



# Public Health

## Monthly bulletin

The East Sussex public health bulletin is a regular update of local public health news. This includes the latest additions to the East Sussex Joint Strategic Needs and Assets Assessment website, local campaigns and initiatives. We also present some interesting and important, national and international, public health research and news.

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A range of Public Health funded online training available from April 2020.

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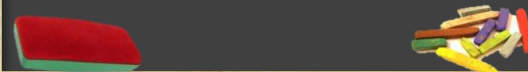
An update on coronavirus, and key government guidance and information sources, page 2.

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## Message from Darrell Gale

### Coronavirus update

Unprecedented social distancing measures have been in place in the UK since March 23rd and we are now entering the sixth week of stay. **Following the latest government advice is essential if we are to interrupt transmission of COVID-19, and we are starting to see the impact of our collective efforts to stay at home:** Intensive Care Units have been able to cope, the curve of new cases is beginning to flatten, and together we are all saving lives. However, we have seen a substantial number of deaths due to COVID-19 and our thoughts in particular go out to all of those who have lost loved ones during this crisis. Whilst the intensity of social distancing measures may vary over time, it is clear that the principles of heightened infection control are here for the foreseeable future. However, **it is also important that people do not delay seeking medical attention if they need it - GP practices are still running and A&E is still open.**

Thank you all for following the latest staying at home advice, which is that people should only leave home if it is essential, including:

- **shopping for basic necessities**, for example food and medicine, which must be as infrequent as possible
- **one form of exercise a day**, for example a run, walk, or cycle – alone or with members of your household
- **any medical need**, including to donate blood, avoid injury or illness, escape risk of harm, or to provide care or to help a vulnerable person
- **travelling for work purposes**, but only where you cannot work from home

### Resources to help respond to COVID-19

As the situation with COVID-19 evolves, Public Health England continues to produce guidance for different settings, as well as developing resources to reinforce key public health messages. All campaign assets can be found on the [Campaign Resource Centre](#), while new and updated guidance are available on GOV.UK:

- [Guidance for the public](#)
- [Guidance for non-clinical settings](#)
- [Guidance for health professionals](#)

Other national information sources include: health advice for the public: [NHS website](#); travel information, and advice about the government response to the outbreak: [gov.uk website](#).

### East Sussex County Council resources

**East Sussex County Council coronavirus web pages:** This includes links with support and advice for residents and businesses in the county, including: requesting support; community hubs; volunteering; health advice; school, children and families services; service updates; employment and financial support; business support, provider updates for adult social care and health; and resources for not-for-profits.

[www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/](http://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/)

**East Sussex Community Hubs:** Community hubs are open across East Sussex to bring extra help for people who need support in coping with the effects of coronavirus. In the three weeks since opening, they have already responded to 2,500 requests for urgent help or advice. The community hubs are in addition to direct help which has already been arranged for people with urgent medical conditions who are being asked to shield themselves at home for 12 weeks. Volunteers and staff from local councils and the health service will try to get the right assistance to the people who need it most, including helping to arrange food deliveries, or mental health support. Medicines cannot be provided through this service, although hubs can provide support to arrange a volunteer to pick up prescriptions.

**Eastbourne** [www.lewes-eastbourne.gov.uk/community/covid-19/](http://www.lewes-eastbourne.gov.uk/community/covid-19/), phone: 01323 679722

**Hastings** [www.hastings.gov.uk/my-council/covid19/help/](http://www.hastings.gov.uk/my-council/covid19/help/), phone: 01424 451019

**Lewes** [www.lewes-eastbourne.gov.uk/community/covid-19/](http://www.lewes-eastbourne.gov.uk/community/covid-19/), phone: 01273 099956

**Rother** [www.rother.gov.uk/news/coronavirus-covid-19-community-support/](http://www.rother.gov.uk/news/coronavirus-covid-19-community-support/), phone: 01424 787000

**Wealden** [www.wealden.gov.uk/news-and-events/coronavirus-covid-19-latest/community-support/](http://www.wealden.gov.uk/news-and-events/coronavirus-covid-19-latest/community-support/), phone: 01323 443322

## Local news for CCGs, GPs and health professionals

### Improvement works completed at Lewes Victoria Hospital

**The Minor Injuries Unit (MIU) at Lewes Victoria Hospital re-opened as an Urgent Treatment Centre (UTC) on 29 April 2020.** The new UTC will ensure local people receive the best treatment possible in the right setting for them, while supporting the local healthcare system to free up emergency care for those who need it most. Open from 8am-8pm, seven days a week, the UTC is equipped to diagnose and deal with many of the most common ailments people attend A&E for such as strains and sprains, eye problems, suspected broken limbs, abdominal pain, minor head injuries or cuts that need stitches.

The successful completion of Lewes UTC is the result of close partnership working between the local CCG, Sussex Community NHS Foundation Trust and GPs from Foundry Healthcare Lewes Primary Care Network. It has also benefitted from the invaluable support of The Friends of Lewes Victoria Hospital. The improvement works included freeing up more room for patients who need care, redesigning the layout to better help nurses care for patients, improving infection control, providing additional space for support staff and building new, modern toilets. The major improvement works, which began in November 2019, finished on schedule. All other services at Lewes Victoria Hospital continued as normal while the MIU closed temporarily to allow the improvement works to take place. This means that East Sussex now has three UTCs – one at Lewes Victoria Hospital, one at Eastbourne District General Hospital, and one at Conquest Hospital in Hastings.

**As part of the national response to Covid-19 people needing medical help are requested to call NHS 111 or access NHS 111 online in the first instance**, where they will be assessed and directed to the most appropriate service. As a result, we expect that most patients seen at the UTC will have been referred via NHS 111. **To enable appropriate social distancing and minimise wait times patients will be seen by appointment only.** There are very limited facilities for safely assessing those arriving without an appointment and anyone doing so will be asked to contact the appropriate service by phone initially. This is to minimise risk to staff and other patients during the challenging times created by COVID-19.

### Healthwatch East Sussex launches COVID-19 public survey

Healthwatch East Sussex, the local independent health and care watchdog, has launched a COVID-19 public survey to ask residents of East Sussex about their experiences of health, care, and wellbeing during lockdown. The survey, available on the [Healthwatch website](#), aims to identify public views on wellbeing and where services are working well or need improvement. The findings will be published on the website and Health and social care service providers will be informed of the survey results.

**The survey is open until the 31<sup>st</sup> May and all responses will be in confidence.**

Members of the public can complete the survey: **online** - <https://healthwatcheastssussex.co.uk/covid19survey/>; **by phone** - 0333 101 4007 (lines open Mon-Fri 10am-2pm); **or by post** - Freepost RTTT-BYBX-KCEY, Healthwatch East Sussex, Greencoat House, 32 St Leonards Road, Eastbourne, East Sussex, BN21 3UT. A paper version is available on [their website](#).

### NHS staff offered free subscription to Headspace Plus

Headspace is a global leader in mindfulness and meditation through its app and online content. Learn the life-changing skills of meditation and mindfulness:

- Bring a bit of calm to any situation with sessions as short as one minute
- Access to a full library with themed courses
- Get a new meditation delivered straight to your phone every day

**If you are an NHS employee with a registered NHS email address you can sign up to access Headspace Plus at no cost until December 31st, 2020.** For more information visit the [Headspace website](#).

Further advice, support and resources to support these suggestions can be found on the [NHS OneYou website](#).

## Spring cards for vulnerable people designed by pre-school and primary school children

Pre-school and primary school children in East Sussex have been busy designing colourful spring cards, with messages of hope and good will, for people who may be feeling particularly vulnerable at this time. ESCC are using the designs to reproduce printed cards which will be sent out by the district and borough councils, ensuring that the locally designed cards are matched to people in that area.



Some GP practices have requested large laminated copies of several of the cards, combined together, for them to display both inside and outside the practice. These will be made up of cards from their immediate local areas. **If you are a GP Practice, Community Pharmacy, or other setting and would like a local version of the designs in a laminated sheet, please contact [joanne.bernhaut@eastsussex.gov.uk](mailto:joanne.bernhaut@eastsussex.gov.uk) for this to be arranged.**

We are also looking at displaying them in other prominent community areas such as supermarkets. Let us know if you have any further ideas for the cards and we can spread the children's colour and kind words more widely.

## Health improvement news

### Keeping children safe from accidents in the home during the coronavirus pandemic

#### KEEPING CHILDREN SAFE WE'RE ALL IN IT TOGETHER

The COVID-19 pandemic has had a huge impact on the way we currently live and work. This may present a number of positive benefits for families, but unfortunately has the potential to increase risk of childhood unintentional injuries in the home:

- Maintaining good supervision of children is one of the best ways to prevent accidents. However, with many families caring for children whilst remote working, parents/carers are likely to feel their attention pulled in many directions.
- As regular cleaning in the home becomes a necessary precaution in lowering the risk of COVID-19 transmission, it's important to consider how young children can be kept safe from accidental poisoning.



The May theme of the [Keeping Children Safe social media toolkit](#) focuses on key messages to help keep children safe from accidents in the home during the pandemic. You can access the toolkit [here](#) to help raise awareness among professionals and the public through your ongoing communication channels.

#### Advice on what to do and where to go when your child is unwell or injured

During the COVID-19 pandemic, families across East Sussex have been doing the right thing by following government advice and keeping children with minor ailments at home. However, it has been reported in the national press that sadly some children with illnesses unrelated to COVID-19 are presenting at hospital too late and coming to harm as a result.



The Royal College of Paediatrics and Child Health has produced helpful [advice](#) for parents/carers on what to do and where to go when their child is unwell or injured. Consisting of a traffic light system, it advises parents which symptoms require them to seek urgent medical advice and the options available.



## COVID 19 and air quality

It's estimated that exposure to man-made pollution in the UK has an annual effect equivalent to up to 36,000 deaths. This makes poor air quality the largest environmental risk to public health in the UK. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy. The majority of the pre-existing conditions that increase the risk of death from Covid-19 are the same diseases that are affected by long-term exposure to air pollution. When air pollutants enter the body they can have effects on various different organs and systems, including the respiratory system. Coronaviruses, such as Covid-19, also typically affect the respiratory system.

Early research of air quality and death rates due to Covid-19 in northern Italy and parts of the US indicate that there appears to be a correlation between areas of poor outdoor air quality and mortality rates from Covid-19. In the US, the Harvard School of Public Health found that an increase of 1µg/m<sup>3</sup> in small particles (PM<sub>2.5</sub>) was associated with a 15% increase in the Covid-19 death rate. In Italy, research published in the journal Environmental Pollution reported that the death rate up to 21 March in the northern Lombardy and Emilia-Romagna regions was about 12%, compared with 4.5% in the rest of Italy. This correlation is consistent with previous research carried out following the Sars coronavirus outbreak in 2003. Further research is required, for instance to ensure that important factors such as age and disparity in reporting are taken into account.

*In East Sussex, traffic data show substantial decreases as a result of the lock-down and, because most local air pollution in East Sussex comes from vehicles, we are also seeing a significant decrease in local air pollution. For instance, vehicles numbers in East Sussex decreased by over 28% between Monday 16<sup>th</sup> March and Monday 23<sup>rd</sup> March.*

## COVID 19 and environmental health in Rother and Wealden

Environmental Health Officers (EHOs) are responsible for enforcement of business closures and in the time of COVID-19 are responding to a high volume of calls from concerned members of the public about cafes, pubs and takeaways.

[Emergency legislation](#) introduced in March 2020 sets out what type of business can remain open, those that should close and others that can claim exemptions, such as hotels, bed and breakfasts, caravan parks. Environmental Health has been responsible for ensuring all businesses receive the details of the legislation and social distancing information directly, as well as posters outlining these measures that can be used by all businesses.



EHOs are also responsible for patrolling to see which businesses are operating and whether they are socially distancing. Since the weekend of 23<sup>rd</sup> March, EHOs from Rother & Wealden have issued ten enforcement notices to businesses observed to be non-compliant. Anyone with concerns about the operation of a business in Rother or Wealden should email [foodhs@rother.gov.uk](mailto:foodhs@rother.gov.uk).

The current emergency allows hotels and pubs to operate takeaway and delivery food services, even when they have not done so before. The food hygiene rating and last inspection date of local businesses can be found [here](#).

Further details about food safety in Lewes and Eastbourne can be found [here](#), and in Hastings can be found [here](#).

## East Sussex Joint Strategic Needs & Assets Assessment

The JSNAA website provides a central resource of local and national information to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex [eastsussexjsna.org.uk](http://eastsussexjsna.org.uk).

Click [here](#) to subscribe to the monthly email.

## Covid-19 – National guidance and research

### Looking after your wellbeing in self-isolation

If you have to stay at home because of coronavirus (COVID-19), it's important to take care of your mind as well as your body. [NHS One You: Every Mind Matters](#) have provided advice to help people stay on top of their mental wellbeing and cope with the challenges and anxieties of this period while staying at home, including:

Finding out about employment/benefit rights	Planning practical things	Connecting with others	Talking about your worries	Looking after your body	Staying on top of anxiety
Limiting time reading/watching outbreak coverage	Carrying on doing things you enjoy	Taking time to relax	Creating a daily routine	Looking after yourself	Keeping your mind active

The resource also includes four new web pages:

- [10 tips to help if you're worried about coronavirus](#)
- [Looking after children and young people](#)
- [7 simple ideas to tackle working from home](#)
- [Mental wellbeing while staying at home](#)

Further advice, support and resources to support these suggestions can be found on the [NHS OneYou website](#).

### Life under lockdown: coronavirus in the UK

A [major new survey](#) of the UK public by King's College London in partnership with Ipsos MORI shows there is strong understanding of the realities of Covid-19 and support for the government's measures – but there also remain widespread misperceptions, and many are struggling with life under "lockdown". The survey is based on 2,250 interviews with UK residents aged 18-75, and was carried out between 1 and 3 April 2020.

#### Significant minorities of the public are already struggling under the current lockdown measures, and more expect to in the coming weeks:

- Half of respondents believe it will take a year or more for life to return to normal, with 41% believing current restrictions will be in place for six months or more.
- On average, people say coping with current measures will become extremely difficult in six weeks' time, with 15% already finding it extremely difficult.
- Younger people are more likely to find it difficult to cope with current measures.
- One in five can't afford essential items or housing costs, or are very likely to be unable to during the crisis.

#### The risk from the virus and the changes in behaviour required are impacting on some people's welfare and wellbeing:

- Half of people say they have felt more anxious or depressed than normal as a result of coronavirus,
- A third are sleeping less well or have eaten less healthily than normal.
- One in five have argued with their household or drunk more alcohol than normal.
- A quarter of respondents are checking social media several times a day for updates on coronavirus.

However, the survey has found that people are also supporting each other more, with 60% offering to help others, and 47% receiving help from others.

## Study of more than 16,700 COVID-19 patients identifies characteristics of severe disease

A [study](#), led by researchers from the University of Edinburgh, University of Liverpool and Imperial College London, has analysed data obtained from 16,749 COVID-19 hospital patients across 166 UK hospitals in the UK. **To provide real-time information in the pandemic, the results have been published on a [preprint](#) site, [medRxiv](#), so it should be noted that the findings have not yet been peer-reviewed and accepted in a journal.** The prospective cohort study had rapid data gathering and near real-time analysis, using a pre-approved questionnaire adopted by the WHO. This study represents the largest detailed description of COVID-19 in Europe, and findings found that: the median age of patients was 72, the median durations of symptoms was 4 days before admission, and median length of stay was 7 days. Common comorbidities were chronic cardiac disease, uncomplicated diabetes, non-asthmatic chronic pulmonary disease and asthma. Nearly half (47%) had no documented reported comorbidity. Increased age and comorbidities, including obesity, were associated with a higher probability of mortality. Overall, 49% of patients were discharged alive, 33% have died and 17% continued to receive care at date of reporting. 17% required admission to High Dependency or Intensive Care Units.

## Covid-19: Are some ethnic groups more vulnerable than others?

The COVID-19 pandemic has affected some sections of the population more than others, and there are growing concerns that the UK's minority ethnic groups are being disproportionately affected. Following evidence that minority groups are over-represented in hospitalisations and deaths from the virus, Public Health England has launched an inquiry into the issue. A new [report](#) by the Institute of Fiscal Studies suggests that, in the short term, ethnic inequalities are likely to manifest from the COVID-19 crisis in two main ways: through exposure to infection and health risks, including mortality; and through exposure to loss of income.

The report brings together evidence on the unequal health and economic impacts of COVID-19 on the UK's minority ethnic groups, presenting information on risk factors for each of the largest minority groups in England and Wales: white other, Indian, Pakistani, Bangladeshi, black African and black Caribbean. Key findings include that:

- The impacts of the COVID-19 crisis are not uniform across ethnic groups, and aggregating all minorities together misses important differences.
- Per-capita COVID-19 hospital deaths are 3x higher among the black Caribbean than the white British population.
- Once you take account of age and geography, most minority groups 'should' have fewer deaths per capita than the white British majority.
- After accounting for the age, gender and geographic profiles of ethnic groups, inequalities in mortality relative to the white British majority are more stark for most minority groups than they first appear.
- After stripping out the role of age and geography, Bangladeshi hospital fatalities are twice those of the white British group, Pakistani deaths are 2.9 times as high and black African deaths 3.7 times as high.
- These disparities cannot currently be accounted for by non-hospital deaths. The ethnic composition of additional deaths directly or indirectly caused by the virus but not officially attributed to it is unclear at this time.
- Occupational exposure may partially explain disproportionate deaths for some groups. More than two in ten black African women of working age are employed in health and social care roles, with Indian men 150% more likely to work in health or social care than their white British counterparts. While the Indian ethnic group makes up 3% of the working-age population of England and Wales, they account for 14% of doctors.
- At-risk underlying health conditions are more prevalent among older Bangladeshis, Pakistanis and black Caribbeans.
- Many ethnic minorities are more economically vulnerable to the current crisis than are white ethnic groups.
- Men from minority groups are more likely to be affected by shutdown of jobs due to the sectors they're more likely employed in.
- Self-employment – where incomes may currently be especially uncertain – is especially prevalent amongst Pakistanis and Bangladeshis. Pakistani men are over 70% more likely to be self-employed than white British men.
- Young people in the UK are more likely to be affected by the shutdown yet the reverse is true among Pakistanis and Bangladeshis, with 3x the proportion of Pakistani and Bangladeshi 30-44 year olds in shut-down sector.
- 29% of Bangladeshi working-age men both work in a shut-down sector and have a partner who is not in paid work, compared with only 1% of white British men.
- Bangladeshis, black Caribbeans and black Africans also have the most limited savings to if laid off.

## Covid-19: New government study aims to track infection and immunity in population

The UK government has launched a [nationwide surveillance study](#) to track the prevalence of infection of COVID-19 in the general population. The study, reported in the BMJ, will include swab testing and serology testing to look at current rates of infection and how many people are likely to have developed antibodies to the virus. The government is inviting UK households to take part in the study and expects 25,000 to take part in the first phase. It aims to extend this to 300,000 over the next 12 months. All participants will provide regular samples from self-administered nose and throat swabs to show whether they currently have covid-19 and will answer questions during a home visit by a trained health worker. Around 1,000 households will also provide a blood sample each month taken by a healthcare professional to see whether they have developed antibodies to SARS-CoV-2. Swab tests will be taken from all participating households regardless of whether individuals are reporting symptoms, with test results communicated back to participants by their GPs. Blood tests will not be done in any households in which someone has symptoms of COVID-19 or is currently self-isolating or shielding. The results will help guide the government's strategy on when to relax the current lockdown measures, with initial study findings expected in May.

## Duration of COVID-19 viral load in stool, respiratory, serum and urine samples

A [retrospective cohort study](#) in China has studied the duration of the COVID-19 viral load in a designated hospital for patients with laboratory confirmed COVID-19 in the Zhejiang province in the first four months of the epidemic. Data was collected through viral load analysis of 3,497 respiratory, stool, serum, and urine samples from 96 consecutively admitted patients: 22 with mild disease and 74 with severe disease, between 19<sup>th</sup> January and 20<sup>th</sup> March 2020. Viral load was detected in the stool of 55 (59%) patients and in the serum of 39 (41%) patients. The urine sample from one patient was positive for COVID-19. The median duration of virus in stool (22 days) was significantly longer than in respiratory (18 days) and serum samples (16 days). The median duration of virus in the respiratory samples of patients with severe disease (21 days) was significantly longer than in patients with mild disease (14 days). In the mild group, the viral loads peaked in respiratory samples in the second week from disease onset, whereas viral load continued to be high during the third week in the severe group. Virus duration was longer in patients older than 60 years and in male patients. The study concluded that the significantly longer duration of COVID-19 in stool samples than respiratory and serum samples, highlights the need to strengthen the management of stool samples in epidemic prevention and control, and that the virus persists longer with higher load and peaks later in the respiratory tissue of patients with severe disease.

## Free public health recommended training

<b>NHS HEALTH CHECK MENTOR E-LEARNING COURSE</b> Recommended for all staff providing NHS Health Checks, this course has 4 online modules comprehensively covering NHS Health Checks: what they are; cardiovascular conditions; how to conduct a health check; calculating and communicating risk. This course is available any time.	Visit <a href="https://shop.onclick.co.uk/">shop.onclick.co.uk/</a> select Health Check Mentor course and enter: esFive21\$_bn7X
<b>REDUCING ANTIMICROBIAL RESISTANCE: AN INTRODUCTION</b> A basic introductory free e-learning module on reducing antimicrobial resistance. This e-learning provides key facts about antimicrobial resistance and describes the important roles of both clinical and non-clinical practitioners in a health and care environment. It also discusses relevant aspects of antimicrobial prescribing and stewardship competences. Contact Helen Cheney 01273 336864.	Visit e-Learning website <a href="http://www.e-lfh.org.uk/">www.e-lfh.org.uk/</a>
<b>ONLINE SEPSIS TRAINING</b> Think Sepsis is a Health Education England programme aimed at improving the diagnosis and management of those with sepsis. This course is available any time online.	<a href="http://www.e-lfh.org.uk/programmes/sepsis/">www.e-lfh.org.uk/programmes/sepsis/</a>
<b>FUEL POVERTY AND HEALTH: IDENTIFICATION AND SUPPORT SERVICES</b> Face-to-face training and information sessions have currently been suspended, however staff wishing to learn more about fuel poverty and the impact of living in a cold home can take the 'Helping People Living in Cold Homes' e-learning module developed in by Health Education England in partnership with Public Health England, the Department for Business, Energy and Industrial Strategy and the National Institute for Health and Care Excellence (NICE): <a href="http://www.e-lfh.org.uk/programmes/cold-homes">www.e-lfh.org.uk/programmes/cold-homes</a> .	For information visit <a href="http://www.warmeastsussex.org.uk">www.warmeastsussex.org.uk</a> or contact Louise Trenchard, 07885 233478, email: <a href="mailto:ltrenchard@hastings.gov.uk">ltrenchard@hastings.gov.uk</a>