

20 10 2020

Media and Communications Team

Briefing note:

Southern Health's response to coronavirus epidemic: update 5

Introduction

This paper is the fifth in a series of updates and follows the first written briefing on 27 March 2020 (which also provided some background on the coronavirus), the second one on 6 April 2020, third on 29 April 2020 and fourth on 15 June 2020

Copies of these past papers can be provided upon request to provide the detail of all those services which were either temporarily ceased, reduced in frequency or offered in an adapted way (i.e. digitally/virtually).

This paper describes what Southern Health has done since July to ensure the best possible services are delivered and what has been done to protect patients, service users, our staff and the public.

Overview of Service Changes

Our staff and services have fundamentally transformed the way in which we work. We saw a phenomenal effort by our teams to work differently and collaborate with partners across the health and care system. The focus has been to provide the safest, most effective care possible during the pandemic, for those with Covid - 19 as well as those with other health needs.

Some examples to illustrate these efforts include:

- We recruited an additional 580 staff (about 10% of our workforce) including students and 278 substantive recruits.
- Around 400 colleagues redeployed into different settings - this includes trainers redeploying into clinical practice, staff transferring to acute hospitals, and corporate support staff moving to help with the distribution of supplies to our hospitals.
- We made a significant number of additional beds available at our community hospitals. These plans mean we are able to quickly react to any future increase in cases too. We also supported acute hospitals to ensure there were beds available for people on discharge.
- We facilitated a major shift towards supporting patients using video and telephone, where this was clinically appropriate. This enabled us to minimise the risk of infection whilst continuing to provide vital care. Our teams have carried out over 32,000 video appointments since March. The Lighthouse, a safe haven for people with a mental health crisis in Southampton, used text messaging and telephone to support patients, with over 600 contacts.
- We implemented risk assessment tool to help keep our staff safe. It accounts for major risk factors including age, gender and ethnicity. Overall 94% of staff at risk have completed the risk assessment, including over 99% of all staff from Black, Asian, and minority ethnic heritage, as well as 97% of staff aged over 50.

OUR VALUES



- The Trust developed an online Wellbeing Hub for staff enduring the stresses of working in the pandemic. More than 3,300 staff have access the site for resources, guidance and links to additional support. We also set up a dedicated 'Listening Ear' coaching service which has been used by over 100 staff with overwhelmingly positive feedback.
- As the largest local provider of mental health services in the county, we also developed a psychological support offer to partner organisations, this included access to our wellbeing hub and fast track access to psychological therapies.
- The procurement team were successful in ensuring our staff had access to the right equipment and protection. This work continues. For example:
 - Aprons, gloves and masks have been issued to staff and patients in line with the changing guidance so that we now issue approximately 10,000 masks per day.
 - In March/April, 4,500 sets of uniform were supplied to staff not typically in uniform.
 - 217 beds/mattresses were purchased to support our surge capacity with another 705 associated items of related furniture.
 - In the first 4 months the Trust gave 91,000 items of PPE to other organisations including masks to Stoke Mandeville, and gloves to the ambulance service. We also received 9,000 items when we needed such assistance.
- During this period when more than 1,300 staff had to self-isolate at differing times, more than 500 staff took periods of sickness with either confirmed or suspected Covid-19 and more than 120 staff were shielding.

Community services

- Community services have been returning to near normal levels of activity.
- Staff have contacted patients who are clinically vulnerable and those whose non Covid care may have been delayed.
- Efforts have been to address the backlog of childhood immunisations through specific catch-up initiatives and additional capacity.
- Enhanced support for care homes, and a programme of structured medication reviews.
- Community health teams have resumed home visiting care for all those vulnerable/shielding patients.
- The Government has made additional funding available to support timely and appropriate discharge from hospital inpatient care. Hospitals, community health and social care partners have worked to embed the **discharge to assess** processes. New or extended health and care support has been funded for a period of up to six weeks, following discharge from hospital. During this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.

Mental Health services

- There has been additional investment in mental health services and funding is being directed towards core Long Term Plan (LTP) priorities, which is helping strengthen the response to the Covid pressures.
- Significant investment in our IAPT service, italk, is enabling us to recruit more practitioners and expand services, ensuring more people can get access to the support they need in response to the rise in mental health demand. During this first wave of Covid all IAPT consultations have been virtual.
- The **24/7 crisis helplines** for all ages that were established locally during the pandemic should be retained.
- We should maintain the growth in the number of **children and young people accessing care**.

- We will proactively review all patients **on community mental health teams' caseloads** and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community.
- Ensure that **local access to services is clearly advertised**.
- Additional funding to help **eliminate mental health dormitory wards**. The improvements include:
 - Gosport War Memorial Hospital – Poppy Ward and Rose Ward
 - Parklands Hospital in Basingstoke
 - Antelope House in Southampton – Abbey Ward. Whilst not related to the elimination of dormitories, this project will enable us to provide female only PICU beds within Hampshire by providing 10 female PICU beds at Antelope House.

Learning disability and/or autism services

- Continue to **reduce the number of children, young people and adults within a specialist inpatient setting** by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
- Complete all **outstanding Learning Disability Mortality Reviews (LeDeR)** by December 2020.
- GP practices are trying to ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged.

Winter preparations

- Delivering an expanded seasonal flu vaccination programme – it is vital all staff receive their flu vaccination to stop it spreading to vulnerable patients, colleagues and family.
- Expanding 111 services to treat people with low-complex urgent care
- Continue to work with local authorities to ensure those that are medically fit, are discharged home as soon as it is safe for them. This is part of previously discussed work
- Ensuring that everyone with a Learning Disability is identified on the GP Practice registers and that they have their annual health checks, and access to screening and flu vaccinations is proactively arranged.

Lessons learned

- Health and wellbeing of staff needs to continue as a priority
- COVID-19 has further exposed some of the health and wider inequalities in our society. The virus itself has had a disproportionate impact on different groups within the population, including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, those who are obese and who have other long-term health conditions and those in certain occupations. It is essential that recovery is planned in a way that inclusively supports those in greatest need.

Current Position

Southern Health NHS Foundation Trust, along with NHS and local authority partners, have worked well together in managing the impact of the first wave of the Covid pandemic. Over the past week, or so, efforts have been made to return all services to as near normal activity as has been possible. It is now clear that we are well into a second wave of the Covid pandemic and we will, with our partners, be building on what we learned in the first phase. We will utilise the additional capacity that we have built in to the system and are

doing our collective best to ensure that everyone is kept safe from Covid, whilst at the same time trying to protect and sustain all non Covid services.

We continue to work closely in partnership with our CCG and local authority colleagues to agree and implement future changes.

Portsmouth and South East Hampshire update

This paper provides an overview of the Trusts work since July to ensure the best possible services are delivered and what has been done to protect patients, service users, our staff and the public. However, for the benefit of the panel, below are a number of updates relevant to the Portsmouth and South East Hampshire area, including projects the panel has previously asked about.

- **Woodcot Lodge**

A core part of Phase 3 will be how we prepare to meet the dual demands of winter pressures and the ongoing COVID pandemic. Woodcot Lodge opened towards the start of the year and sees staff from Southern Health working alongside colleagues from Hampshire County Council and Portsmouth Hospitals Trust to jointly provide temporary “step down” accommodation for patients discharged from QA following treatment for COVID-19 who are well enough to leave hospital but not yet well enough to return home. Those cared for at the Clarence Unit at Woodcot Lodge in Gosport, which HCC Care opened in June, benefit for a dedicated team of nurses, occupational therapists, social workers and skilled care staff, supported by physiotherapists and primary care, who continue to work with them to plan their rehabilitation, recovery and onward care. To date 141 people staying on average 23.23 days, with more than 50% returning to their own home, have been supported in the service that forms a key element of the ongoing safe discharge model.

- **Psychiatric Liaison**

We previously updated the panel about this work. The team helps reduce load and provide dedicated mental health support for any one attending Emergency Department with mental health issues, they can provide interventions and work closely with colleagues at SCAS and the police as well as ED staff. During COVID the team has responded to a number of issues including referral sources being diminished due to the reduction in community services, moving off site and adapting to emergency changes in the Mental Health Act. The service has now moved back onto the QAH site.

Due to the recruiting success the team is rapidly expanding to meet national Core’24 standards. The team is expanding and becoming fully multidisciplinary involving Psychiatrists, Medics, Psychologists, Clinical Nurse Specialists, Nurses, Social Workers and admin support. The service is already 24/7 within the ED and has achieved full Phase 1 recruitment. Key learning from the last few months that will be taken forward into Phases 2 & 3 is the importance of building and maintaining relationships with staff at QA, as these diminished dramatically during the period the team moved off site and the awareness of ‘compassion fatigue’ and the need to act as advocates for mental health patients. That said, the team have a good direct relationship with ED staff and have supported the reduction in inappropriate admissions during some very challenging periods for the urgent care system. The overall impact for patients has been a quicker and more appropriate response to their mental health needs.

The process time for patients has been shortened by having both additional staff in situ and those not needing to attend ED (IE without physical health needs) are being either diverted to the off site

location (for a face 2 face appt) or being telephone assessed where appropriate to do so. This has had a huge impact on the numbers coming in to ED and provided a more convenient and lower stimulus pathway for those patients. On top of the Mental Health 111 service, the additional support the MHLT provide via secondary triage to SCAS and Police crews on the ground have been very well received, building confidence with crews when told to leave a patient and not convey, whilst not always adhered to, has been positive.

- **Transformation and IIC**

Recurrent and non-recurrent funding for 2020-2021 has been secured to increase Integrated Intermediate Care (IIC) provision to

- a) enhance our Urgent Community Response (UCR) capacity
- b) support 7 day working in line with the Hospital Discharge Service Policy

Recruitment has started and is anticipated to have a phased impact to admission avoidance and discharge capacity from December 2020. Recognising the need to reduce the Medically Fit for Discharge (MFFD) numbers at Portsmouth Hospitals University NHS Trust, system partners have agreed a joint action plan to address operational improvements to be implemented over November. This will play a vital role in supporting the system through the coming months.

- **Health and Wellbeing of Staff**

As noted above it is vitally important that we continue to support staff through this continued period. As a Trust we set up a number of different avenues for staff to access support. This included our Listening Ear phone line for staff to access confidential support and a dedicated health and wellbeing hub.

Our learning from the last few months are that staff like to be kept informed and updated on all the changes, even those that don't directly affect them. Within the Trust we have issued twice weekly COVID dedicated bulletins to ensure all staff understand the changing, and often, challenging landscape we now work in. Earlier this month our Chief Nurse, Chief Operating Officer and Chief Medical Director held a Zoom call to talk about how we are preparing for COVID-19 and the winter period. They also addressed issues such as maintaining staff resilience, the latest position within Hampshire and the Trust, PPE and IPC measures and how you can play your part in fighting the virus and keeping safe.

- **Leadership roles and Governance**

After a period of time with key roles not being filled in our leadership structure we are pleased to announce the following clinical leaders set to join the South East Division. Dr Riaz Dharamshi will join us in December as Divisional Clinical Director. Dr Dharamshi is a Community Geriatrician and was previously the deputy medical director at Dorset Healthcare, along with his divisional role, Dr Dharamshi will also be Deputy Chief Medical Officer for physical health, working alongside the current team to drive change and service provision developments across the discipline. Dr Steve Plenderleith

has been appointed Medical Director for physical health. Dr Plenderleith has led significant developments in end of life care with Southern Health and his work at The Rowans Hospice and will take up his new role in November. Finally, Dr Denzel Mitchell has been appointed Medical Director for mental health. Denzel has previously worked locally in and around Hampshire, most notably for the Trust from 2011-2013 providing community based care in the Gosport area.

Filling these roles will strengthen our governance and reporting structures. These are vital for us to properly respond to changes during these months. Despite officially moving to Phase 3 we have continued with regular SitReps to ensure leadership across the Trust is sighted and to allow us to quickly escalate any issues. Further to this we have also continued our 'COVID command structure', which are a series of calls (bronze silver and gold) which have allowed us to quickly address and escalate any issues as well as responding to various demands across our mental health, physical health, community and learning disability services. This we feel is the best way to respond to the dual demands of COVID and winter pressures.

Any questions?

If you have any questions, please contact Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: heather.mitchell@southernhealth.nhs.uk.

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