

**Southend Health and Wellbeing Board**  
**10<sup>th</sup> June 2020**

**South East Essex System COVID-19 Response**

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**Status:** For Information

**Executive Summary**

**1. Summary of the report**

COVID-19 has seen unprecedented impact on the health and wellbeing of citizens in Southend-on-Sea. Commissioned services across health and social care have had to mobilise quickly and effectively to respond to the pandemic. This paper will aim to summarise the following:

1. The COVID-19 Incident Timeline
2. COVID-19 Demand on Frontline Health Services
3. COVID-19 Preparation and Response relevant to Southend-on-Sea and South East Essex.
4. Care Home Support and Education
5. Community Resilience
6. Impact of COVID-19 on Southend-on-Sea
7. Reset and Recovery Focus
8. Conclusions

**2. Recommendations**

1. The Health and Wellbeing Board are asked to note:

The contents of this report.

## Full Report

### 1). Introduction

This report represents a summary position on behalf of the following organisations:

1. Southend Borough Council
2. Southend University Hospital NHS Foundation Trust (SUHFT)
3. Southend Clinical Commissioning Group (reflecting other commissioned healthcare services)

### 2). COVID-19 Incident Timeline

1. Key milestones in the UK Government and NHS's response nationally and locally are detailed in **TABLE 1**, below:

Date	Milestone / Announcement
30 <sup>th</sup> January	UK Government adjust public risk low to moderate – WHO declared Public Health Emergency of National Concern
31 <sup>st</sup> January	First cases confirmed in UK
10 <sup>th</sup> February	Government declares coronavirus a 'serious and imminent threat' to public health
2 <sup>nd</sup> March	Public Health England (PHE) publish standard operating procedure for Primary Care
11 <sup>th</sup> March	Government announce GP appointments should be phone/digital with immediate effect – WHO declare Global Pandemic
13 <sup>th</sup> March	COVID-19 Incident Management Team mobilized across the MSE Health and Care Partnership
16 <sup>th</sup> March	Vulnerable groups advised to self-isolate for 12 weeks
17 <sup>th</sup> March	Simon Stevens NHS Chief Executive letter issued advising Acute Trusts, CCGs, Community Health and Primary Care about next steps around NHS COVID-19 Response
19 <sup>th</sup> March	Hospital discharge guidance released advising an expectation around patients being discharged from hospital within 3 hours to maintain hospital capacity.

<b>23<sup>rd</sup> March</b>	Nationwide lockdown commences
<b>15<sup>th</sup> April</b>	Adult Social Care Action Plan published
<b>29<sup>th</sup> April</b>	Simon Stevens NHS Chief Executive follow-up letter issued advising around second phase of NHS response.
<b>29<sup>th</sup> May</b>	Infection Control Plan (care homes) submitted to Government

**TABLE 1: Key Milestones in UK COVID-19 Incident and Response**

2. Incident Management command and control was established robustly as follows:
  - a. CCG coordinated COVID-19 Incident Management Team (CIMT) established, linking in with local authority partners at GOLD command level.
  - b. Southend Borough Council COVID-19 Incident Management established, linking in with local CCG health representation.
  - c. Southend Hospital Command and Control Incident Structure as part of Mid and South Essex Hospital Trust Incident Structure, daily interface with local CCG operational management and CIMT.
  - d. All organisational based incident management arrangements linked to the Essex Strategic Coordination Group with direct link to Government and COBRA.

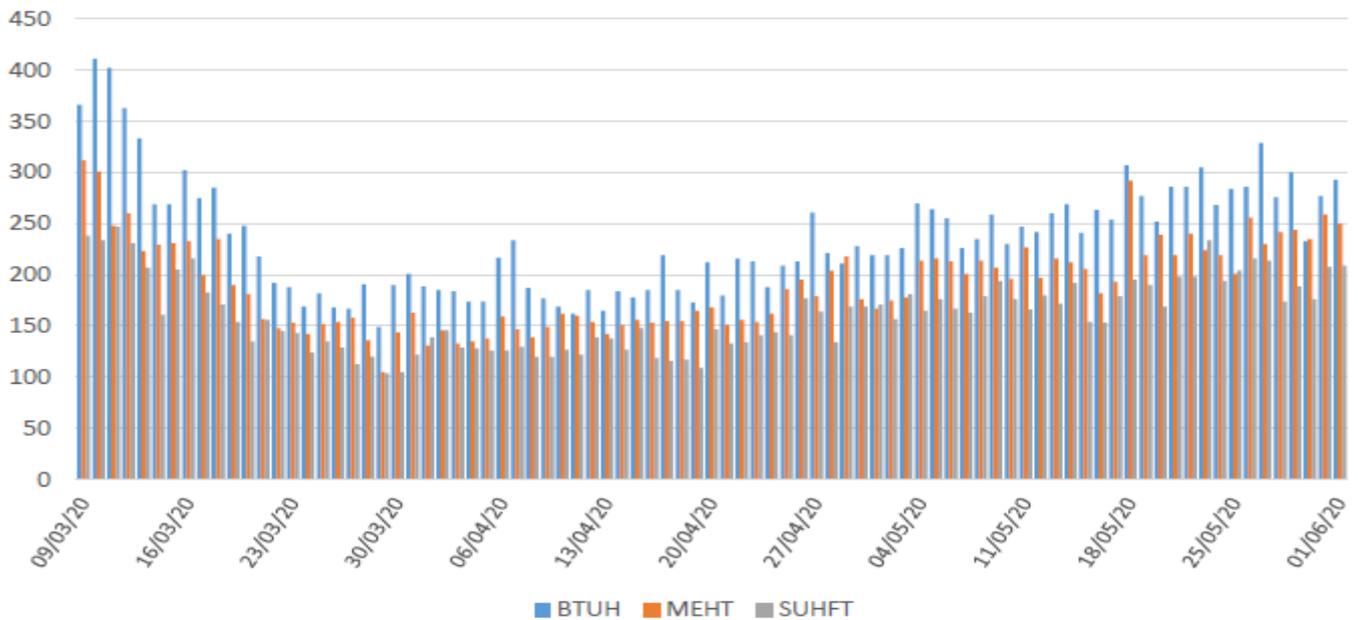
### 3). COVID-19 Demand on Front-line Health Services

1. NHS111, saw peak levels of calls in March 2020, as shown in **TABLE 2**, below:

	<b>February</b>	<b>March</b>	<b>April</b>	<b>Total</b>
<b>Calls Triage</b>	<b>32,893</b>	<b>34,249</b>	<b>29,122</b>	<b>96,264</b>
<b>ED Dispositions (patients directed to attend A&amp;E)</b>	<b>3,351</b>	<b>2,225</b>	<b>2,467</b>	<b>8,043</b>
Basildon and Thurrock University Hospital	881	575	589	2,045
Mid Essex University Hospital	775	503	562	1,278
<b>Southend University Hospital NHS Foundation Trust</b>	<b>996</b>	<b>612</b>	<b>693</b>	<b>1,608</b>

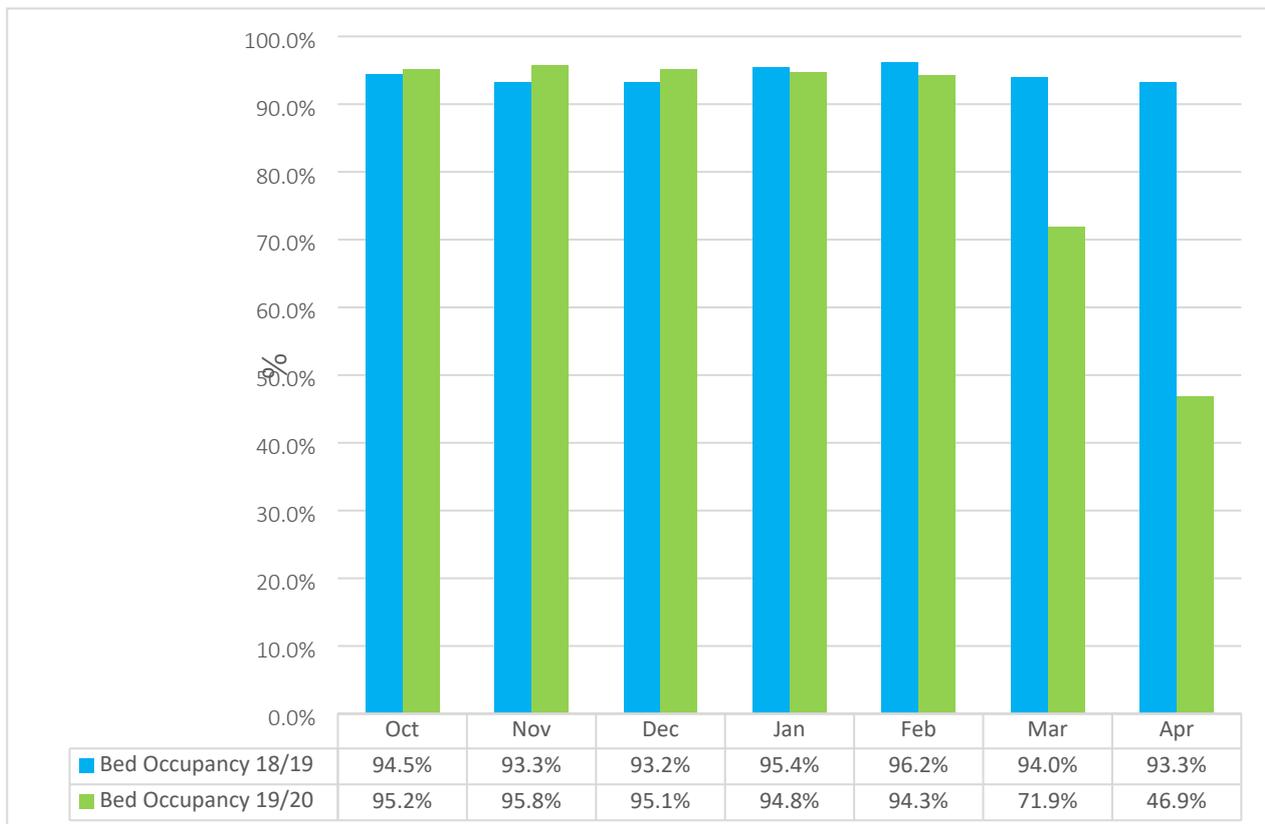
**TABLE 2: NHS111 Dispositions to Mid and South Essex Hospitals A&E Departments**

2. A &E attendances reduced considerably through March 2020 as a result of public perception and segregation of A&E departments across Mid and South Essex to provide “HOT (Confirmed or suspected COVID-19 status) or “COLD” (other status). Attendances are increasing as COVID-19 demand has reduced but are still below pre COVID-19 levels, as **FIGURE 1**, below:



**FIGURE 1: MSE Hospitals A&E Attendance Profile**

3. At the peak of the incident demand (20<sup>th</sup> April) 78 patients were receiving Level 3 Intensive Care Unit management across the MSE Hospitals Group.
4. Southend Hospital bed occupancy reduced to below 50% in response to request from NHS England to create sufficient headroom ahead of the expected surge in COVID-19 admissions. This is increasing slowly but still below 60% occupancy at present (see **FIGURE 2**, below)



**FIGURE 2: Bed Occupancy at SUHFT Comparison 2018/19 vs 2019/20**

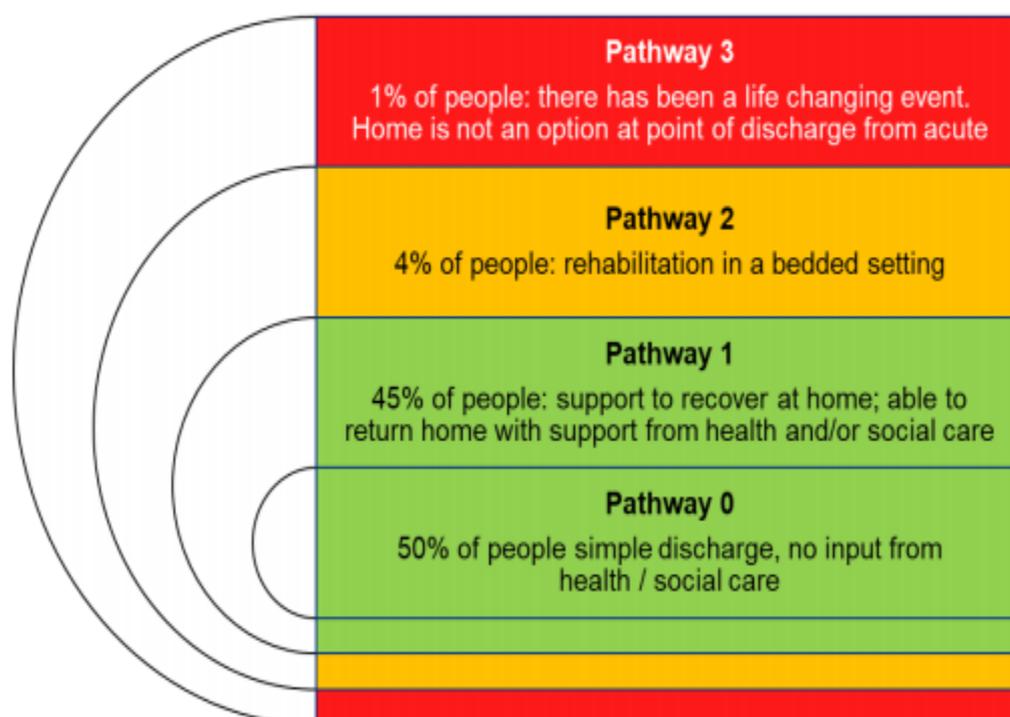
5. Primary Care moved to a new model of working which saw Respiratory Hubs established in each locality and the use of telephone triage and video consultation to maintain patient access.
6. The establishment of Shielded Patient lists saw close collaboration and oversight by Primary Care with the Eclipse COVID Protect tool to identify and support the most vulnerable patient cohort.

#### 4). COVID-19 Preparation and Response

1. Southend Hospital undertook preparation as follows:
  - a. The vast bulk of routine activity including routine outpatients, diagnostics and elective operations were ceased. A risk assessment was undertaken of all patients affected was undertaken and for patients who required time critical assessment or treatment, this was continued. Software to support virtual consultations was rolled out across all services.
  - b. The Emergency Departments of all hospitals were split with separate routes and areas put in place for patients suffering from suspected COVID and for other patients where COVID was not suspected.
  - c. A multi-stage surge plan was developed for each hospital site which outlined how COVID capacity would be expanded for patients across the categories of level 1 (standard oxygen support), level 2 (non-invasive ventilation) and level 3 (mechanical ventilation).
  - d. Clinical staff were all provided with ventilator and PPE training in preparation for redeployment to provide care to COVID patients.
  
2. Southend Hospital's response was as follows:
  - a. A single 24/7 command structure was activated across the Trust to link into the NHS national command and control arrangements and the Essex Resilience Forum.
  - b. The surge plans were activated by site with formal operational check points being undertaken 3 times per day.
  - c. A 7-day transfer service was put in place to support the transfer of COVID patients between the three hospitals to balance out differential load between the individual hospital sites on a day to day basis to ensure best possible quality of care.
  - d. For non-COVID time critical elective patients we made use of the national arrangement with the Independent Sector to treat these patients in these hospitals.
  - e. We created 'wellbeing' centres for staff in all three hospitals to provide support to staff members.
  
3. One of the most significant changes within the health and social care system during the COVID-19 pandemic response was the guidance release by HM Government on 19<sup>th</sup> March 2020 with

the expectation that this would free up 15,000 acute inpatient beds nationally by the following Friday 27<sup>th</sup> March in anticipation of the surge in COVID-19 related admissions. Southend Hospital achieved occupancy of 48.8% by 24<sup>th</sup> March in response to this local ask.

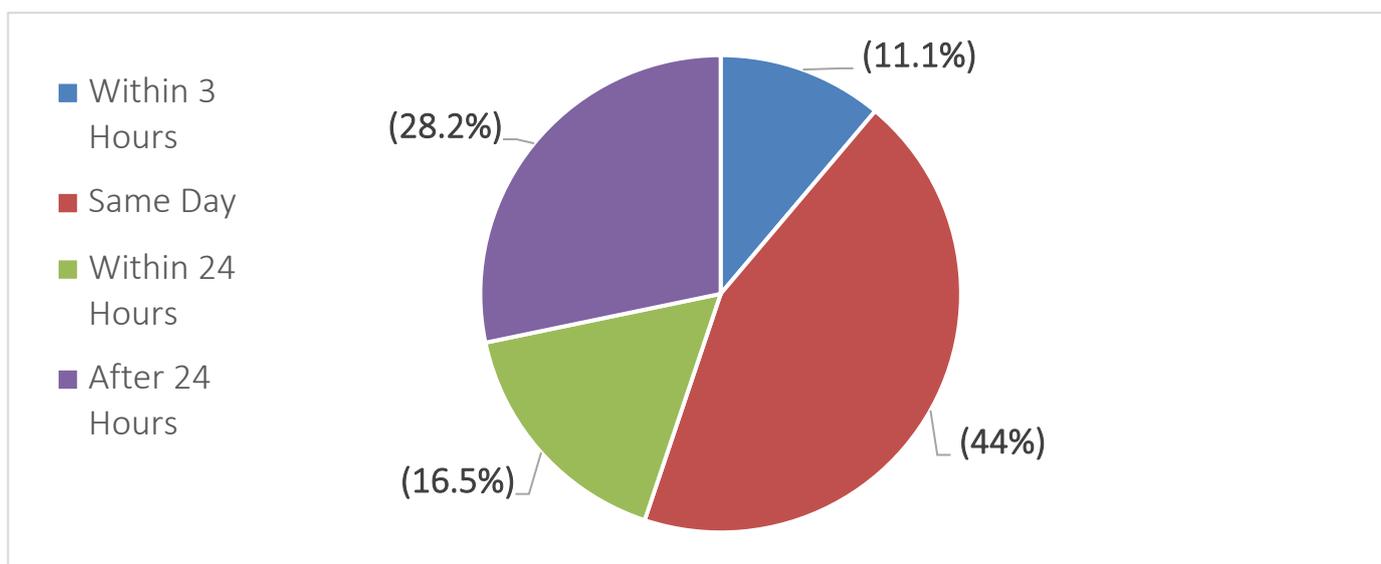
4. This saw a move from patients being declared “medically fit for discharge”, to being “medically optimised” for discharge, reflecting a need to maintain acute in-patient capacity for those who require it the most, with an expectation of managing discharges within a 3 hour window.
5. The Government agreed that during this period the NHS would fully fund the cost of new or extended out of hospital health and social care support packages and 4 new hospital discharge patient pathways as part of a Discharge to Assess model were identified as shown in **FIGURE 3**, overleaf:



**FIGURE 3: Discharge to Assess Model Pathways**

6. Further advice was issued by HM Government on 15<sup>th</sup> April as the Adult Social Care Action Plan to respond to concerns that had been identified in controlling spread of infection in care settings; provision and use of personal protective equipment and supporting the workforce.
7. This new guidance saw a requirement on acute trusts to ensure that all patients received a COVID-19 swab test prior to discharge from hospital.
8. As part of the STP approach to managing and supporting hospital discharge arrangements, the community workstream developing additional capacity in Brentwood and Braintree Community Hospitals. This mitigated initially some of the new pressures associated with ensuring that COVID-19 status was known before patients could be discharged into a residential or care setting. As part of this approach, consolidation of staffing resource saw the Cumberledge Intermediate Care Centre (CICC) temporarily closed with staff moving to Brentwood to support.
9. Each Local authority within the STP was tasked with implementing a “HOT” care facility, with the Priory House site (13 beds) identified within Southend-on-Sea, and Howe Green for Essex County Council patients and residents. These sites were able to manage and safely cohort patients with a confirmed COVID-19 positive status as an interim placement.
10. From 20<sup>th</sup> March 2020 (when recording started) to 26<sup>th</sup> May 2020 (**FIGURE 4**, overleaf:):
  - a. 693 Discharges completed by the Integrated Discharge Team under pathways 1,2 and 3

- b. 77 patients were discharged within 3 hours (11%)
- c. 382 patients discharged on the same day (55%)
- d. A further 111 patients were discharged within 24 hours (16%) giving a total number of 71% within 24 hours.
- e. Pathway 1 saw 575 discharges (83%) – mean length of stay (LOS) 7.2 days
- f. Pathway 2 saw 115 discharges (16.5%) – mean length of stay (LOS) 14.2 days
- g. Pathway 3 saw 2 discharges (0.28%)



**FIGURE 4: COVID-19 Discharge Guidance on Time from Medically Optimised to Discharged**

11. The considerable increase in pace of hospital discharge has been one of the most significant factors in maintaining hospital occupancy around 50-55% throughout the majority of the COVID-19 response and reflects the dedication and commitment of all health and social care stakeholders involved in hospital discharge and onward care planning.
12. One of the risks associated with more rapid discharge from hospital would be a potential increase in re-admissions. This data has not yet been fully quantified, but only 1.2% of patients managed via Pathways 1,2 and 3 as detailed above have been discharged, re-admitted and discharged again between 20<sup>th</sup> March and 26<sup>th</sup> May.
13. Colleagues in Havens Hospices mobilised additional staffing and capacity to support with maintaining the dignity and care of palliative patients and those on End of Life Pathways.
14. Ongoing support and welfare telephone calls were established in May 2020 with Southend Association of Voluntary Services being commissioned by Southend CCG to contact patients who had been recently discharged from Southend Hospital to support, navigate and advocate to ensure patients received the support out of hospital that they needed most. This links in closely with the Southend Coronavirus Action Helpline and other community resilience schemes to support vulnerable and shielded patients including the Good Neighbours Scheme.

15. All rough sleepers within the borough were provided with temporary accommodation, with support from HARP, and General Practitioners

16. **TABLE 3**, overleaf provides a non-exhaustive list of schemes and actions put in place that have impacted on urgent and emergency care and patient in South East Essex:

<b>Provider</b>	<b>Action</b>	<b>Projected Impact</b>
NHS111	Staffing Resource (increased)	Respond to greater call volumes
Primary Care	Establishment of Respiratory Hubs	Disposal for NHS111 preventing risk of cross-infection at other sites.
Primary Care	Telephone and video consultation	Maintain access levels during COVID-19
EEAST	Emergency Clinical Advice and Triage, Hear and Treat (increased)	Reduced Conveyance to A&E
EEAST	24/7 Hospital Ambulance Liaison Officer (HALO) (extended)	Reduced Conveyance to A&E; Improved Turnaround Times
EEAST	Establishment of A&E Delivery Command Team	Providing holistic response to incident around patient safety, unblocking barriers and focus on performance.
SUHFT	ED Hot / Cold Split	Ability to focus support where required whilst reducing infection risk
SUHFT	ED Admission Threshold (increased)	Reducing unnecessary admissions and maintaining bed capacity
SUHFT (with support from system)	Integrated Discharge Team same day discharge (new)	Expediting discharge to maintain bed capacity
SBC	Establishment of Priory "Hot" home	Expediting discharge of COVID-19 positive or query patients
ECC	Establishment of Howe Green "Hot" home	Expediting discharge of COVID-19 positive or query patients
EPUT (with NELFT and PROVIDE)	Establishment of Community Hospital Model and Bed Bureau	Expediting discharge of patients requiring in-patient rehab; mitigating delays associated with care home and care provider anxiety around COVID status.
EPUT (Mental Health) and NHS111	NHS111 Mental Health advice line established	Helping manage patients in crisis and navigate appropriately; reducing A&E attendances; advising professionals.
EPUT (Mental Health)	Increasing admission criteria to in-patient units	Reducing onward admissions (often for social reasons) and ability to maintain bed capacity for those who most need it.
CCG	Redeployment of staff and support structure, including primary care to Care Homes	Education, support, minimizing delays and maintaining quality of care.
EPUT / CCG / Havens	Enhanced End of Life Support Including Additional Hospice Beds	Acute admissions avoidance and expedite discharge for end-of-life and palliative patients

**TABLE 3: COVID-19 Urgent and Emergency Care Associated Actions in South East Essex**

17. At this stage the direct impacts of these schemes have not been identified, but it would be

sensible to review available data, impact and cost to determine future state.

18. For a number of these schemes, specifically those relating to community bed capacity, the national and strategic local direction is not yet clear as to their long-term future.

## 5). Care Home Support and Education

1. One of the most significant elements of CCG coordinated support during COVID-19 has been around care homes. A number of initiatives are detailed below which have been put in place.
2. **Care Home Hubs** – this was established at pace at the commencement of lockdown, with the initial focus being around Personal Protective Equipment (PPE), but also other support requirements for the care sector. Daily meetings take place with a multi-stakeholder approach across health and social care to monitor care homes COVID-19 and PPE status.
3. **Infection Prevention and Control (IPC)** – Essex Partnership University Trust (EPUT) Care Home Support Team were supported by the CCG's IPC team to play a central support function for local care homes. This included the "Super Trainer" comprehensive training programme which NHSE requested mid-way through the pandemic response. The South East Essex plac requirement was met through this approach by the 29<sup>th</sup> May deadline. 94 Older People's care homes in Southend-on-Sea were supported with training on IPC, PPE and COVID-19 testing training in just 14 days, via a telephone and then virtual or face-to-face approach where required.
4. **Equipment and Training for Care Homes** – the British Geriatric Society recommended that care home staff are able to check baseline clinical observations including vital signs (blood pressure, heart rate, pulse oximetry and respiratory rate). Telehealth solutions have been secured for all care homes across Mid and South Essex. As of 3<sup>rd</sup> June, 14 homes already have equipment in place in Southend, with a further 16 agreed to utilise the technology that will allow parameters to be set for clinical readings specific to patients with anything outside the baseline generating an alert which can then be actioned accordingly.
5. **Training Review** – The CCG was already working with local stakeholders prior to COVID-19 to review training provided to care homes. This is now being reinstated to ensure lessons learned from training are applied with recognition for best practice.
6. **NHSMail** – NHS England and the UK Government identified the need for all care homes to have access to fast and secure communications across the health and social care system as part of the COVID-19 response. NHSMail has been rolled out to 99% of all Southend care homes as of the 3<sup>rd</sup> June. A task and finish group has been established to support how the new email accounts are used consistently and appropriately going forwards.
7. **Facebook Portals** – The MSE Health Care Partnership was offered to be part of a pilot around addressing potential isolation and loneliness for care home residents during the COVID-19 pandemic. As such, 92 Facebook Portal units were allocated to Southend and Castle Point and Rochford care homes to make it easier for residents to virtually interact and communicate with their family relatives. The care homes have already expressed how beneficial this has been to combat isolation and loneliness and improve quality of life.
8. **Care Home Guidance Summary Group** – This was established to review the vast amount of guidance being release in response to changing COVID-19 pandemic response. Representation on this group was from different CCGs and professionals within the system to allow summarising

key information pertinent to care home staff which was then shared in an easy to use format.

9. **Health Care Partnership Care Homes Central Communications Strategy** – this aimed to streamline the dissemination of information, which initially during the COVID-19 response came from multiple sources. The main focus was a weekly bulletin sent to all care homes.

## 6). Community Resilience

1. The Southend Coronavirus Action helpline was set up within 10 days, being operational by 26 March. Systems were put in place to buy and distribute food, collect and deliver medication and help with shopping, dog walking and provide other help for vulnerable residents unable to leave their homes.
2. Well over 5000 calls have been made to the helpline, with over 7000 outbound calls made to shielded people. Over 1100 separate households have been supported, with over 600 food parcels, over 600 shopping deliveries and over 550 people having their medication collected and delivered as well as 28 dogs walked. People have also been helped with access to money, their gas and electricity bills and befriending (figures as at 29 May).
3. The new service has been a whole community and cross council effort. In addition, to South Essex Community Hub and Southend Association of Voluntary Services (SAVS), the likes of Storehouse, Salvation Army, Everyone Health, Family Action, Good Sams (NHS volunteers), food retailers and wholesalers (including donations), community pharmacists and others working together was central to its success. South Essex Homes (SEH), customer services, ICT, communications, social care, performance, cleaning, facilities, Pier, commissioning staff and community development leaders, as well as, redeployed staff all stepped up to make this work.
4. Southend Coronavirus Action, a partnership between SAVS, South Essex Community Hub and the Council, was launched with a Facebook page. It asked volunteers to register their interest in helping others in their area with simple tasks. An impressive 929 volunteers stepped forward to offer help during the first 8 weeks of the crisis and of these 234 were placed for specific roles to support the community. This is in addition to the NHS call out which also has local volunteers registered.
5. The group also sought businesses who could volunteer their services and the project has moved into supporting a stronger asset based community development (ABCD) approach with locality leads working with community groups and ward councillors. The legacy of this work will support 2050 active and involved outcomes.
6. Building on this approach, Volunteer Southend, the Clinical Commissioning Group (CCG) and the council launched a Good Neighbours Scheme to encouraging everyone to connect with their neighbours. The scheme asks good neighbours to share their stories to inspire others to get involved. A starter pack of guidance has been produced to help anyone interested in connecting more with others in their local area.
7. All over 70 year olds (over 700) in council accommodation were contacted by SEH staff to ensure they were safe, to provide reassurance and offer support and residents in sheltered housing frequently reminded to maintain social distancing, given they are particularly vulnerable.
8. In addition, the Council has contributed £25,000 to the Southend Emergency Fund to support local third sector organisations working with those most affected by the COVID-19 crisis. It has also established a hardship fund to provide support to vulnerable individuals to enable further reductions in council tax for working age people in receipt of Local Council Tax Support.

## 7). COVID-19 Impact

1. Southend-on-Sea has seen 405 confirmed cases of Coronavirus, or a rate of 222 per 100,000 (<https://coronavirus.data.gov.uk>) up until 3<sup>rd</sup> June 2020.
2. Southend-on-Sea has seen a death rate associated with COVID-19 of 43 per 100,000 people between the 1<sup>st</sup> March and 17<sup>th</sup> April ([www.ONS.gov.uk](http://www.ONS.gov.uk)). As of the 4<sup>th</sup> June, 159 Southend residents have sadly lost their lives where Covid-19 was a contributory factor (source: Public Health, Southend BC).
3. 223 patients have died from confirmed COVID-19 at Southend Hospital (data from MSE Hospitals group as of 2<sup>nd</sup> June)
4. Indirect impact as a result of associated mortality and morbidity and postponement to other routine elective health pathways is not yet known, but is likely to be significant, and forms a key focus on the reset and recovery workstreams.

## 8). Reset and Recovery

1. Each organisation is now considering what reset and recovery looks like as the landscape changes to a “new normal”.
2. Southend Borough Council have published 6 political recovery priorities each with cabinet and officer lead:

**a. Priority 1) Economic focus on a stronger and safer town**

*Southend rebuilds and supports a local economy and social infrastructure, that recognises recent challenges but is clear about the ambition for the future.*

**b. Priority 2) Green City and Climate Change**

*An ambitious place that is committed to tackling the climate emergency and takes steps towards making sustainable, long lasting and far reaching impacts across Southend.*

**c. Priority 3) Travel and Transport**

*Understanding the needs to move in, out and around Southend, our travel and transport infrastructure will address the present challenges and look to future options that support Southend’s Green city ambitions.*

**d. Priority 4) People and communities**

*Understanding who is more socially excluded resulting from Covid-19. Working with people and communities to understand the issues, build capacity, resilience and finding solutions in response to the local and individual challenges.*

**e. Priority 5) Major projects**

*Delivering on key pieces of work that strongly position Southend socially, environmentally and economically for the future, enabling the town to draw in opportunities and secure investment.*

**f. Priority 6) How we learn and recover as an organisation**

*A proactive and forward-thinking council that embeds and sustains the recent transformation in how the organisation works. Continues to adapt, respond and reshape to current challenges, that future-proofs with the delivery of quality services.*

3. Southend Hospital's recovery plans focus on the following areas:
  - a. **Re-starting clinically urgent non-COVID work** whilst maintaining separation between COVID and non-COVID areas.
  - b. **Continued Zoning** of the Hospital (COVID and Non-COVID) supported by clinical leaders to ensure safety for patients and staff.
  - c. **Emergency Department continues to operate as HOT and COLD with ability to flex as demand changes**
  - d. **Longer term planning** around where services are provided over the next 18-24 months to support broader range of business as usual services alongside potential continued COVID demand. Aim to accelerate clinical strategy through this process where possible.
  
4. Southend CCG as part of the Mid and South Essex Health and Care Partnership have adopted a three-strand approach to reset and recovery to accompany the move to Phase 2 of the Incident Response as detailed below:
  - d. **Acute**  
*Including maintaining HOT/COLD segregation of the estate for the remainder of the COVID-19 response; how urgent cancer and routine elective work (outpatient services, surgery and diagnostics) can be restarted and capacity increased to manage the demand put on hold through COVID-19.*
  
  - e. **Primary, Community and Mental Health including Place based services**  
*Adopting use of technology and virtual support to maintain a greater focus on healthcare delivered at "place" basis and as part of the Primary Care Network footprint.*
  
  - f. **Integrated Care System infrastructure**  
*The future of healthcare delivery in Mid and South Essex with the estate and workforce to deliver.*
  
5. It is likely that local Southend-on-Sea specific focus on reset and recovery in health and social care will be considered as part of the recently re-formed South East Essex Alliance which has its first meeting on Friday 5<sup>th</sup> June 2020.

## 9). Conclusion

1. The COVID-19 pandemic has placed unprecedented challenges on provision of health and social care and other statutory services within Southend-on-Sea and South East Essex.
2. Individual organisations have had to respond rapidly and through expedited collaboration with partners to address systemic issues.
3. Pace of decision-making governance has been extremely fast and has allowed solutions to be implemented quickly and effectively.
4. How the system learns and applies this learning to future models of health and social care delivery is absolutely critical to ensure reset and recovery takes us to a new level of service provision that provides patients and residents in our place with what they need promptly and

close to home.