

Report to the Health & Well Being Board - September 2020

NHS Planning 2020/21

Introduction

This is a NHS and local borough update on health issues as part of the NHS planning requirements to March 2021.

In July NHS England and NHS Improvement provided guidance on how the NHS needs to restore the NHS to levels experienced prior to the COVID-19 pandemic. This includes across the board NHS services and consideration of health inequalities such as:

- A restoration of cancer services to full operation and reducing diagnostic delays
- Achieving 80% of last year's elective (planned operations) activity and outpatient/day case procedures in September, rising to 90% in October through utilising independent sector capacity.
- Restoring 90% and 100% of diagnostic capability by September and October respectively.
- Achieving 100% of last year's outpatient activity from September with an interim step of 90% in August
- Restoring GP activity
- Resuming CHC assessments
- Expanding and improving mental health services and learning disability and autism services
- Preparing for winter
- Significantly expanding flu vaccination programmes
- Expanding NHS 111 First.

Many of these aspects are part of Sefton's Health & Wellbeing Strategy and the NHS 5 year plan – Sefton2gether.

Background

- Peak COVID-19 activity in April and May
- Many NHS services paused to meet COVID-19 demands
- Urgent cases and emergencies continued
- All services being restored taking into account social distancing
- Planning underway for winter including potential of COVID-19 waves
- Many good practices introduced to continue

Urgent and emergency care

The overall winter planning focuses on a number of key objectives involving all partners. These include:

- Reducing A/E attendances with patients being appropriately directed to other services including community and voluntary sector
- Avoiding long waiting times in the A/E Department for patients who require a hospital bed, and
- Maintain same day discharge as early in the day as possible

Schemes include:

- expanding reablement and Home First services.
- Social workers operating from A/E Departments to assist alternatives to hospital admission.
- Alternative transport for mental health patients in A/E
- Implementing NHS 111 First so patients do not require to attend A/E as alternatives are in place
- Extended community based services
- Additional weekend staffing at weekends to support avoiding discharge delays

Care Homes

The CCGs have been working collaboratively with Sefton Council and other system partners to put in place a full range of support to care homes to assist them in responding to the significant challenges that the pandemic has posed. As part of the CCGs' incident management arrangements a Care Home Cell was established which, through Director and senior manager input, fed into the system wide Care Home Cell, led by the Director of Adult Social Services. Components of that support established include:

- The commissioning of significant additional care home capacity for COVID-19 positive patients and "step-down" beds, with wrap around clinical and rehabilitation support to meet the specific needs of patients recovering from COVID-19.
- Rapid roll out of technology to care homes to enable GP and community services video consultations, reducing footfall and risk to care home residents.
- Identification of named clinical lead for each care home, a weekly "check-in" for each home and to proactive multidisciplinary team meetings to enable more proactive care in conjunction with NHS community services, local Primary Care Networks (PCNs) and specialist geriatric services.
- The implementation of a wide range of medicines management arrangements to improve supply and ordering of medicines, proactive review of medication use, new protocols and delivery of homely remedies and end of life medication, in addition to the existing named clinical pharmacist to support each home.
- The development of a joint training programme to encompass a wider range of areas such as End of Life Care (including interactive training from local Palliative Care consultants), medicines management, bereavement support and self-care.
- Implementation of a train the trainer model for infection control and personal protective equipment (PPE).
- Support for care homes to become established on the capacity tracker and NHS net.
- Joint approach with Sefton Council in relation to reimbursement of COVID-19 related costs.
- Joint work through shared staffing team to ensure daily communications will all care homes and weekly virtual calls.

Many developments will be sustained and further enhanced through on-going strategic work to support our care homes in the longer term.

Mental health care

Supported living services – ongoing engagement with all supported living providers to provide updated guidance on infection control measures to influence and direct how support is delivered (PPE, staffing issues, testing, bubbles of support, prevention of cross infection)

- Re-assessments of need are ongoing to agree additional/alternative support where required with funding available.
- Continued to liaise with providers regarding additional funding requirements to support recovery planning.
- Full building risk assessments have been undertaken in conjunction with Day Care providers in relation to infection control measures (as advised by Public Health England, PHE).
- A full review of clients who previously attended day centres is being undertaken to prioritise vulnerable clients being able to resume attendance based on reduced capacity in day centres going forward, this work is being undertaken as part of a multi-disciplinary approach.
- A full review of transport to identify future requirements, and infection control measures needed to support the recovery planning for day opportunities (as advised by PHE).
- Continued to liaise with providers regarding additional funding requirements to support recovery planning
- A full online PHE training programme is being made available by Mersey Care NHS Foundation Trust to all day care providers.
- Continued to liaise with providers regarding additional funding requirements to support recovery planning.
- Working with respite providers to resume service delivery in a safe and effective way based upon guidance from PHE.
- Council and CCGs have worked with providers to ensure that support to access the community continues to be delivered where appropriate based upon assessed need in a safe and effective manner.

Mental Health Recovery Team

- The Council has developed a new Mental Health Recovery Team. This is a borough wide service providing intensive recovery-based support and reablement interventions to Sefton residents under the care of secondary mental health services. The service will use a strengths-based approach and will be time limited and goal orientated with the aim of improving service users' confidence, independence, social inclusion and mental wellbeing.
- The team consists of three support workers and three Community Care Practitioners (two full time/one part time) based in the Mental Health Teams both North and South of the borough.
- The team's initial focus is on supporting people who are experiencing difficulties following the COVID-19 restrictions and aim at assisting people in re-establishing pre-COVID-19 confidence and routines. Work will be undertaken under a reablement model with support being offered in 3 or 4 sessions a week for a period of up to 6 weeks.

Elective care

There is a continued focus on clinically urgent patients to be treated first, with next

priority given to the longest waiting patients, specifically those waiting longer than 52 weeks. Changes in the use of infection control guidance means reduced capacity so additional independent sector capacity is being utilised as well as weekend working. To improve efficiency in outpatients patient initiated follow ups are being used which frees capacity for seeing more new patients from GPs.

Consideration will need to be given to any future increases in the numbers of COVID-19 patients as priorities will again be transferred to patients requiring emergency treatment.

Waiting lists have reduced over the last few months as there has been a reduction in the numbers of new referrals from GPs as patients have not been attending general practice. This is expected to change over the coming months and it is important for patients to continue to see their GP if they have any health issues.

Hospitals have fully embraced the requirement for digital technologies, with 'Attend anywhere' - video consultation being implemented across a number of specialties.

Cancer services

Cheshire & Merseyside's Cancer Alliance has been asked to co-ordinate the full restoration of cancer and cancer related services. Planned activity assumes a slow decline in COVID-19 cases and the impact of possible future spikes.

Growth of 6% has been built into referral volumes to reflect a general upward trend pre-pandemic and delayed presentations in primary care during the pandemic which may now result in referrals over the next few months. After an initial lull in presentations to primary care, then an increase, there is now a reduction again in referrals compared to pre-COVID-19 activity. The public are continuing to be encouraged to visit their GP if they experience any possible cancer symptoms.

Numbers waiting over 62 days for a diagnosis are split equitably by tumour group and appear to be within manageable volumes. Numbers waiting over 104 days are low and will be reducing. Any patients waiting over 104 days are reviewed to ensure there are no clinical implications of waiting.

The Cancer screening programmes have not yet fully re-established. Whilst the Breast Cancer Screening Programme will not impact on Southport and Ormskirk Hospital, the Cervical and Bowel screening programmes will start to create additional demand for diagnostic and treatment services as the programmes recover to full capacity. Support for diagnostic services are being organised through Liverpool University Hospitals FT (LUHFT) and other hospitals in Liverpool to assist in clearing backlogs.

Primary care

As with other parts of the NHS primary care remains open and facing a number of challenges including maintaining the safety of patients and staff; achieving the speed of change needed whilst maintaining clinical safety and ensuring no patient groups are excluded.

There are also a number of opportunities including the digitalisation of primary care which has been moved forward considerably in the last few months compared to a number of years; opportunity for triage to the appropriate service or clinician and has forced primary care forced to look at the way they do everything.

Over the course of the last few months there have been a number of changes – even though the doors are closed the surgery has remained open. More has been done over the phone with telephone assessments. This has not just been triage as increasing numbers of patients still needing to be seen face to face.

There are several issues for primary care including capacity; ongoing recruitment difficulties which has been compounded by staff sickness and isolation; the demand on primary care services which continues to increase after an initial lull; the confidence of clinicians as they build up experience of telephone assessments with the conversion rate from telephone to face to face varies from one clinician to another with a telephone assessment and then a face to face appointment meaning two appointments; and the need to minimise stress for some clinicians as they manage their clinical practice in a different way.

There continue to be a number of service changes and improvements including the use of SMS messaging services and information and support; use of video consultations; visiting service (own home and nursing home); extra phlebotomy capacity (which is still under pressure); capacity in enhanced access services (not just GP appointments)

It is acknowledged there can be a number of vulnerable groups (patients with long term conditions have been prioritised) where support is still required including those technologically isolated, patients with communication difficulties, mental health patients, patients with learning disabilities and hearing impaired patients who all need continued support.

Children and young people

Attend anywhere appointments via video are in place with the possibility of face to face appointments based on risk.

The performance in services ie waiting times, are moving back to pre-COVID-19 levels and any agreed improvement trajectories revised.

CAMHS 24/7 crisis helpline introduced: The CCGs' long-term investment plan included a provision for this investment over future financial years to 2023/24 and have been in line with the Long Term Plan and acknowledge the commitment within the Phase 3 letter to retain these services whilst transitioning into a digital led service model. The CCG has made an initial offer of additional funding to retain the service.

The CCGs and its providers are continuing to deliver against the Children & Young People's access targets. In 2020/21 there has been an increase in Kooth activity and a further VCF provider.

A number of learning points have been observed including:

- There has been positive feedback and understanding from parents and professionals with a strong commitment to making the changes work.

- Benefits of continuity of contact/support offset some of the challenges of digital delivery especially for children especially on development and those with ND.
- The appointments are more effective with families already known.
- Quiet space for sessions can be a challenge especially SALT.
- Allowing one parent to attend a face to face with their child, while the other parent, could attend via the video link; reducing the need to be absent from work
- More effective use of time for staff, especially those based in Southport, attending other specialist clinics.

Addressing health inequalities

Collaborative working with the CCGs and Council to reduce health inequalities, in a number of working groups and committees,

- Outbreak management board
- Sefton testing cell
- Sefton test and trace cell
- Public health/CCG communications group
- Care homes group

Collaboration with public health, infection prevention control and adult social care has identified:

- Vulnerable groups/communities at higher risk of infection and adverse impact
- Routes of communicating key COVID-19 messages
- Appropriate training to protect vulnerable groups such as care home residents
- Equality impact assessments are being undertaken to consider inclusivity
- Public encouraged to utilise digital offers
- Monitor and catch up of pre-school immunisations
- Full restoration of contacts for 0-5 service
- Prioritisation of home visits for more vulnerable children re safeguarding
- Restoration of school nursing services with more emphasis on mental wellbeing
- Refreshing Joint Strategic Needs Assessment for Children & Young People to account for COVID-19 impact
- Sefton Public Health is exploring partnership with the Dame Kelly Holmes Legacy Trust to increase the support and offer for young people and they have the resources to provide tablets for anyone who is digitally excluded so that barrier would be removed.
- Smoking - active campaigning and targeting of vulnerable and harder-to-reach groups eg via the health improvement group to mental health service users
- Substance misuse - improved access to service via remote and on-line provision. Opportunity to review future on-line provision and ensure adequate balance between on-line / remote and face to face interactions.

Continuing Health Care (CHC)

In response to the requirement to reinstate the CHC Framework from 1 September and the need to review the status of patients discharged between 19 March 2020 and 31 August 2020, a joint approach with neighbouring CCGs is being taken. All health and social care partners have proactively engaged. An agreement between partners defined that Midlands & Lancs CSU would be responsible for the review of discharges from 19 March 2020 and 31 August 2020.

All patients within the backlog period from the partner organisations are being collated into a single working list. The list will then be rated so that cases can be dealt with via pre-approved collaborative arrangements including risk prioritisation. Resourcing arrangements to support clearance of the deferred assessments are still being finalised.

A Multi-Disciplinary Team approach is being developed with additional resources secured to conduct the assessments. Fortnightly panels have been scheduled to discuss both ongoing assessments and the backlog of cases.

Covid-19 testing

Antigen Testing

Both CCGs in conjunction with Sefton Council have ensured that there is extensive access to COVID-19 antigen testing for the local population and also for staff that work locally. In addition to the regional testing centres the CCGs and LA have established local testing sites in both Bootle and Southport and have worked with the Department of Health & Social Care (DHSC) to support a rolling programme of mobile testing units to further improve access.

Antibody testing

The CCGs and LA have worked with DHSC to ensure that all practice and CCG staff have had the opportunity to have an antibody test. This has been extended to include staff working in care homes and other adult social care staff. In total there is circa 16K staff within that cohort which will enable a good understanding of local prevalence and assist with epidemiology studies.

Sustaining COVID-19 safe services

GP practices have implemented the primary care standard operating procedure (SOP) which enables patients to access safe services. This also enables staff to operate in a safe and effective way. Providers are also implementing COVID-19 secure guidelines and ensuring their staff can access appropriate PPE.

Accessing PPE

There are now well established arrangements for providers including GP practices to access sufficient supplies of PPE. There is further access to emergency supplies to practices in the event of any disruption to supply and this is administered by the CCGs and supplies held locally. The LA provides equivalent support to care homes.

Risks

Within all of the above there are a number of risks which organisations are aiming to mitigate. These risks include:

1. Limited finances and the ability to respond to increases in demand and over longer term.
2. Increased community services demand which will need to be considered as part of initiatives to increase community based care.
3. Level of impact on all services when returning to previous levels of activity whilst needing to take into account winter pressures and the possibility of future spikes in COVID-19 occurrences. Providers are working to ensure that clinical review processes are in place to ensure no harm and mitigate risk due to long waits or

frequency in being seen. Quality schedules cover a range of indicators to help inform of patient quality and experience issues including harm reviews.

4. Care home market sustainability bearing in mind the high number of empty beds in CHs although the numbers are reducing.
5. CHC - There will be a backlog of patients to have assessment of ongoing care needs within the community along with a requirement for timely assessment of subsequent discharges from September onwards. The CCGs are working with Sefton Local Authority, Mersey Care FT and Midlands & Lancs CSU to support assessment and review.
6. Workforce – need to take into account ongoing workforce shortfalls in NHS organisations whilst addressing any backlogs as well as taking into account the possibility of further spikes in COVID-19 occurrences.

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