



# COVID-19: Lewisham system recovery plan

## Update on delivery

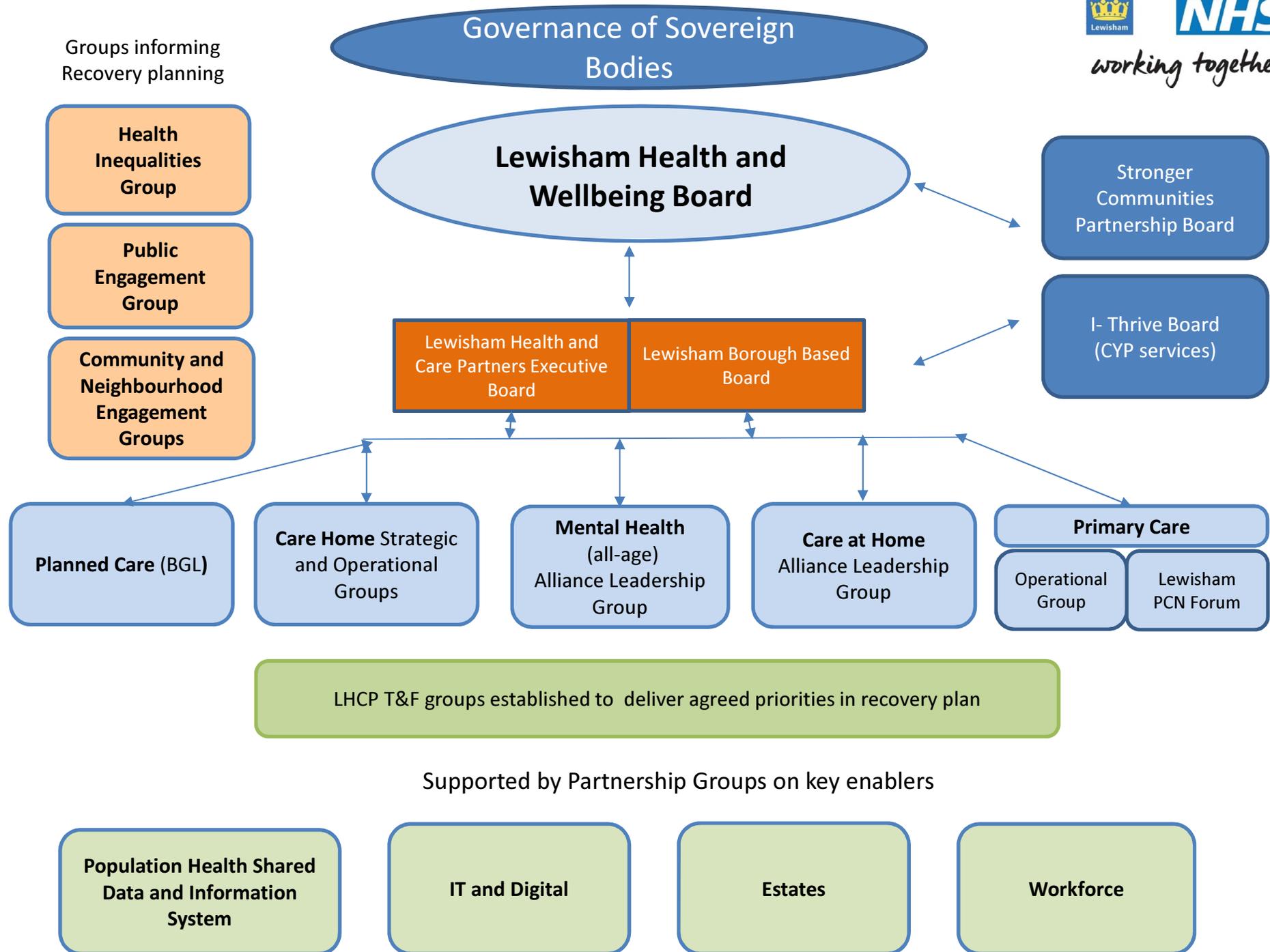
November 2020; v3



*working together*

Lewisham Health and  
Care Partnership





# RECOVERY PLAN - delivery

The recovery plan sets out priority areas Primary Care, Frailty, Planned Care (including respiratory & diabetes), Prevention, Mental Health, CYP and Community Resilience. Inequalities are a high priority and form an integral part of each delivery area.

There were three identified elements to our recovery plan:

## Protecting residents from a 2<sup>nd</sup> wave

- Infection prevention & control
- Targeted services to those most in need
- Remote working
- Safe access to services
- Infrastructure for 'shielded'
- "Hot hubs"
- Mental health support
- ...

## Re-starting key services

- Restoring primary care and acute elective activity, investigations, screenings, immunisations, medication reviews
- Provide alternative Day Opportunities for Learning Disability service users
- Social care and Continuing Healthcare assessments restarted.
- Expanding and improving mental health services and LD services to meet Long Term Plan priorities
- Reducing the number of children, young people and adults within a specialist inpatient setting
- LD annual health checks

## Build back better

Pre-existing priorities included:

- Frailty
  - Mental Health
  - Planned care – Diabetes & Respiratory
  - Children and Young People
- COVID additional priorities:
- Inequalities
  - Care Homes
  - Prevention
  - Planned Care
  - Building Community Resilience

## REPORTING

- Each delivery partner has reported on the specific commitments made in the LHCP recovery plan
- Wider delivery reports covering all delivery commitments (as well as recovery-specific) are being reported to LHCP under 'highlight reporting' structures
- LHCP received reports on delivery from MH Alliance and Care at Home Alliance at their meeting on 3<sup>rd</sup> November and 24<sup>th</sup> November

## RECOVERY – summary reports

- Summary messages from reports received
- Include response to key messages from engagement events which had been fed back to providers

## RECOVERY - ACUTE

- Significantly increased elective activity now being delivered but not at pre-Covid levels
- On track for outpatient and endoscopy appointments
- Patient safety measures in place, including segregated pathways and changes in internal layout
- 55% of October outpatients appointments virtual
- Swabbing capacity increased, and focus on reducing DNA's
- Discharge arrangements audit, with improved processes and implementation of new D2A guidance
- Communications continue to encourage attendance with message that hospital is open for business

## RECOVERY - COMMUNITY

- District nurses continue to support the vulnerable and house bound, and have seen a significant increase in referrals over the last few months
- Urgent Community Response service is expanding on existing CARRS service with recruitment of additional roles, will provide 8-8 7/day week service with 2-hr response
- DNs will be supporting with covid testing prior to community admission to a care home
- Community specialist teams such as Bladder, Bowel and Pelvic Health Team provide ongoing support and training to care homes across the borough

## RECOVERY – Primary care

- Targeted patient intervention beginning using Cerner Population Health system to reduce health inequalities
- Remote monitoring using oximeters due to start, to support COVID-discharged/suspected patients
- Immunisations, health checks and cancer screening now fully operational again
- Urgent preparations for delivery of COVID vaccine via GPs
- Marvels Lane hot hub & transport continues
- Flu vaccinations being rolled out
- Healthwatch survey and engagement key messages taken on board and plans being developed
- Patient safety measures in place, including segregated pathways and changes in internal layout
- Over 300 laptops deployed to practices to support remote working

## RECOVERY – Children and Young People

- Immunisation programme in schools restarted September
- Weight management offer in place, targeted at those most in need
- Screening programmes re-started and being scaled up
- Mental Health link workers in place to support schools with children's mental health, focus on children with special needs
- Since July, referrals to MASH have been c400 more than average
- Surge in demand for CAMHS – a range of access methods including virtual is helping meet demand
- Support for domestic abuse victims continues, a small increase in referrals to police noted - new borough strategy is in development
- Use of Kooth.com (online counselling) and CAMHS crisis line have increased, but demand is currently being met

## RECOVERY – Mental Health

- Improvement of front door for mental health through identifying a 'core offer' is currently in development across all 6 SEL boroughs
- GPs now have direct access to the mental health Rapid Response team
- A pilot MH Liaison Assessment Unit has been established on Jim Birley ward to reduce pressures on A&E
- IAPT+ is being launched in November
- Recruitment of Peer Support Workers and Mental Health advisors to work within the Primary Care Mental Health Service has taken place
- BAME insight work – data collection to start December
- Specific engagement feedback has been received and points responded to, including use of telephone access for IAPT appointments, information on how to access services, and use of materials for LD patients

## RECOVERY – Care Homes

The Care Home action plan consists of 5 key areas:

1. Infection Prevention Control – *dedicated nursing resource in* specifically to support Care Homes with queries around infection prevention and control
  2. PPE – *Providers have own supply chain, local mutual aid agreements in place*
  3. Testing – *available for all staff and residents*
  4. NHS Clinical Support – *One Health Lewisham provides enhances primary care support to all older adult care homes*
  5. Workforce support
    - (a) Infection Control Fund use has been successful in limiting transmission of COVID19 within and between care settings and extended until March 2021
    - (b) Flu Vaccination – All eligible older adult residents have received flu vaccination as part of winter preparedness programme (Oct 20).
- Bi-weekly meetings with Care Home managers and Public Health are in place to respond to queries/issues and provide ongoing training and support
  - Phase 2 COVID19 support: a named care home within Lewisham will become the COVID19 *designated place* for the discharge of people with positive COVID19 diagnosis

## RECOVERY – Council and Vol. sector

- Assessments for Continuing Health Care and social care in place and planned to deliver against target
- Big Health Week large-scale series of online events - held for Learning Disabled people w/c3rd November
- YVHSC developed a 'recovery plan' in consultation with carers to ensure new carers are identified and offered appropriate support
- Projects begun using tech-enabled care to support patients during COVID and beyond (remote stable and steady classes for falls patients, diabetes, respiratory and Learning Disabilities)
- As a result of learning from the COVID Hub, and looking towards recovery, Community Connections and SAIL were merged into Community Connections Lewisham. The phone line that was so integral to the COVID Hub's success became part of CCL so that residents have a reliable way to access support quickly
- Ongoing work on Social Prescribing offer to meet additional needs and winter pressures and COVID 2<sup>nd</sup> wave. Focus on proactive approach
- 'Designated setting' providers for COVID+ patients requiring discharge from hospital agreed for Older Adults, MH and LD
- LD day opportunities alternatives in place