

South East London health system response to COVID-19 and Recovery Planning

Please Note:

That the NHS South East London CCG has provided detailed updates on its COVID-19 response at each of its May and July Public Governing Body meetings which can be found [here](#)

Our Healthier South East London – the ICS has provided fortnightly briefings to Local Government Leaders and local MPs – An example letter is appended as [Appendix B](#)

Impact to date – COVID-19 cases and deaths in SEL

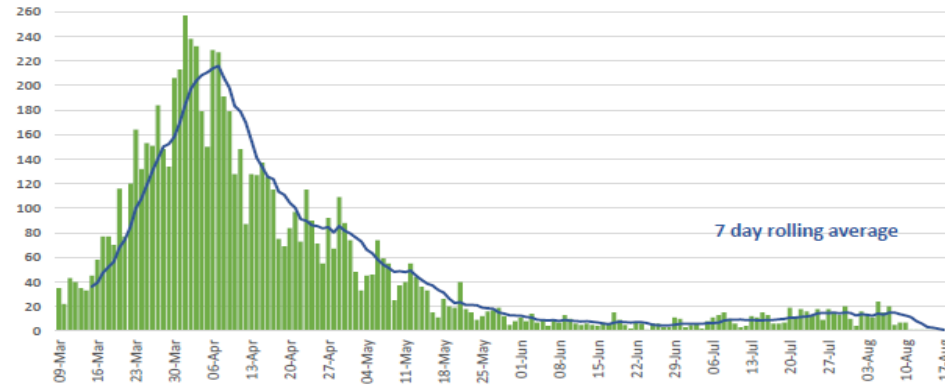


Confirmed Cases

Only includes Lab-confirmed positive cases.

1 case confirmed on 17 August 2020.

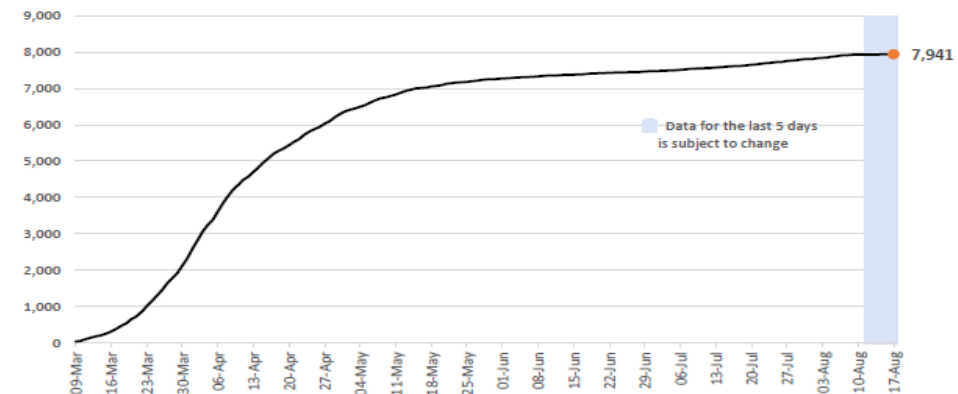
7 cases confirmed in the last 7 days.



Source: <https://coronavirus.data.gov.uk/>

Number of cases reported by specimen date. Data from around five days ago can be considered complete.

7,941 total cases confirmed to 17 August 2020.



COVID-19 Deaths

Based on any mention of COVID-19 on the death certificate.

1,650 deaths that occurred up to 07 August but were registered up to 15 August.

Upper Tier LA	Place of Death						Total
	Care home	Elsewhere	Home	Hospice	Hospital	Other communal establishment	
Bexley	35	2	12	8	183	0	240
Bromley	77	1	18	9	240	0	345
Greenwich	22	1	10	5	188	1	227
Lambeth	27	0	25	6	233	1	292
Lewisham	26	1	23	3	241	0	294
Southwark	60	2	20	2	168	0	252
SEL Total	247	7	108	33	1,253	2	1,650
	15.0%	0.4%	6.5%	2.0%	75.9%	0.1%	

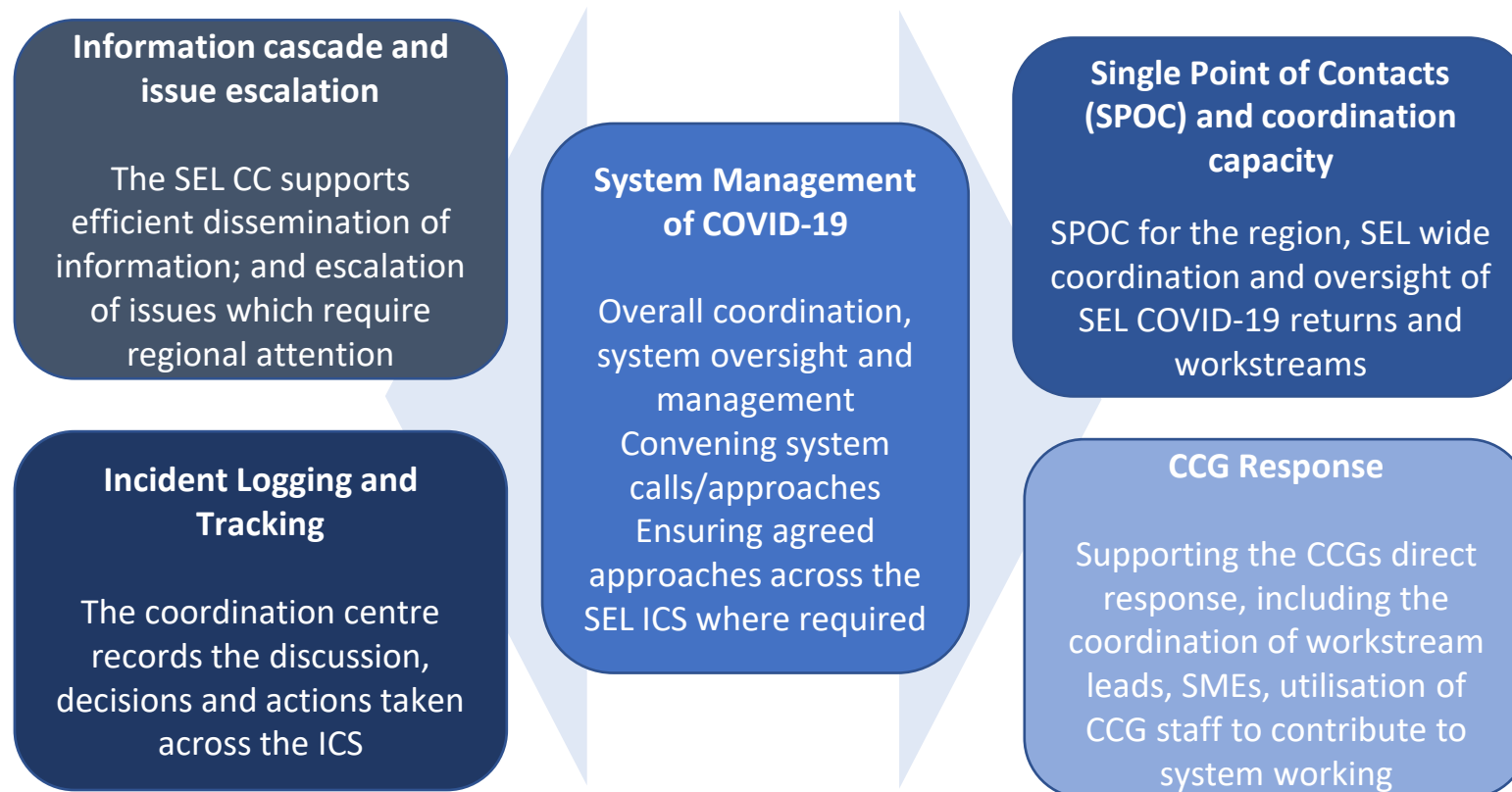
As soon as COVID-19 was declared as a category 4 incident, all local health and social care organisations reacted promptly.

- **Incident Control Centres and Borough Emergency Control Centres were set up** on a 7 day a week basis. These Control Centres ensured that command chains were put in place, information and instructions could be rapidly disseminated, and that points of escalation existed to address any identified issues. The CCG established a control centre which covered all of SE London, with supported provider ICCs and reported into the NHS England (London Region ICC)
- From the outset, it was recognised that Control Centre structures must **establish clear communication channels between different parts of the system**. Each borough rapidly established Borough Response Groups to bring together and co-ordinate actions between health and care partners, and to provide a link to each Council's Local Resilience Forum.
- **Place Based Directors from the CCG were active members of Borough Gold Structures**. As an example, in Greenwich daily virtual meetings led by the RBG Chief Executive were held in order to agree priorities across health, social care, education, mortuaries, enforcement, parking, and the establishment of new services for homeless, community hub etc. This forum helped resolve issues in a timely manner and ensured all members worked to the same 'common purpose'.
- To ensure alignment on key strategic issues a **joint forum** between the ICC Gold Commander, CCG Place based Directors, Directors of Public Health (DPHs) and Directors of Adult Social Services(DASSs) was established on a weekly basis. This group oversaw work such as the harmonisation of discharge processes and demand and capacity planning. SE London DASSs nominated **Tom Brown, the Lewisham DASS to be the key conduit between health and care**. This role was critical in ensuring that messages were cascaded in a timely and effective way, but also to ensure that both health and care voices were always heard
- Daily '**System Leaders Calls**' were held every afternoon with Gold leads from acute, community and MH providers, as well as GP and DASS representation. These forums have been invaluable in ensuring alignment in approach across the system, and as a forum to request mutual aid and support. These calls remain in place (now on a weekly basis) to problem solve, identify issues, and ensure alignment on both recovery planning, and any second wave response.

Coordinating activity related to COVID-19 responses was the South East London (SEL) Control Centre, run by the SEL CCG:

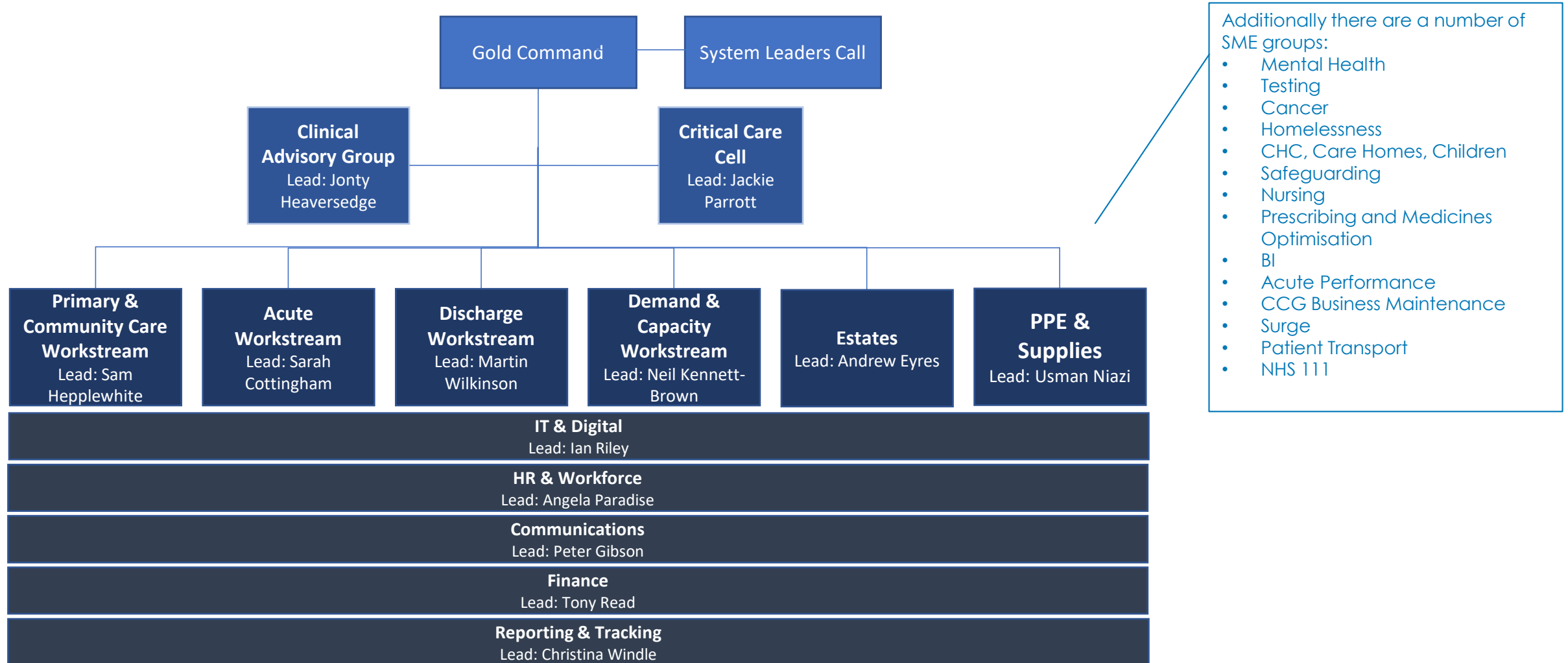
The purpose of the South East London COVID-19 Control Centre (CC) was established to provide **control and command, coordination and decision making across South East London ICS system.**

In March, the CCG implemented a COVID-19 Centre Team on behalf of the system - with Gold, Silver and Bronze level dedicated support, working 7 days a week to support the system. Key functions are:



Establishing response 'cells' and subject matter areas

In addition to the coordination centre and oversight structure, a number of workstreams were established to support the response:



Recovery Planning – Process and Context

The SEL system has been focussing on both the management of the pandemic and also planning for recovery since May 2020. Our recovery planning has been driven by:

National planning guidance

- An initial focus on ensuring the treatment of high priority, clinically urgent cases delayed as a result of the pandemic (Phase 2 planning covering the period June to August) and then more broadly on wider aspects of recovery across the entire NHS (Phase 3 planning covering the remainder of 2020/21 – this letter can be found [here](#)).
- Whilst the guidance has been focussed on expectations and deliverables for the NHS there are clearly wider system implications of the guidance, including discharge arrangements, finance and funding and in terms of those deliverables where a wider system focus will be required such as the work to address inequalities.

Local recovery planning

- In addition to our work to respond to national planning guidance we have been working locally to develop our own recovery plans at borough and SEL level.
- We have agreed a deadline of end August to finalise our initial plans and priorities, recognising that we will need to keep our plans under regular review given our planning has taken place in the context of uncertainties in relation to future outbreaks or second waves of the pandemic, available funding and other changing trends or issues, such as demand and winter pressures.
- Our borough plans have been developed on a bottom up basis through borough stakeholders working collaboratively to secure the identification of a set of agreed local objectives and priorities, driven by identified needs that we will need to address in the short to medium term.
- Boroughs have ensured that engagement has formed part of the local planning process, with on going engagement plans to ensure we are testing our plans and ensuring that they are responsive.
- We will also be consolidating the borough plans in to a SEL Integrated Recovery Plan that will draw out common themes, issues and priorities and that will make explicit those areas that SEL will focus on across the Integrated Care System.

Recovery Planning – Borough Recovery Plans

Objectives – our plans are ‘bottom up’ but will consistently:

- Be driven by and take action to address the public health burden upon our populations
- Understand and seek to address now exacerbated inequalities within and across our boroughs
- Secure a safe return to service delivery in every care setting
- Capitalise and ‘lock in’ new ways of working
- Live within our means and optimise the value derived from the money our partnership spends

Scope – our plans will include the following areas of focus or context:

A ‘Place’ context - health and care recovery plan for each borough, integrated with wider borough recovery plans (e.g. employment, housing, support to families) with an emphasis on securing support for wellbeing and communities

A ‘Population’ context - SEL-wide or sector plans to secure agreed ‘core’ requirements (e.g. infection control) and common offers and processes to ensure consistent outcomes across an area of care (e.g. cancer and elective access and care) or where boroughs are seeking to achieve the same thing in the same way (e.g. it represents the optimal scale)

In taking forward our objectives we are mindful of the following:

- The challenge that finances will place on our whole system and the need to work collaboratively to mitigate the impact of financial pressures
- The need to ensure that we are testing and evaluating our service responses, with a specific focus on equity, quality and outcome impact. This will include a specific understanding of the impact of the shift services have seen from face to face to virtual models of care to ensure that we are not adversely impacting on access for particular services or population groups
- Ensuring we target our recovery actions to support vulnerable and high risk groups within our communities

Access to services and waiting times

- Access to services is a key priority for the ICS as we implement our recovery plans
- Our waiting times for cancer and elective diagnosis and treatment have increased significantly during the pandemic
- Demand has also been depressed during the same period – we expect our waiting times pressures to increase further as demand picks up again
- Whilst cancer and elective waiting times are a prominent area of focus we also have waiting list backlogs that have built up in other areas such as mental health and community services

Recovery plan actions

- Our recovery planning includes a significant focus on ramping up our capacity and activity across all services
- The Phase 3 national guidance sets out a clear expectation that we are able to reach pre covid levels of service e.g. primary care and a fast paced incremental increase in activity compared to pre covid levels for hospital elective services to be enacted between August and October and sustained thereafter e.g. diagnostics, outpatients, day cases and inpatients.
- We are working through the detail of these expectations to determine the level of activity that we will be able to stand up safely, at a service and site level, recognising that there will be larger constraints in some services than others and that we will need to be assured in relation to quality and safety in all areas, in relation to infection prevention and control
- Once we understand available capacity we will be able to assess the pace at which we will be able to reduce our waiting lists and times. We will be ensuring that patients are offered treatment in line with a consistent approach to prioritisation, which will take account in the first instance of clinical priority and urgency and in the second of length of wait.
- The scale of the backlogs and the fact that we had a demand and capacity imbalance pre Covid that is now exacerbated means that it is likely to take some time to reduce our backlogs to pre covid levels and then eliminate long waiters altogether.
- We are committed to ensuring regular communication with patients so they are clear as to their expected wait and their next step in terms of diagnosis and treatment.

Recovery Planning – wider planning

Review of South east London pandemic response - Linked to but discrete from our recovery planning process the partnership has also been undertaking a review of learning from the first wave of the pandemic.

After Action Reviews - To learn lessons, inform future plans and ensure we are in a good position to quickly stand up a robust response in the event of subsequent phases. We have been undertaking the following key actions:

- Involvement in London wide After Action Reviews – these are taking place on a thematic or by area basis
- A review of our SEL system Incident Control Centre processes and approaches
- A review across our key associated work streams e.g. PPE and testing and with key partners e.g. Local Authority/Social Care colleagues to identify specific learning points

Utilising data - We are using 'early warning indicators' to ensure we identify concerning trends as quickly as possible

Winter and operational planning

- Alongside the review of our pandemic response from a process perspective we are also focussed on operational planning, with work underway to test the robustness of our plans, with a particular focus on winter and our planned ramp up of activity, including the identification of risks and mitigations.
- We have commenced our usual processes for planning for winter 20/21 but for this year this will also include a specific focus on plans to manage and respond to a potential second wave
- Our winter planning process will adopt the same approach to that for recovery planning – a bottom up process, coordinated through our local Urgent and Emergency Care Boards, working to an agreed common SEL wide framework

Wider planning processes - In addition the SEL system continues to play a part in wider planning processes and requirements, including London wide transition planning and borough based local outbreak planning, alongside on going surveillance of transmission and prevalence trends.