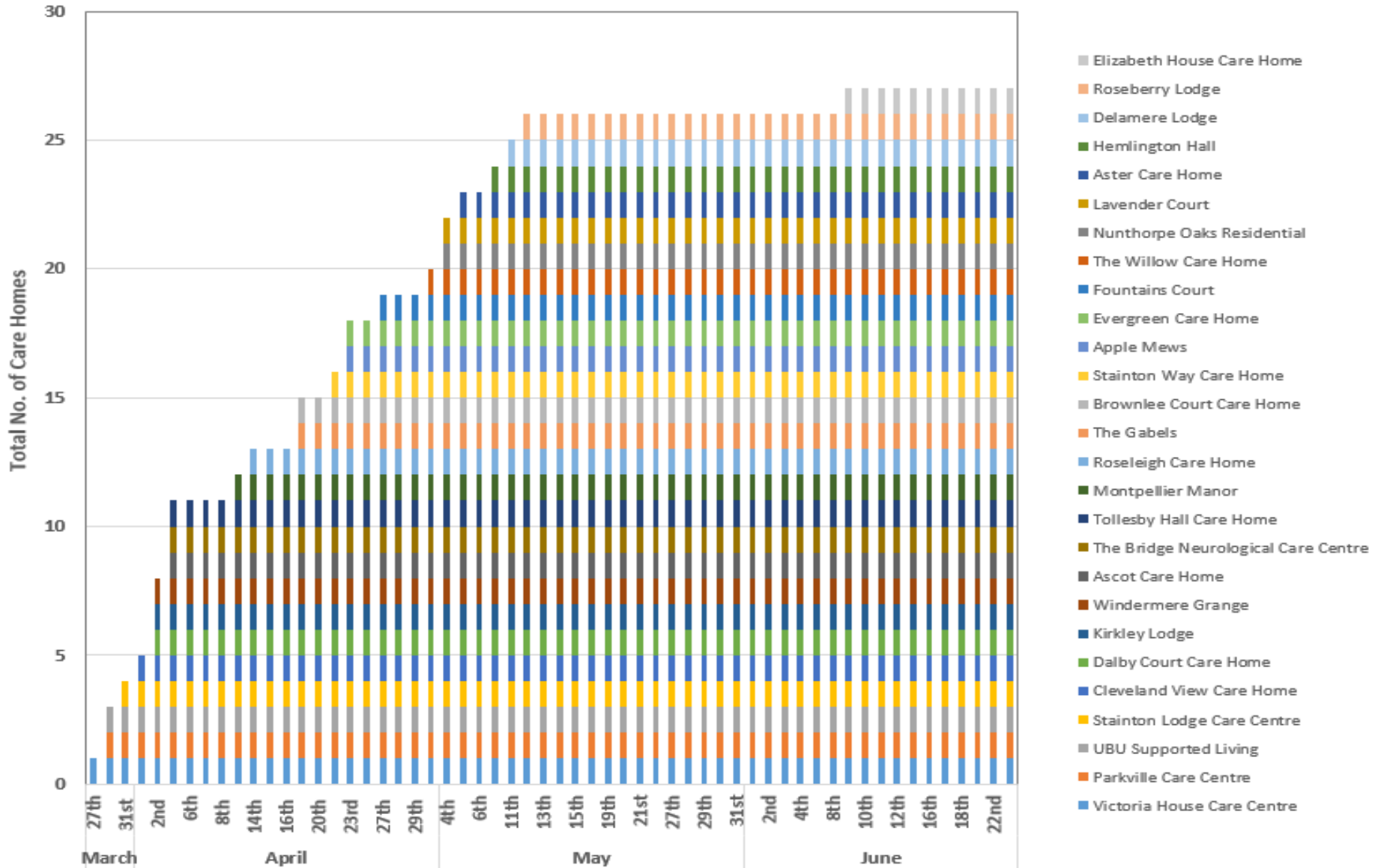
# Care Home Data

Local Authority	All outbreaks	Number of care homes	Percentage of care homes that have reported an outbreak
County Durham	68	149	45.6%
Darlington	15	33	45.5%
Hartlepool	16	26	61.5%
Middlesbrough	26	48	54.2%
Redcar and Cleveland	16	52	30.8%
Stockton-on-Tees	21	53	39.6%

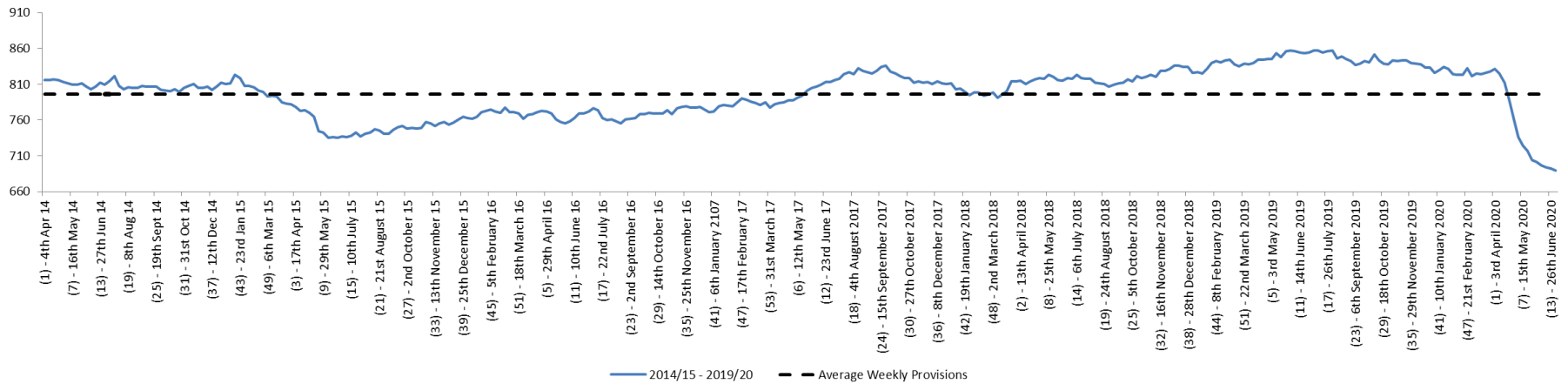
Local care homes that have made contact with North East Health Protection Team at Public Health England regarding confirmed or symptomatic residents.

As at 4 June 2020

# Middlesbrough Care Homes - PHE Restricted Admission



# Long term residential “provisions” by week



This weekly chart includes all long term residential provisions active in ContrOCC during the 2014/15 - 2020/21 financial years, this does not include nursing or respite. Provisions must be on a snapshot of information effective as of the date specified, backdated provisions may not be captured recent data.

# Financial Support to Care Sector during pandemic

- Personal Protective Equipment purchased and distributed free to care providers, in addition to national distribution.
- Temporary compensatory uplift of 8% paid to domiciliary care providers in addition to annual uplift.
- Temporary compensatory uplift of initially 5% paid to care home providers in addition to annual uplift. Later increased to 10%.
- NHS have matched the enhancements for health funded service users

# Impact on other areas

# Adult Social Care and Commissioning

- Robust support to providers inc. single line of communication
- Large volume of PPE provided and delivered
- Safeguarding, social work & occupational therapy remained operational
- Temporary procedures developed for new ways of working
- 7 day working to support hospital discharge
- Home adaptations on hold due to lockdown & availability of materials (now re-starting)
- Stage 3 Care Easements declared on 14.04.20 but not required so discharged on 22.04.20.
- Day centre provision suspended and staff re-deployed delivering domiciliary support.
- Residential respite provision suspended.



# Domestic Abuse

- MBC DA Providers have remained open adapting with live web chat, social media, telephone contact & face to face where necessary
- Referrals to MBC DA services lower than usual although slowly increasing. This is also reflected in Cleveland Police information and safer referrals at front door children services. This contradicts national headlines, which suggest reports have increased but the lower rate is emerging picture across the country. Lower referral prompted MBC to increase publicity to raise awareness DA provision.
- The Refuge has not always been at capacity but this is less about demand and more about partnership 'move on' work to free up spaces. Funding provided to convert the lounge so this could be used in overnight emergencies. Six dispersals and 2 emergency crash pads funded via the Navigator Scheme are occupied but work ongoing to prevent bed blocking. A local hotel offered free spaces and they have been utilised where necessary. Despite this across the region there are simply not enough refuge spaces
- MBC DA Providers have secured funding via MOJ and MHCLG to cope with impact of Covid-19.
- Main overriding concern is anticipated spike in referrals and victims/ children experiencing emotional/mental health issues as a result of the impact of Covid-19 rather than DA and staff 'burn out'.

# Substance Misuse

- All assessments to enter treatment can now be completed remotely over the telephone by calling (local charges apply). If face to face support is needed, including from the harm minimisation/ needle exchange service, this is available by calling the above number to book an appointment at Foundations or The Live Well Centre:
  - Mon 9.00am – 5.00pm
  - Tue 9.00am – 5.00 pm
  - Wed 9.00am – 6.30pm
  - Thu 9.00am - 5.00pm
  - Fri 9.00am - 5.00pm
  - Sat 9.00am – 1.00pm
- Mobile harm minimisation and outreach is being provided throughout town with a focus on the most deprived wards where need is greatest. This includes needles/equipment and 1:1 support for adults and young people.
- High risk clients to have discussion with team member to discuss individual, needs-led courses of action. A common change has been to move people off supervised consumption (of their substitute medication) in order to reduce the greater covid-19-related risks.

	<b>No. taken off supervised consumption</b>	<b>No. remaining on supervised consumption</b>
<b>Middlesbrough</b>	362	36

- All service users have up to 12 weeks of prescriptions printed, with some taken off supervised consumption and put on 7 day collection. No replacement prescriptions will be issued and no home detoxes undertaken.
- HAT clients seen individually and continue as normal. No new patients to be added to HAT scheme.
- Appointments are available for restarts, new to treatment and prison releases.

# Homeless

- The Government announced 'everybody in' a requirement to offer accommodation to all of those in housing need, including non-priority homeless, rough sleepers and those who are not normally eligible for assistance for example those with No Recourse to Public Funds (NRPF). We were able to accommodate all of those who approached the local authority during this period.
- 84 households (2 families and 82 singles) were provided with temporary accommodation during the first 2 weeks of COVID19, of which:
  - 23 had lost accommodation (family eviction/sofa surfing) etc.;
  - 19 were confirmed rough sleepers or had a history of rough sleeping.
  - 6 were discharged from hospital
  - 8 had NRPF
  - 4 had been evicted from supported accommodation
  - 24 we would have accommodated (outside of COVID19)
  - We procured 9 self contained units for those who needed to self isolate
  - We provided mobile phones to everyone in temporary accommodation so we could contact them regularly and check on welfare need
  - During the first three weeks while benefits were being arranged we cooked and delivered over 1000 meals to those in temporary accommodation
  - The average number of people in temporary accommodation since 23 march has been 87

# Homeless

- After three weeks the government was satisfied that all households who had an accommodation need had been assisted. At this time local authorities were advised they could return to the implementation of the legislation, accommodation offered to those where an interim accommodation duty is owed ( s.188 of the Housing Act 1996). Middlesbrough Council made the decision to stay with the 'everybody in' approach as advised initially by HMCLG.
- We have been working with Registered Housing providers and private sector landlords to access self-contained accommodation allowing for move on from shared accommodation.

# Supporting communities

- The public health team established a community response function to support the hub with broader health and wellbeing support and follow up. This included:
  - establishing a prescription collection service which bridged the gap in provision in advance of the NHS system becoming operational
  - Undertaking over 550 follow up health and wellbeing calls to individuals who had engaged with the help boro hub undertaking brief interventions and connecting individuals with sources of professional and community based support
  - Supporting wellbeing calls to those with hearing impairments
  - Developing a pathway for the distribution of Health Start Vitamins
  - Developing emotional health and wellbeing support in key settings including schools
  - Embedding the “Making every contact count” approach and resources across the local authority response
  - Establishing a remote health development
  - Developing virtual health and wellbeing support and social activity including launching a virtual book club
  - An emerging food safe system aimed at tackling food poverty whilst reducing dependence

# Supporting communities

- Ongoing support to care homes in management of undernutrition has been provided through the MUST team
- In partnership You've Got This and Tees Valley Sport distributed activity packs to adolescents and individuals with a disability
- Supported 22 local clubs with grants totalling £105,355 from Sport England
- Targeting stop smoking support in vulnerable communities and a quit4Covid campaign
- Established the South Tees Wellbeing Network to promote a positive psychological approach across a wide range of partners, working towards an integrated and accessible structure of support and understanding of mental wellness for residents of Middlesbrough
- Sexual Health Services remained in place via telephone triaging for all patients, bringing into clinic only the most urgent cases for a face to face appointment. Less urgent cases can collect treatment(s), contraception pills from the clinics at allotted times. The demand for online testing kits has increased 60% over the same period last year (April – May).

# Key issues - post lockdown?

- Mental Health & wellbeing
- Substance misuse
- Domestic abuse
- Homelessness
- Carer Support
- Social Work/OT etc Assessment backlog
- Remote working
- Loss of economies of scale/reduction in choice
- Recovery / “new normal” / public expectation?