

Reading Health & Wellbeing Board
19 March 2021

Impact of Covid-19 in Reading



Supporting our futures *for* Reading
Adult Social Care
& Wellbeing



Covid-19 Update

Health and Wellbeing Board

March 2021



Reading
Borough Council

Working better with you



Latest Data

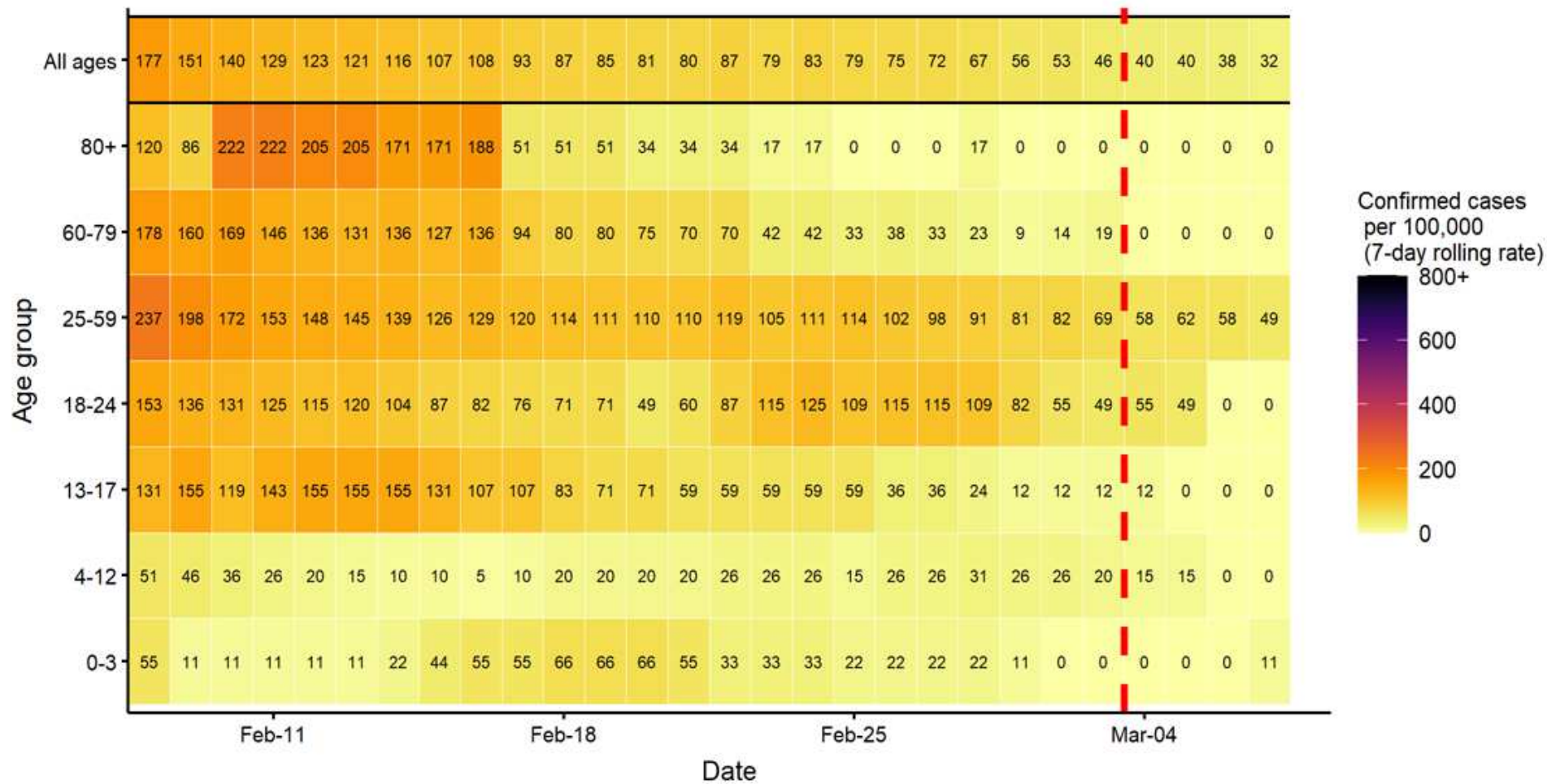
Situational awareness indicators from the 25/02/2021 to 03/03/2021

- in comparison to previous 7-day period

<https://www.berkshirepublichealth.co.uk/covid-19-dashboard> is updated daily. “Information Centre” weekly report

Area	Individuals tested per 100.000 population (7-day moving average)		Percentage individuals test positive (weekly)		Cases per 100.000 population - all ages (weekly)		Cases per 100.000 population - 60+ (weekly)	
	Value	Change	Value	Change	Value	Change	Value	Change
Bracknell Forest	306.9	↓	2.1	↓	35.9	↓	28.5	↓
Reading	439.7	↑	1.7	↓	46.4	↓	18.4	↓
Slough	369.2	↑	4.5	↓	88.9	↓	55.9	↓
West Berkshire	309.3	↓	2.1	↓	39.8	↓	37.3	↓
Windsor and Maidenhead	334.4	↑	2	↓	40.9	↓	30.2	↓
Wokingham	286.2	↓	2.5	↓	43.8	↓	15.2	↓
South East	352.5	↓	1.9	↓	41	↓	28.5	↓
England	362.4	↓	3	↓	66	↓	42.0	↓



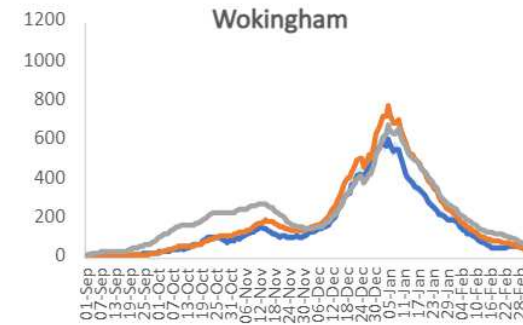
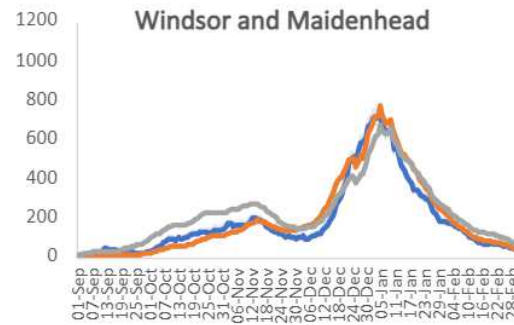
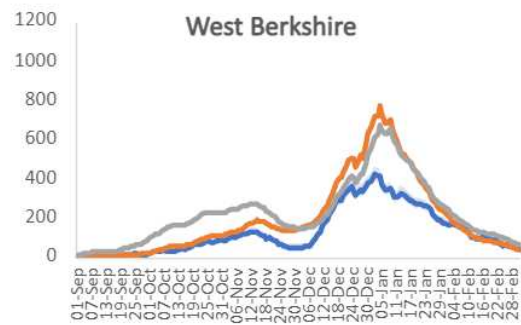
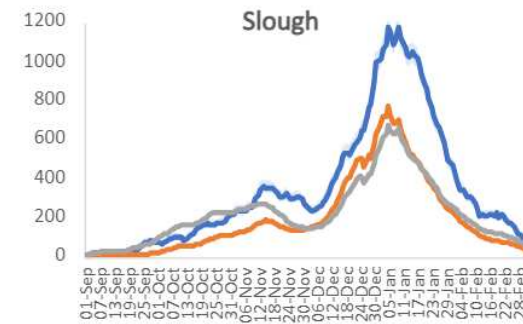
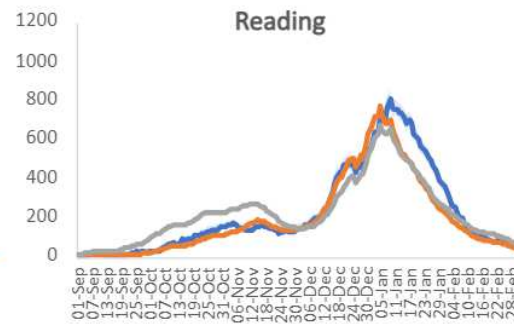
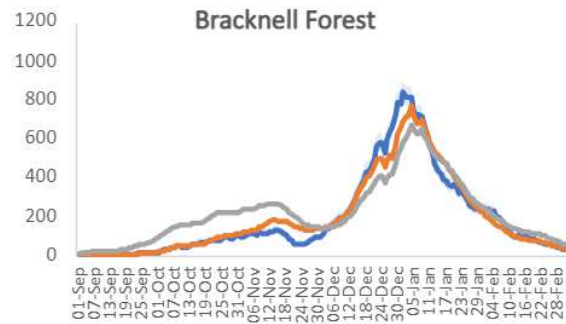


Case rate per 100,000 by age group - PHE LA Report - 08.03.2021

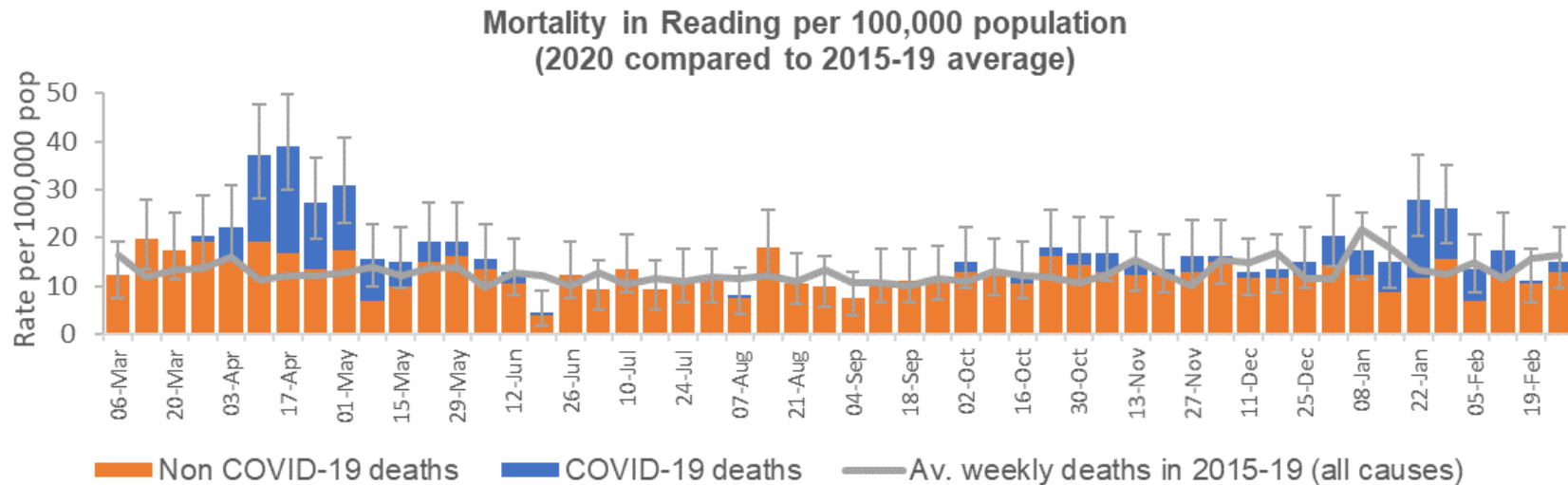
(The red dashed line denotes the 4 most recent days that are subject to reporting delays.)



Comparative Data



Mortality Rate in Reading



PH Berkshire Covid-19 Surveillance Dashboard



STEP 1
8 March

29 March

 **EDUCATION**

8 MARCH

- Schools and colleges open for all students
- Practical Higher Education courses

 **SOCIAL CONTACT**

8 MARCH

- Exercise and recreation outdoors with household or one other person
- Household only indoors

29 MARCH

- Rule of 6 or two households outdoors
- Household only indoors

 **BUSINESS & ACTIVITIES**

8 MARCH

- Wraparound care, including sport, for all children

29 MARCH

- Organised outdoor sport (children and adults)
- Outdoor sport and leisure facilities
- All outdoor children's activities
- Outdoor parent & child group (max 15 people, excluding under 5s)

 **TRAVEL**

8 MARCH

- Stay at home
- No holidays

29 MARCH

- Minimise travel
- No holidays

 **EVENTS**

- Funerals (30)
- Weddings and wakes (6)

STEP 2
No earlier than 12 April

At least 5 weeks after Step 1

 **EDUCATION**

- As previous step

 **SOCIAL CONTACT**

- Rule of 6 or two households outdoors
- Household only indoors

 **BUSINESS & ACTIVITIES**

- All retail
- Personal care
- Libraries & community centres
- Most outdoor attractions
- Indoor leisure inc. gyms (individual use only)
- Self-contained accommodation
- All children's activities
- Outdoor hospitality
- Indoor parent & child groups (max 15 people, excluding under 5s)

 **TRAVEL**

- Domestic overnight stays (household only)
- No international holidays

 **EVENTS**

- Funerals (30)
- Weddings, wakes, receptions (15)
- Event pilots

STEP 3

No earlier than 17 May

At least 5 weeks after Step 2

EDUCATION

- As previous step

SOCIAL CONTACT

- Maximum 30 people outdoors
- Rule of 6 or two households indoors (subject to review)

BUSINESS & ACTIVITIES

- Indoor hospitality
- Indoor entertainment and attractions
- Organised indoor sport (adult)
- Remaining accommodation
- Remaining outdoor entertainment (including performances)

TRAVEL

- Domestic overnight stays
- International travel (subject to review)

EVENTS

- Most significant life events (30)
- Indoor events: 1,000 or 50%
- Outdoor seated events: 10,000 or 25%
- Outdoor other events: 4,000 or 50%

STEP 4

No earlier than 21 June

At least 5 weeks after Step 3

All subject to review

EDUCATION

- As previous step

SOCIAL CONTACT

- No legal limit

BUSINESS & ACTIVITIES

- Remaining businesses, including nightclubs

TRAVEL

- Domestic overnight stays
- International travel

EVENTS

- No legal limit on life events
- Larger events

Local Roll-out

- GP offer to care home residents and staff
- Delivery via Primary care networks;
 - Tilehurst Village Surgery - Watlington House
 - Circuit Lane Surgery - Emmer Green
 - University Health Centre
- Hospital Hubs for Health and Social care staff
Wokingham and Royal Berks Hospital sites- to soon be stood down
- Pharmacy for all eligible group
Triangle pharmacy live since Feb, 2 further Reading pharmacies joining by end of March
- Mass vaccination site- went live 22nd Feb
10,000 capacity per week at full roll out



Priority groups- as per JCVI

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over
10. Groups 10-12 will be in 10-year age bands from 49 to 18 years of age



Vaccination numbers in Reading

Up to 28th February 2021

LTLA Code	LTLA Name	Vaccinations					Total
		Under 65	65-69	70-74	75-79	80+	
E06000036	Bracknell Forest	12,457	5,010	4,729	3,395	4,612	30,203
E06000038	Reading	16,669	4,607	4,964	3,768	5,599	35,607
E06000039	Slough	16,527	4,279	3,428	2,255	3,587	30,076
E06000037	West Berkshire	16,696	6,847	8,309	6,158	7,961	45,971
E06000040	Windsor and Maidenhead	16,620	6,505	6,905	5,325	7,999	43,354
E06000041	Wokingham	18,826	6,721	7,814	5,971	8,416	47,748

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>



Lateral Flow Testing Update

Testing for the presence of the viral antigen

Works in a similar way to a pregnancy test, result within 30 mins with not lab processing

Primarily used for those without symptoms

Less accurate than the lab based PCR swab test

Has an important role in “case finding” and when other mitigations remain in place

Widely available in Reading via Community Testing sites and Community Collect;

- University of Reading

- Schools and Colleges- for pupils, staff and pupil's household

- Nurseries

- Health and social care settings

- For those unable to work from home



 brighterfuturesforchildren.org



Schools overview

March 2021





Reading Schools' Attendance Dashboard

08 March 2021

34

Number of Reporting Schools

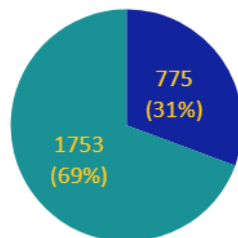
67.5%

Total Pct Attending on Site

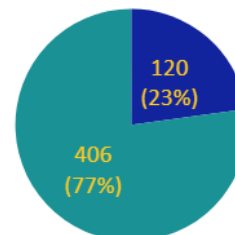
Total Percentage Attending on site



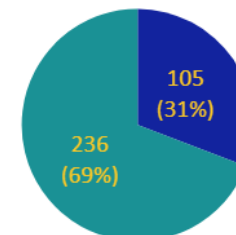
CYP Eligible for FSM



CYP with EHC Plans



CYP with a Social Worker



Pupils on site



Pupils not onsite



Reopening schools



- All primaries for everyone from 8 March
- Secondaries from 8 March, with testing conducted in schools, 3 times and then home testing (not mandatory) LFT v PCR
- Face coverings in secondary schools (not mandatory)
- Discussions about 'catch up' – and holidays (HAF)



Attendance Data for Reading Schools and Early Years Settings – w/c 8 March 2021



Weekly Attendance Summary

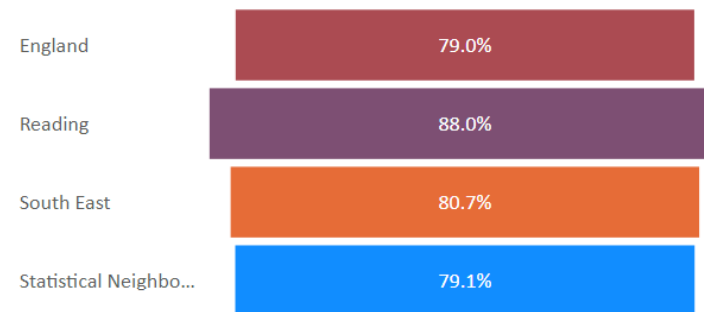
Total Pct Attending on Site



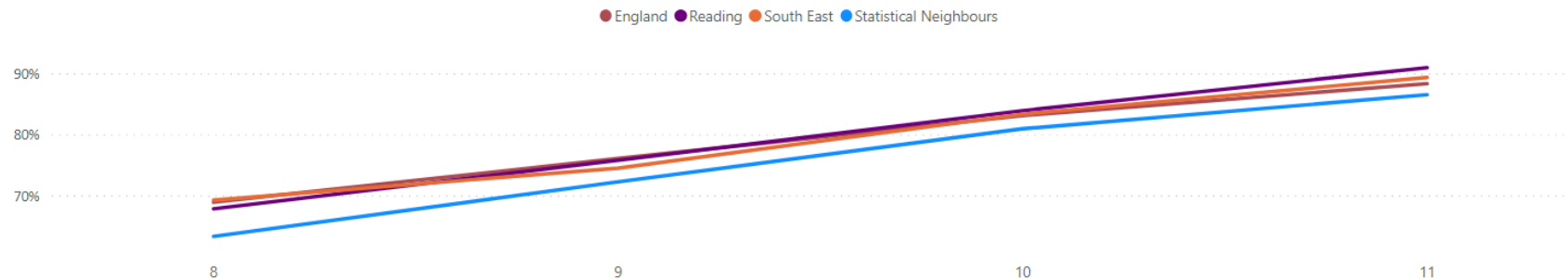
Week starting:

08 March 2021

Special Schools



Total Percentage Attending on Site Trend

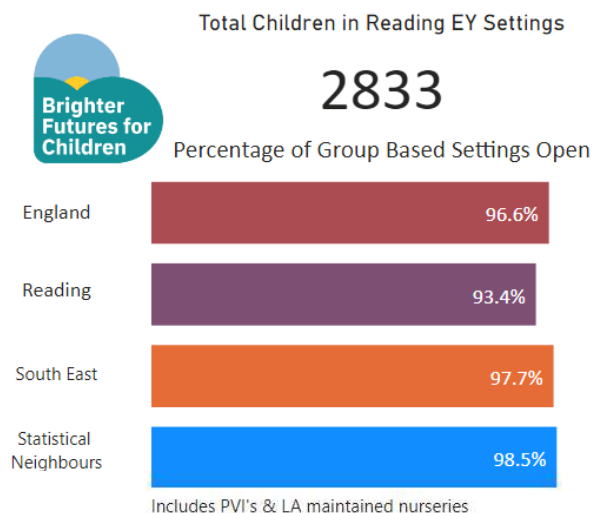


The total percentage attending on site trend is calculated as the average proportion of the total number on roll that attend lessons on site for the week starting on the date shown in the table.

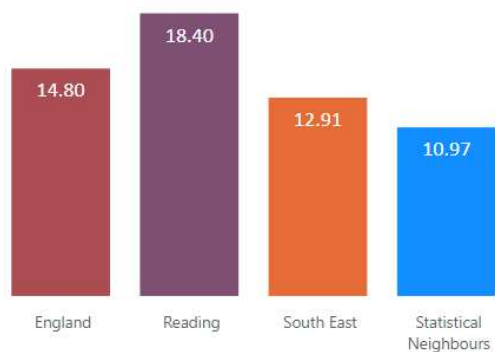




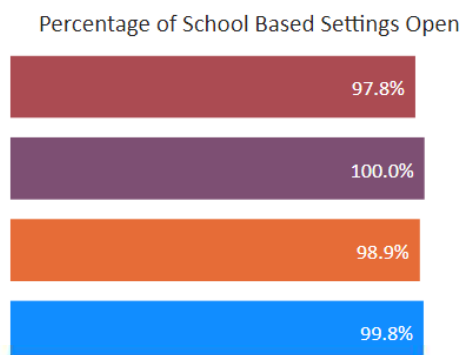
Attendance Data for Reading Schools and Early Years Settings – w/c 8 March 2021



Average Number of Children per Open EY Setting

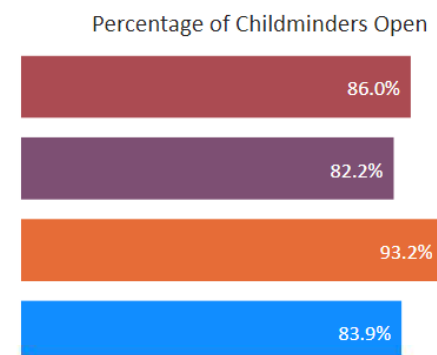


Early Years' Summary



Week starting:

08 March 2021



Type of Settings

Type of Settings	Children of Key Workers	Children with a Social Worker	Children with an EHCP	All other Early Years children
Childminders	104	2	0	79
Maintained Nursery Settings	138	10	0	73
Private, Voluntary & Independent Settings	465	34	7	1324
School Nursery Settings	113	15	1	474

50

Reading Children affected by lack of places

Attendance Data for Reading Schools and Early Years Settings – 17 March 2021



Reading Schools' Attendance Dashboard

17 March 2021

40

Number of Reporting Schools

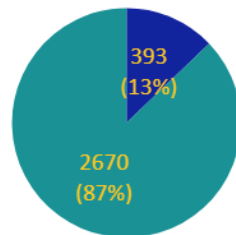
93.1%

Total Pct Attending on Site

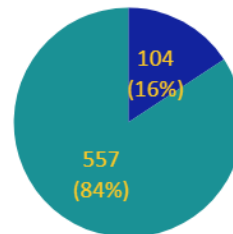
Total Percentage Attending on site



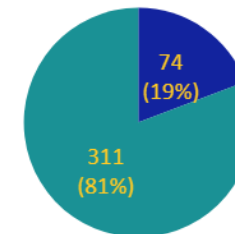
CYP Eligible for FSM



CYP with EHC Plans



CYP with a Social Worker



● Pupils on site

● Pupils not onsite



Covid 19

Impact on Primary Care and Acute Hospital Services

Covid 19

Impact on Primary Care Services

Covid 19 – Impact on Primary Care Services

- **Access routes to GP services have changed (Remote triage and remote consultation)**
 - Practices now triage patients remotely in advance through telephone or online process. Remote triage determines most appropriate consultation method (telephone, video, face to face)
 - ‘Hot’ and ‘cold’ streaming arrangements established to support safe face to face consultations. 50% consultations provided face-to-face in December 2020 compared to 73% in December 2019
 - Arrangements support safe care for staff and patients and improve capacity to manage on-the-day demand. Total consultations similar to previous year – 228,999 per month on average Oct-Dec 2020 compared to 227,259 same period of previous year
 - Reading Walk-in Centre service suspended initially, then moved to bookable via NHS 111. Currently operating below capacity

Covid 19 – Impact on Primary Care Services

- **COVID-19 / Respiratory Hub established**
 - Assessed pts. with COVID-19 symptoms unable to be managed remotely by GP Practice
 - Focussed expertise to care for Covid-19 positive patients requiring face-to-face assessment – flexible capacity to see up to 100 patients/day however actual activity lower
 - Reduced risk of practice closure / staff exposure
 - Supported continuation of other GP services
 - Reduced burden to wider health system, e.g. 111, A&E

Covid 19 – Impact on Primary Care Services

- **Oximetry @home introduced**
 - Pulse oximeters issued to COVID positive pts. within agreed cohort, i.e. aged over 65
 - Allows oxygen levels to be monitored at home
 - Pts. either contact Hub or GP Practice if oxygen levels drop below agreed level or receive daily check-in phone calls
 - Clinical care plan changed based on result of oxygen levels

Covid 19 – Impact on Primary Care Services

- **COVID vaccination programme in place**
 - Majority of vaccinations to date provided by primary care-led Local Vaccination Sites
 - 5 sites in Reading area
 - To 15th Feb focus was on vaccinating Cohorts 1-4 (Over 80s, health and social care workers, 75-79 year olds, 70-74 year olds and clinically extremely vulnerable (shielded) patients. >90% uptake achieved amongst older age groups
 - Primary care now focussing on Cohort 6 (under 65s in at-risk groups). Working alongside mass site (Madjeski) and pharmacy site which focussing on Over 60s with 50-59 year olds to be invited in coming weeks. On track to deliver this phase of the programme by mid April
 - Working group in place focussing on inequalities and addressing lower uptake amongst some population groups

Covid 19 – Impact on Primary Care Services

- **Recovery and future plans established**
 - Step down of Respiratory Hub arrangements from end of March with all patients to be managed within practices
 - Further work to embed new models of access to primary care and support patients to engage with these
 - Planning for next phase of vaccination programme
 - Backlog of routine appointments addressed and focus on ensuring chronic diseases are appropriately managed
 - Improvements seen in routine vaccinations and immunisations / screening rates
 - Focussed work to support vulnerable patients / address inequalities e.g. increase in learning disability health checks and physical health checks for patients with severe mental illness



Royal Berkshire
NHS Foundation Trust

Covid-19 update

Reading BC Health and Wellbeing Board

Thursday 19th March

Compassionate

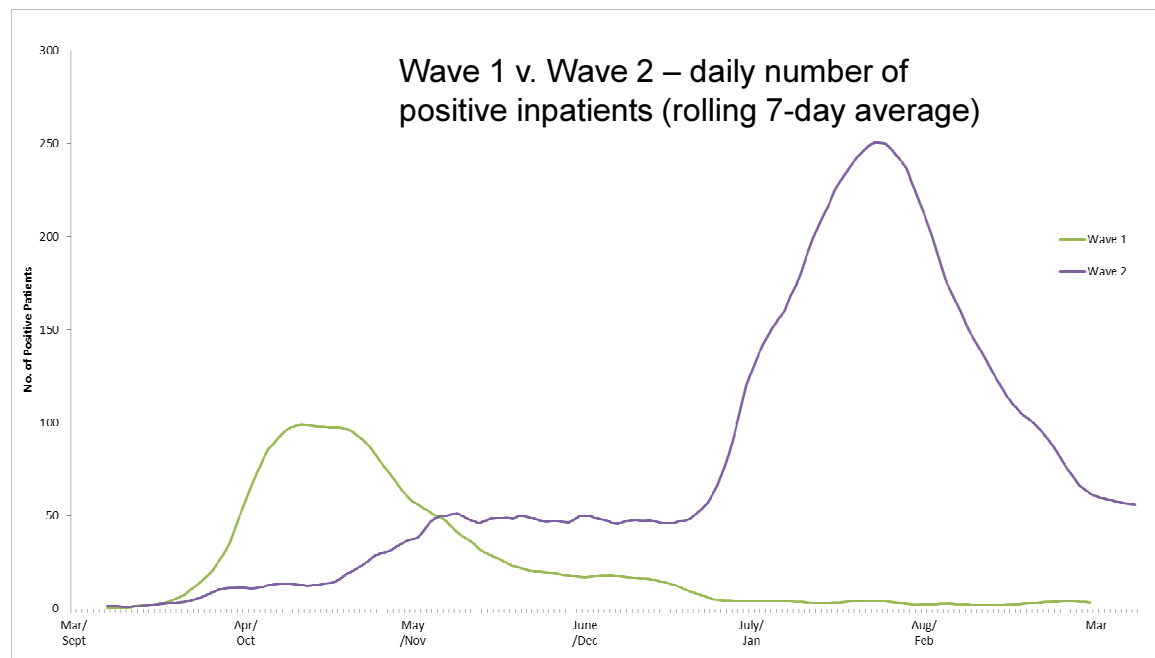
Aspirational

Resourceful

Excellent



Current trend in cases



Impact of wave 2 on RBFT

- Significantly greater escalation required compared with wave 1 – almost 3 times usual ICU capacity at peak;
- ED attendances 25-30% lower than usual seasonal level
- Sustained all emergency and urgent surgery throughout as well as diagnostic services;
- Maintained outpatient clinics by using all sites and increasing virtual and phone consultations;
- Continued to take GP referrals throughout;
- Worked effectively with local authority and BHFT partners to ensure safe and timely discharge of patients
- Continued support from community – local businesses, schools, University of Reading – has also been valuable

Current position

- Seeing very few Covid positive patients each day now;
- Hospital capacity for Covid patients has largely reduced to a minimum;
- Sustained efforts on infection prevention and control;
- Continued focus on supporting staff wellbeing;
- Staff vaccination programme phase 2 starts 22/03 (almost 5,500 staff vaccinated in first phase);
- Focus on ensuring all services back up and running efficiently, and particularly on running all routine diagnostic and surgery work across all sites
- Ensuring learning is assimilated and applied



Berkshire Healthcare
NHS Foundation Trust

BHFT Update on Recovery

Update to Reading Health and Wellbeing Board January 2021

Dr Kathryn MacDermott, Acting Exec Director of Strategy
SRO for Recovery



GDE
Digital solutions for
outstanding healthcare

COVID-19 Recovery programme

The scope of programme covers the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate services.

The programme aims are:

- Restore full capacity, quality and resilience of our physical and mental health services to meet ongoing and emerging post COVID-19 community needs. A key aim is to stabilise our workforce with a particular focus on retention, providing support to staff and team resilience and wellbeing following the social and psychological shock of responding to COVID-19.
- Enable physical and mental health services to meet the health needs of individuals, staff, and the community including the new models of care tested during the COVID-19 period
- Promote self-sufficiency and continuity of the health and wellbeing of affected individuals; particularly the needs of children, seniors, people living with disabilities, whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations, including oversight of Implementation of Phase 3 of the NHS response to the COVID-19 pandemic
- Provide reassurance to our patients regarding their care and reconnect displaced populations with essential physical and mental health services
- Work co-productively with commissioners and partners to embed new ways of working as a part of the standard operating model

The programme is underpinned by a Recovery Strategy approved by the Trust Board in May 2020. The existing Recovery Strategy will be updated to reflect the impact of Wave 2 of the pandemic on Recovery.

Adult Community Health services

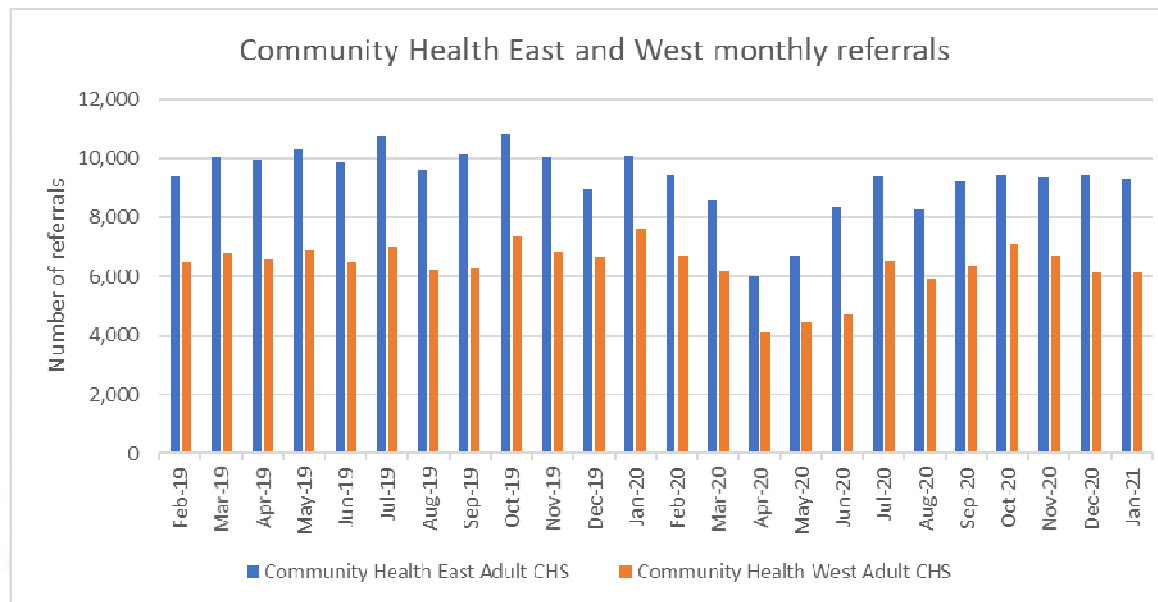
Wave 1 - BHFT ceased non-urgent community service provision in line with national guidance for community health services. This included: Continence, Podiatry, Dental, Hearing & Balance, Diabetes, Dietetics Community, Adult Speech and Language Therapy, Mobility Service, MSK, Sexual Health, Community and Specialist Nursing, ARC, TVN, Lower Limb, Heart Function, and AIRS.

All services moved to remote consultations with face to face appointments only for those that are urgent and appropriate. Referrals were stopped for routine appointments in the majority of the services listed above. Urgent referrals were still accepted and triaged. All of these changes were in line with national directives (COVID-19 Prioritisation within Community Health Services, and COVID-19 Hospital Service Discharge Requirements).

Wave 2 - Many of the services models that were put in place in Wave 1 continued through Recovery and into the 2nd wave, such as the increase in in-reach on the frailty pathway, wrap around community services and support to intensive community rehab team (ICR). The diversion of capacity in MSK services into inpatients and community flow pathways has been instigated in wave 2 as it was in wave 1. In West Berks staff continue to support the Hospital Discharge Service which is now operating 7 days a week and later into the evenings.

BHFT have taken on a small number of additional staff to continue with the pathways that commenced in Wave 1. We are currently modelling the capacity needed to provide the COVID Vaccination for those who are housebound. Corporate services staff have been redeployed into in patient areas and are assisting with discharge and liaison with families, freeing up ward staff to carry out patient care.

Community Health referrals pre and post COVID



Children's Community Health Services, including Children's and Young Persons' Mental Health

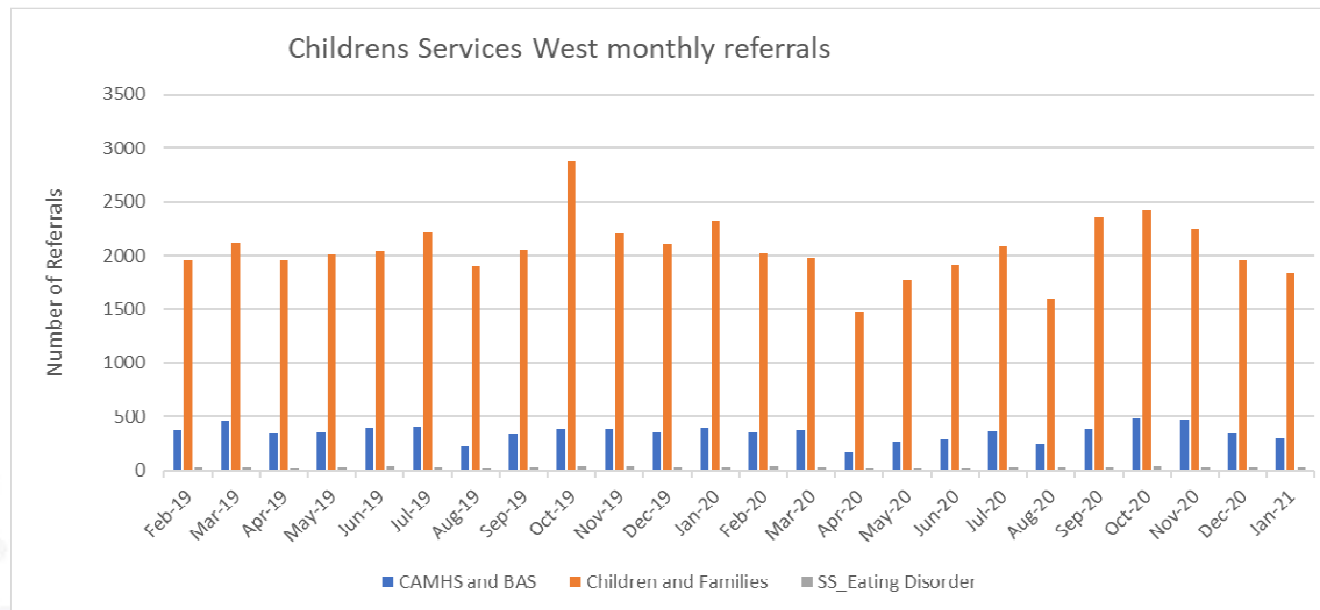
Wave 1 - BHFT suspended some elements within Children's Services, both community physical and mental health. The services affected were: School Nursing; CYPIT (Children and Young People Integrate Therapies); Autism (including Autism Berkshire and The Autism Group); ADHD; CAMHS; Health Visiting; Young People in Care; Children's Community Nursing Team; Kooth; Number 22; Youthline; Parenting Special Children.

The services suspended all face to face appointments, unless there was an urgent need. In all other cases patients were contacted and notified that their appointments had changed to either a telephone or an online consultation. For some patients the most appropriate option was to be given self-care management advice.

In Autism the third sector continued to run a restricted and/or modified service and the use of SHaRON was increased. In Health Visiting the service was reduced to new birth visits and postnatal checks at 6 weeks only; and most of these visits were not face to face except for the most vulnerable. The Children's Community Nursing Team paused delivery of respite care at Manor Green due to the difficulties of complying with IPC guidelines. Safeguarding duties and functions remained in place. All of the changes made were in line with national guidance.

Wave 2 - Children's respite at Manor Green has been stepped down. The vaccination team is redeployed into COVID vaccination until the end of February; and gaps in this team are being covered with temporary staffing. Otherwise services remain largely unchanged offering a virtual and face to face offer as defined by Wave 1. Most services are prioritised as critical or high priority (tier 1 and 2) and therefore we are not limiting the service offer at this stage – this is based on the learning from wave 1. School nursing is currently not stepped down (unlike in Wave 1 following national guidance that this service must not be stepped down).

Children's Services referrals pre and post COVID

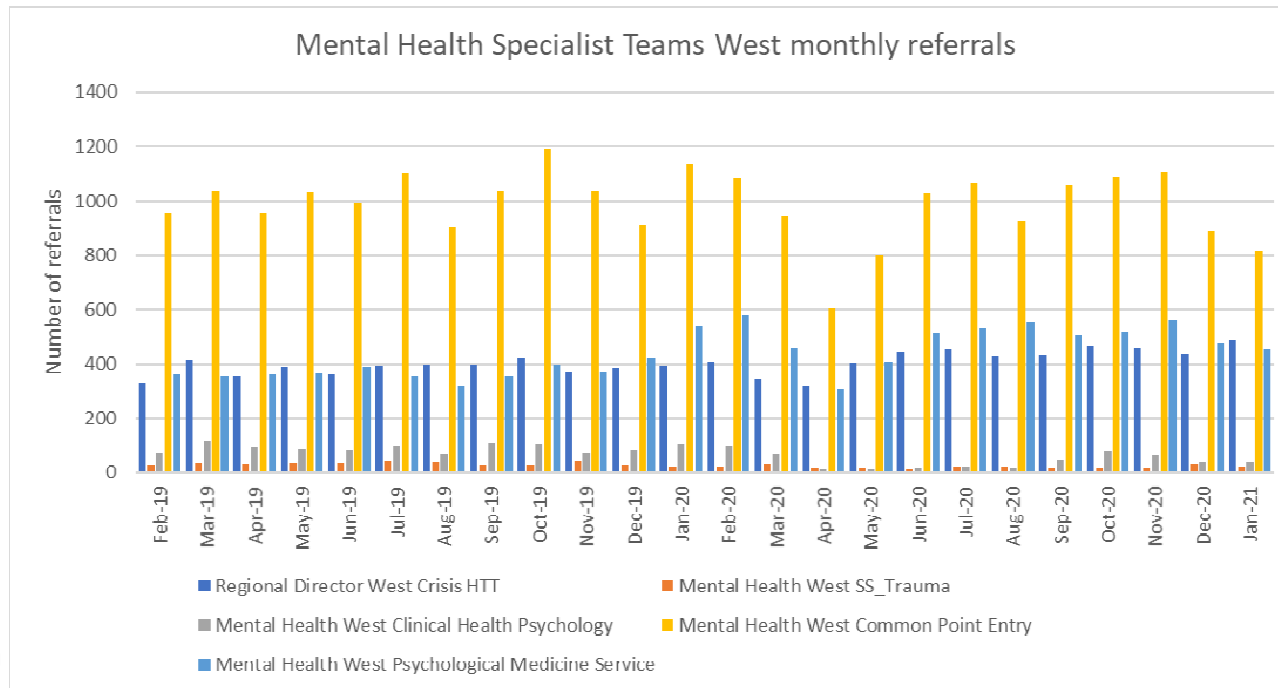


Adult Mental Health services

Wave 1 - The majority of services continued as business as usual but for some; CMHT, OPMH, this included a move to a telephone appointment where it was deemed to be appropriate and face to face appointments remained for urgent patients only. All of the service changes were in line with national guidance.

Wave 2 – The service offer remains largely unchanged. We have redeployed corporate staff into PPH to assist in ward areas to support discharge facilitation and provide support to the ward functions. We have also enhanced our CPE and PMS services to support MH and Acute hospital flow. We are also utilising Winter pressures MH funding to increase capacity to services and the local systems.

Adult Mental Health referrals pre and post COVID



Serious Incidents (SI) and Duty of Candour

Wave 1 – During wave 1 on receipt of national guidance, the requirement to carry out full SI investigations and to report these investigations within 60 working days was suspended. We continued to log SIs on STEIS and the SI reporting focused on the more severe incidents. BHFT continued to undertake rapid SI reviews to identify any immediate and urgent actions. A plan for completing harm reviews when we return to business as usual was formulated and a draft shared with operations. The principles of Duty of Candour continued to be upheld. Statutory and regulatory obligations (e.g. requirements of HM Coroner) were also upheld. The Quality Impact Assessments required as part of the Recovery process list the mitigations in place to monitor and uphold patient safety.

Wave 2 - All serious incident reporting/ investigation and Duty of Candour has continued in line with regulatory and statutory requirements.

Impact on Staff

Several corporate staff have been redeployed to support clinical services in December. We have also redeployed some staff from services classified as medium and low priority to support the critical and high priority services as described above. The CYPF Vaccination Team that are supporting COVID Vaccines will return to CYPF as the schools open. The IPC team and CYPF teams have worked together and developed a local plan that provides the necessary cover to support CYPF and COVID Vaccinations.

The March Recovery Programme Board will be considered our approach to Recovery of services and what Recovery means for the staff teams that have been working under enormous stress for several months.

Reducing health inequalities

The Phase 3 guidance includes a commitment to understand and minimise the impact that COVID has on certain groups and its potential to increase existing health inequalities. As a provider of community and mental health services we are required to have in place an action plan that sets out how we are minimising the impact of COVID-19 on BAME communities, people living with diabetes, cardiovascular disease and respiratory disease and we have this action plan in place. We have a BHFT plan in place that delivers the eight actions set out in the Phase 3 guidance. We are also currently working with BOB and Frimley ICS to develop a more strategic approach with other key partners including LAs, education, housing, employers to contribute to the bigger picture of how we collective work together to tackle health inequalities.

Separately BHFT have agreed to develop a Reducing Health Inequalities action plan that is not COVID-19 specific. A workshop in February has provided a strong start to this. A project plan is in place with project management support, draft priorities have been agreed by the Exec and will be considered at the March Trust Board discursive and a steering group is in the process of being established.



Berkshire Healthcare
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Thank You

Any questions?



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Digital solutions for
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