



Cheshire
Clinical Commissioning Group



Cheshire East Health and Wellbeing Board Agenda

Date: Tuesday 7th September 2021
Time: 2.00 pm
Venue: The Ballroom, Sandbach Town Hall, High Street, Sandbach, CW11 1AX

PLEASE NOTE – This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. This may only be removed when seated.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. . Anyone attending is encouraged to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and in the report.

It should be noted that Part 1 items of Cheshire East Council decision-making meetings are audio recorded and the recordings are uploaded to the Council's website.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. Appointment of Chair

For requests for further information

Contact: Karen Shuker

Tel: 01270 686549

E-Mail: Karen.Shuker@cheshireeast.gov.uk

2. **Appointment of Vice Chair**

3. **Apologies for Absence**

4. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

5. **Minutes of Previous Meetings** (Pages 5 - 14)

To approve the minutes of the meeting held on 23 March 2021 and note the minutes from the informal virtual meeting held on 26 July 2021.

6. **Public Speaking Time/Open Session**

In accordance with paragraph 2.32 of the Committee Procedural Rules and Appendix 7 to the Rules a period of 10 minutes is allocated for members of the public to address the meeting on any matter relevant to the work of the body in question. Individual members of the public may speak for up to 5 minutes but the Chairman or person presiding will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers. Members of the public are not required to give notice to use this facility. However, as a matter of courtesy, a period of 24 hours' notice is encouraged.

Members of the public wishing to ask a question at the meeting should provide at least three clear working days' notice in writing and should include the question with that notice. This will enable an informed answer to be given.

7. **Appointment of non-voting Associate Members** (Pages 15 - 18)

To agree the appointments of the Non-Voting Associate Members of the Board for the next 12 months.

8. **Long Covid Update** (Pages 19 - 28)

To receive an update on the development of Long Covid services.

9. **Winter Pressures Update** (Pages 29 - 32)

To receive an update on the Urgent and Emergency Care Recovery and Winter Plan.

10. **Test, Trace, Contain, Enable' Update**

To receive a verbal update on Test, Trace, Contain, Enable.

11. **Cheshire East Place Partnership Update**

To receive a verbal update on the work of the Cheshire East Place Partnership.

12. **Cheshire East Integrated Care Partnership Update**

To receive a verbal update on the Cheshire East Integrated Care Partnership.

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Minutes of a virtual meeting of the
Cheshire East Health and Wellbeing Board
held on Tuesday, 23rd March, 2021

PRESENT**Voting Members**

Councillor Sam Corcoran (Chairman), Cheshire East Council
Councillor Kathryn Flavell, Cheshire East Council
Councillor Laura Jeuda, Cheshire East Council
Jill Broomhall, Cheshire East Council
Dr Andrew Wilson (Vice-Chairman), NHS Cheshire CCG
Clare Watson, NHS Cheshire CCG
Louise Barry, Healthwatch Cheshire
Steven Michael, Cheshire East Health and Care Partnership
Dr Patrick Kearns, Cheshire East Integrated Care Partnership
John Wilbraham, Cheshire East Integrated Care Partnership

Non-Voting Members

Lorraine O'Donnell, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Superintendent Peter Crowcroft, Cheshire Constabulary
Chris Hart, Cheshire East Social Action Partnership
Mike Larkin, Cheshire Fire and Rescue
Councillor Jill Rhodes, Cheshire East Council
Ged Rowney, Cheshire East Council

Cheshire East Officers and Others

George Gibson, Healthwatch Cheshire
Professor Rod Thomson, Public Health
Guy Kilminster, Corporate Manager Health Improvement
Laura Rogerson, Children Services
Roisin Beressi, Lead Team Manager
Rachel Graves, Democratic Services Officer

38 APOLOGIES FOR ABSENCE

Apologies were received from Dr Matt Tyrer (Cheshire East Council).

39 DECLARATIONS OF INTEREST

Councillor S Corcoran declared a non-pecuniary interest by virtue of his wife being a GP.

40 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 26 January 2021 be approved as a correct record.

41 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

42 HEALTHWATCH CHESHIRE SURVEY: HEALTH AND WELLBEING DURING CORONAVIRUS

The Board received a presentation from Louise Barry and George Gibson on the findings of the Healthwatch Cheshire Health and Wellbeing During Coronavirus survey during the period 4 May 2020 to 15 October 2020.

The presentation and report in the agenda detailed the key findings from the survey in areas of healthcare, mental health and wellbeing, and care.

The final results from the survey would be reported to the Board in due course.

RESOLVED:

That the presentation be received and noted.

43 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) IMPROVEMENT UPDATE

The Board considered an update on progress against the Cheshire East SEND Written Statement of Action, produced following the Ofsted and CQC inspection in March 2018.

The report set out the progress on the two areas of significant weakness identified by the Ofsted and CQC inspection and set out the key priorities for the next twelve months.

Ofsted had been due to carry out a SEND re-visit before the end of April 2020. However in March 2020 Ofsted had announced that all inspections were suspended due to the Covid pandemic. From autumn 2020 Ofsted and CQC had been carrying out joint interim visits to local areas regarding their SEND arrangements in lieu of SEND inspections or re-visits. It was understood that Ofsted and CQC were likely to re-commence SEND inspections and SEND re-visits from 1 April 2021, dependant on Covid restrictions in place, and preparations were continuing with preparing key documents to evidence progress, carrying out communications and engagement with all stakeholders and ensuring arrangements were in place to respond quickly upon notification of the re-visit.

RESOLVED: That the Health and Wellbeing Board:

1. note the update on the preparations for the SEND re-visit, and
2. note and endorse the contents of the SEND Self-evaluation in Appendix 1 to the report.

44 DELAYING THE REFRESH OF THE CHESHIRE EAST PHARMACEUTICAL NEEDS ASSESSMENT

The Board considered the proposal to postpone the Pharmaceutical Needs Assessment for a period of 12 months.

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 required Health and Wellbeing Boards to publish and keep updated a Pharmaceutical Needs Assessment for their area. The current Cheshire East Pharmaceutical Needs Assessment was published in 2018 and was due for renewal in 2021.

The Pharmaceutical Needs Assessment could take six to twelve months to prepare as it went through an extensive engagement and formal consultation process. The current demands placed upon the Public Health Team and the Pharmacy profession dealing with the Covid pandemic meant that the capacity to review the Pharmaceutical Needs Assessment was not available. It was therefore proposed that the current version remain live for the next twelve months and plans be put in place to work on the refresh from June 2021 onwards if the demands of Covid reduced.

RESOLVED:

That the Cheshire East Health and Wellbeing Board agree to the postponement of a revised Pharmaceutical Needs Assessment for a period of 12 months.

45 TERMS OF REFERENCE UPDATE

Consideration was given to the proposed changes to the Health and Wellbeing Board's terms of reference.

Following recent changes to the Council's senior management team and the forthcoming introduction of the new Committee system of governance, changes to the wording of the membership section of the terms of reference were required.

RESOLVED: That the following proposed changes to the Health and Wellbeing Board's Terms of Reference be recommended to the Constitution Committee:

1. the Acting Director of Adult Social Services be included as a core voting member of the Health and Wellbeing Board and the Interim Director of Children's Services as a core non-voting member.
2. the wording in paragraph 5.1 of the terms of reference regarding the nomination of Councillors to sit on the Health and Wellbeing Board be amended to read 'will be determined by Cheshire East Council'.
3. the reference to the Scrutiny Committee be amended in paragraph 4.6 of the terms of reference.

46 TEST, TRACE, CONTAIN, ENABLE' UPDATE

Professor Rod Thomson gave an update on the Test, Track, Contain and Enable system in Cheshire East.

He reported that since the last meeting there had been a reduction in the number of case, with the rate of infections hovering around 52-55 new cases per 100,000 in the last seven days and no new cases had been reported in care homes in the last two weeks.

Schools had reopened and asymptomatic testing of pupils was being carried out at school for the first two weeks and then moving to home testing. So far 25 schools had identified cases of covid, and action had been taken quickly to isolate the affected pupils.

There have also been a few workplace outbreaks with these being initially identified via people being symptomatic. These have been followed up with the Swab Squad going into the workplace and additional testing being provided which had identified further cases. The Public Health Team and Regulatory Services team were working with business to ensure covid secure procedures were in place.

The asymptomatic testing programme had been opened to wider parts of the community to enable workers who must attend work rather than work from home to be able to receive asymptomatic screening. As part of a national pilot the Crewe testing site would switch to a new model, which would allow it to do asymptomatic testing in the morning and symptomatic testing in the afternoon and evening. Also five pharmacies currently provided asymptomatic testing as well.

RESOLVED:

That the verbal update be noted.

47 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

The Board received an update on the Cheshire East Place Partnership from Steven Michael.

The Partnership had been looking at its form and purpose and at its last meeting had reviewed its terms of reference and memorandum of understanding. There was a need for the Partnership to realign its work with that of the Health and Wellbeing Board, and the ICS as it developed and became clearer on how decisions would be made.

Following discussions on the way to take things forward, it had been agreed that a workshop format would be adopted, which would include all partners, to get a collective understanding of where it was thought the Partnership needed to move forward and how it fitted in within Place.

Four key areas to look at had been identified:

1. Future commissioning arrangements
2. Development of the ICS and gaining clarity of what was in/not in its remit
3. Sustainability of acute services, which linked to the development of the ICS
4. Mental health services and how they align with Place

RESOLVED:

That the verbal update be noted.

48 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE

The Board received a verbal update on the on the Integrated Care Partnership.

It was reported that a development session would be held in April to consider the ambitions of the partners for the next 12 months and beyond and would include consideration of how to deliver the recovery programme and move out of the covid pandemic stage back to 'business as usual'.

RESOLVED:

That the verbal update be noted.

The meeting commenced at 2.00 pm and concluded at 3.15 pm

Councillor S Corcoran (Chairman)

This page is intentionally left blank

CHESHIRE EAST COUNCIL

Minutes of a virtual informal discussion meeting of the
Cheshire East Health and Wellbeing Board
held on Monday, 26th July, 2021

PRESENT

Voting Members

Councillor Carol Bulman, Cheshire East Council
Councillor Sam Corcoran (Chairman), Cheshire East Council
Councillor Kathryn Flavell, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Steven Michael, Cheshire East Health and Care Partnership
Dr Matt Tyrer, Director of Public Health
John Wilbraham, Cheshire East Integrated Care Partnership

Non-Voting Members

Lorraine O'Donnell, Cheshire East Council

Associate Non-Voting Members

Councillor Janet Clowes, Cheshire East Council
Chris Hart, Cheshire East Social Action Partnership
Councillor Jill Rhodes, Cheshire East Council

Cheshire East Officers and Others

Guy Kilminster, Corporate Manager Health Improvement
Laura Rogerson, Children's Services
Karen Shuker, Democratic Services Officer

1 ELECTION OF A CHAIR AND VICE CHAIR

AGREED:

That a Chair and Vice Chair will be appointed at the next meeting.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Jill Broomhall, Peter Crowcroft, Chris Hart, Frank Jordan, Dr Patrick Kearns, Mike Larking, Ged Rowney, Clare Watson and Caroline Whitney.

3 DECLARATIONS OF INTEREST

There were no declarations of Interest.

4 MINUTES OF PREVIOUS MEETING

AGREED:

That the minutes of the meeting held on 23 March 2021 be approved as a correct record at the next formal meeting.

5 PUBLIC SPEAKING TIME/OPEN SESSION

There were no public speakers.

6 APPOINTMENT OF NON-VOTING ASSOCIATE MEMBERS

AGREED:

Non-Voting Associate Members will be appointed at the next meeting.

7 JOINT OFSTED AND CARE QUALITY COMMISSION SEND REVISIT

The Board received a presentation from Laura Rogerson on the joint Ofsted and Care Quality Commission SEND revisit, the outcome of which noted that the Council had made sufficient progress since its previous inspection.

The Board thanked those involved for their hard work in the lead up to the inspection and effort to deliver this positive result.

AGREED:

That the presentation be noted.

8 HEALTHWATCH COVID-19 REPORT (OCTOBER 2020 - MARCH 2021)

Louise Barry summarised the findings of the follow-up report of the Healthwatch Cheshire East on Covid-19 within the period between October 2020 and March 2021.

The summary and report in the agenda detailed the key findings from the survey in areas of healthcare, mental health and wellbeing, and care.

AGREED:

That the findings of the report be noted.

9 CHILD DEATH OVERVIEW PANEL ANNUAL REPORT

The Board receive a presentation from Dr Thirumurugan of the 2019/20 Annual Report of the Child Death Overview Panel.

It was noted that due to the pandemic there had been a delay in the report being published.

The presentation provided data on the number of child deaths, the number of reviews carried out, time taken to carry out reviews, categories of death, location of death and any modifiable factors which may help prevent unnecessary child deaths, and set out the priorities for 2020/21 and the challenges faced by the Pan Cheshire Child Death Overview Panel.

AGREED:

That the Pan Cheshire Child Death Overview Panel Annual Report 2019/20 be received and noted.

10 CHESHIRE CARE RECORD

The Board received an update on the current position of the Cheshire Care Record.

AGREED:

- 1 that the update within the agenda in respect of the summary of the current position of the Cheshire Care Record be noted.
- 2 That any questions in respect of the Cheshire Care Record be raised with Guy Kilminster outside of this meeting.

11 TEST, TRACE, CONTAIN, ENABLE UPDATE

Dr Matt Tyrer provided a verbal update on the Test, Trace, Contain and Enable Programme.

He reported that there had been a substantial rise in the number of cases in Cheshire East with the rate of infections hovering around 489 per 100,000. There was spread across the borough, although there had been few hospital admissions due to vaccine uptake within Cheshire East, compared to its neighbours. It was reported that the numbers being admitted to hospital who had received both vaccinations was very low and the measures taken during the pandemic continued to work well.

Approaches around what mitigations could be put in place for frontline workers who could evidence that they had been double vaccinated and had a negative PCR test were being explored.

There was still concern around the rise in cases in the younger people, and emphasis was needed to get the message across to those younger people who were eligible for the vaccine.

AGREED:

That the verbal update be noted.

12 CHESHIRE EAST PLACE PARTNERSHIP UPDATE

The Board received a verbal update on the Cheshire East Partnership from Steven Michael.

Since the last Board meeting the accountable officers of the Partnership had met on the 1 and 7 July to get a clearer understanding of what needed to change and why, where it needed to change and who would lead the change.

An additional step had been identified around focusing on the 'how' and capabilities in more detail, how to support the transformation and the governance and how to involve the Board as part of the conversation. This would be discussed at the final meeting scheduled for 13 August 2021. It was felt that the two meetings held previously had built trust and a sense of enthusiasm for the final meeting.

AGREED:

That the verbal update be noted.

13 CHESHIRE EAST INTEGRATED CARE PARTNERSHIP UPDATE

The Board received a verbal update on the Cheshire East Integrated Care Partnership.

It was reported that there had been some progress on strategy work, although the main focus had been around the here and now. There had been developments in respect of dermatology which had been brought together within the ICP, specifically looking at improving tele dermatology.

AGREED:

That the update be noted.

The meeting commenced at 2.00 pm and concluded at 3.51 pm

Councillor S Corcoran (Chair)



CHESHIRE EAST HEALTH AND WELLBEING BOARD

Title of Report:	Appointment of Non-Voting Associate Members to the Cheshire East Health and Wellbeing Board 2021-2022
Date of meeting:	7 th September 2021
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	N/A

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision X
Why is the report being brought to the board?	In accordance with Terms of Reference		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	To consider and determine whether to appoint the named individuals as Non-Voting Associate Members of the Cheshire East Health and Wellbeing Board.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	The Non-Voting Associate Members bring added value to the work of the Board, representing organisations that engage with residents in many different ways and have the potential through effective joined up working to improve health outcomes in Cheshire east.

1 Report Summary

- 1.1 The Cheshire East Health and Wellbeing Board's Terms of Reference allow for the appointment of Non-Voting Associate Members on an annual basis. This report sets out the names of the individuals currently attending the Board in this guise and offers the Board the opportunity to agree to a further 12-month term. In addition, the Board can consider if others should be nominated to join the Board as Non-Voting Associate Members.

2 Recommendations

- 2.1 That the Cheshire East Health and Wellbeing Board agree the Non-Voting Associate Members of the Board for the next 12 months.

3 Reasons for Recommendations

- 3.1 To meet the requirements of the Terms of Reference.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Non-voting Associate Members contribute to the work of the Board and the delivery of the Health and Wellbeing Strategy priorities.

5 Background and Options

- 5.1 In accordance with Paragraph 5.3 of the Cheshire East Health and Wellbeing Board's Terms of Reference, the Core Voting Members through a majority vote have the authority to appoint individuals as Non-Voting Associate Members of the CEHWB. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM" of the CEHWB. Associate Members will assist the CEHWB in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the CEHWB.
- 5.2 The following individuals have been attending the Board for the last year as Non-Voting Associate Members:

Councillor Janet Clowes - Cheshire East Council
Peter Crowcroft – Cheshire Constabulary
Mike Larking – Cheshire Fire and Rescue
Caroline Whitney - CVS Cheshire East
Chris Hart – CE Social Action Partnership
Frank Jordan – Cheshire East Council Place Directorate

- 5.3 It is proposed that these appointments be agreed for a further year, with the exception of Frank Jordan who has left the local authority.
- 5.4 The Board also has the opportunity to nominate additional Non-Voting Associate Members for a twelve-month term, so any such nominations are welcomed for consideration.
- 5.5 Councillor Jill Rhodes was attending as a Non-Voting Associate Member over the last year but has now been nominated as one of the Core Voting Members of the Board representing Cheshire East Council.

6 Access to Information

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

Name: Guy Kilminster
Designation: Corporate Manager Health Improvement
Tel No: 07795 617363
Email: guy.kilminster@cheshireeast.gov.uk

This page is intentionally left blank

Long Covid definition

NICE guidance (NG188) provides the Clinical definitions for the initial illness and long COVID at different times:

- **Acute COVID-19:** signs and symptoms of COVID-19 for up to 4 weeks.
- **Ongoing symptomatic COVID-19:** signs and symptoms of COVID-19 from 4 to 12 weeks.
- **Post-COVID-19 syndrome:** signs and symptoms that develop during or after an infection consistent with COVID-19 continue for more than 12 weeks and are not explained by an alternative diagnosis.

In addition to the clinical case definitions, 'long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome (defined above).



Symptoms

Wide ranging and varied

- **Respiratory-** Breathlessness and cough
- **Cardiovascular symptoms-** Chest tightness/pain and palpitations
- **Generalised symptoms** – fatigue, fever and pain
- **Neurological symptoms-** Cognitive impairment ('brain fog', loss of concentration or memory issues), Headache, Sleep disturbance, Peripheral neuropathy symptoms (pins and needles and numbness), Dizziness, Delirium (in older populations)
- **Gastrointestinal symptoms-** Abdominal pain, nausea, Diarrhoea, Anorexia and reduced appetite (in older populations)
- **Musculoskeletal symptoms** – Joint and muscle pain
- **Psychological/psychiatric symptoms** – Depression and anxiety
- **Ear, nose and throat symptoms** –Tinnitus, Earache, Sore throat, Dizziness, Loss of taste and/or smell.
- **Dermatological-** Skin rash



Current Service

Cheshire and Merseyside (C&M) Respiratory Clinical Network were tasked (Nov 2020) by NHSE/I with developing a **post COVID-19 assessment service (PCAS)**. **The service is designed to support patients with symptoms of COVID-19 lasting more than 12 weeks and is based on NICE guidance.**

The Post Covid Assessment Service opened for referrals in January 2021; based in Liverpool and provided by Liverpool University Foundation Trust (LUFT). This is an 'all age' assessment Service with Alder Hey Children's hospital supporting those patients under 18 years old. The Service accepts referrals from GPs across Cheshire and Merseyside.

Patients are offered a **telephone or video consultation** and are not expected to travel to Liverpool. The Assessment service **provides a full assessment and treatment plan**, referring the patient back to their existing local services e.g., Pulmonary Rehab, Improving Access to psychological therapies (IAPT), or secondary care consultants for single organ issues e.g., cardiology to support ongoing treatment.

Initial funding of £450K was made available to support the C&M integrated Care system (ICS) to develop and resource this regional assessment service for the year ending March 2021. A proportion of this was allocated to the Cheshire and Merseyside Pulmonary Rehabilitation teams to support assessments locally. It is important to note that this funding was specifically for assessment services only and the additional demand for treatment was supported by hospital trusts.



Referrals to Cheshire and Merseyside ICS Post COVID assessment service (June 21)

Place	COVID-19 Infections to 26/06/21	Referral to PCAS	% of total referrals to C&M	Long COVID-19 Cases per 100K Population
Cheshire East	23,299(CIPHA)	47	9.6%	12.2
Cheshire West	23,914(CIPHA)	67	13.7%	19.5
Halton	12,563	21	4.3%	16.2
Warrington	19,375(CIPHA)	54	11%	25.7
For Comparison				
Liverpool	52,371(CIPHA)	127	26%	25.5



Development of Long Covid Services for 2021/2022

National guidance for Long Covid was published by NHSE/I in April 2021 to inform the commissioning of PCAS services and states that:

‘Clinics should offer physical, cognitive, psychological and psychiatric assessments with the aim of providing consistent services for people with post-COVID syndrome (‘Long COVID’). These services should support those who need them, irrespective of whether they were hospitalised and regardless of whether clinically diagnosed or by a SARS-CoV-2 test’

Following the guidance issued and building on the experience and learning from the Liverpool PCAS service, a new pathway has been proposed which brings the multi-disciplinary team into the localities (Tier 3) with only the most severe cases being referred onto the C&M PCAS (Tier 4). This new pathway is in development and funding will support the development of the place-based multi-disciplinary teams (MDT’s)



NHS Long Covid Plan

The NHS Long Covid Plan was published in June 2021 which sets out the 10 key steps for 21/22 summarised as follows:

£70 million to expand Long COVID services and support treatment and rehabilitation pathways to add to the £24 million already spent on Post-COVID Assessment Clinics, the proportion of this allocated to the Cheshire and Merseyside system has been confirmed as £4 Million.

£30 million for the rollout of an enhanced service for general practice to support patients to be managed in primary care, where appropriate, and enable more consistent referrals to clinics for specialist assessment and treatment.

Care coordination- Care coordinators will support the running of Post-COVID Assessment Clinics

Establish 15 Post-COVID assessment children and young people's hubs across England in order to coordinate care across a range of services.

Develop standard rehabilitation pathway packages to treat the commonest symptoms of Long COVID.

Extend the use of the Your COVID Recovery online rehabilitation platform.

Collect and publish data to support operational performance, and clinical and research activities.

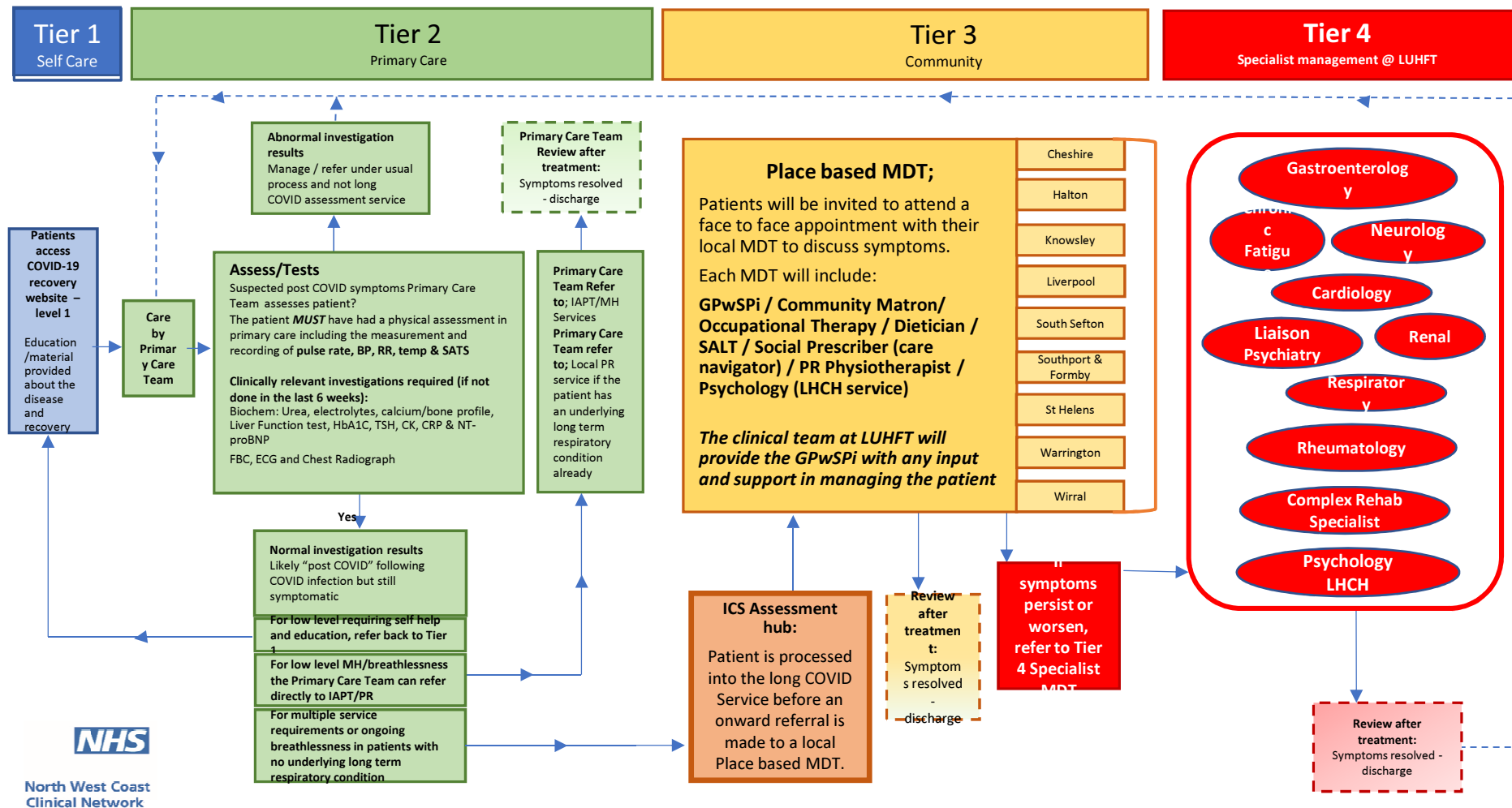
Focus on equity of access, outcomes and experience. The NHS will use data tools to track take up by gender, ethnicity and deprivation, against expected prevalence.

Promote good clinical practice through the national learning network on Long COVID for healthcare professionals

Support our NHS staff suffering from Long COVID

Cheshire Funding Allocation

Place	+Covid cases (Jan -Jul 21)	% of Total C&M cases	Funding Allocation 2021/2022
Cheshire West	14,605	10.9	310,396
Cheshire East	13,958	10.4	296,645





Community Support

- The Public Health team at CWAC have sent a Long Covid Survey and are currently looking at responses and arranging a focus group for Long Covid patients
- Health Watch are involved in exploring the Patient experience
- Nuffield Charitable foundation are providing free Covid rehabilitation classes are available
- Social prescribers will be part of the new place based Multidisciplinary teams to connect patients to Voluntary sector support.
- Local authorities are engaging with small and medium businesses to understand how they can support them to understand and manage staff suffering with Long Covid.

This page is intentionally left blank

NHS Cheshire CCG Urgent and Emergency Care Recovery and Winter Plan

Background

- Cheshire urgent and emergency health and care system is currently under significant pressure
- The A&E Delivery Board is monitoring 6 significant Risks as follows

Verto Ref	Title
17	Insufficient Community Health & Social Care Capacity to support discharge and ensure flow through the system
8	High numbers of people waiting significantly longer than 4 hours to be seen and treated within Emergency Departments, with the consequence of poor patient outcomes and experience.
9	Emergency Department's failure to meet Ambulance Handover Standard (handover within 15 minutes) which adversely affects the NWAS PES timely response to life threatening incidents and risk of harm to patients.
13	The pandemic has had impacts on mental health, resulting in the requirement for complex mental health care and pressures for acute bed capacity. People requiring admission for a mental health condition, may have to wait longer than 4 hours in A&E for a suitable mental health bed to be allocated, and an increasing number of people are waiting more than 12 hours for a bed, with all the associated risk to patients.
14	NHSE/PHE - risk of an early outbreak of paediatric respiratory cases commencing August 2021, modelling shows the most likely scenario of a 20-50% increase in RSV cases/admissions.
18	Current workforce levels are unable to meet service demand across the Cheshire System, leading to poorer standards of care and risks to patients and staff health.

Actions agreed:

Actions	Timescales
Develop an urgent and emergency recovery plan based on the 6 risks highlighted- for review by system leaders	27/08/21
Progress rapidly with plans to build capacity to support hospital flow	Ongoing
Cope plans for the remainder of the year to identify sustainable solutions for identified risks supported by partnership working and aligned commissioning	Present to A&EDB 15/08/21
Plans to include arrangements for predicted winter surge capacity to ensure safe and effective services	Present to A&EDB 15/08/21
Monitor and report on system performance	Ongoing

This page is intentionally left blank