

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Supplementary Agenda

Date: Thursday, 10th September, 2020
Time: 10.00 am
Venue: Virtual Meeting

6. **Sustainability of Health Services in Cheshire East** (Pages 3 - 30)

To consider an update from health partners.

Report/presentation to follow.

For requests for further information

Contact: Joel.Hammond-Gant

Tel: 01270 686468

E-Mail: joel.hammond-gant@cheshireeast.gov.uk with any apologies

This page is intentionally left blank



Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 10 September 2020

Report Title: Local NHS Health Services Update

1. Report Summary

- 1.1. The presentation to be provided at the meeting will give updates on key areas of work affecting the health service provision in Cheshire East. This will include developments in relation to the response to the COVID-19 pandemic; an overview of steps being taken in relation to the requirements of the COVID Phase 3 Recovery Planning letter¹ as set out by NHS England/Improvement and a progress report on the Cheshire East Health and Care Partnership's Transformation Programme regarding Acute Services Redesign, as outlined in the Five Year Plan and as shared with the Committee previously

2. Recommendations

- 2.1 That the Health and Adult Social Care and Communities Overview and Scrutiny Committee note the ongoing changes brought about by the need to respond to the COVID-19 pandemic, the activity underway in relation to the Phase 3 Recovery Planning and the progress made with the Cheshire East Place Health and Care Partnership Transformation Programme's work to deliver the outcomes set out in the Five Year Plan.

3. Reasons for Recommendations

- 3.1 To ensure that the Committee is kept informed of the strategic context within which health and care services are working, the drivers for change that are influencing the planning for service transformation and improvement and changes that are in hand or being planned.

4. Background

- 4.1 The COVID-19 pandemic has brought about significant change to the way health and care services were delivered and experienced by residents since March 2020. There are opportunities presented by the learning from recent months to accelerate some of the positive changes (some of which we were seeking to progress as part of the Five Year Plan – for example a shift to more digital service provision), whilst also reflecting on those areas of activity that change was forced upon and that now need reviewing.
- 4.2 At the same time there is a requirement from NHS England / Improvement to see service normality restored as soon as possible, with particular concerns in relation to increasing waiting times and potential harmful impacts on individual's health because of delays in presenting with symptoms – for example concerns with regard to cancer diagnoses, cervical screening and childhood

¹ <https://www.england.nhs.uk/coronavirus/publication/third-phase-response/>

immunisations. To assist in this the COVID-19 Phase 3 Recovery Planning process was launched on 31st July. This is being led by the Cheshire and Merseyside Health and Care Partnership, but each of the nine 'Places' within the Partnership (of which Cheshire East is one) are required to submit information in relation to a number of areas of activity (see Appendix One).

- 4.3 The COVID-19 pandemic has also stalled progress on the Cheshire East Health and Care Partnership's Transformation Programme. As a reminder the focus of the Partnership is upon:
- tackling inequalities, the wider causes of ill-health and the need for social care support through an integrated approach to reducing poverty, isolation, housing problems and debt;
 - prevention of ill health through early intervention, health improvement and creating environments that support and enable people to live healthily;
 - ensuring our actions are centred on the individual, their goals, the communities in which they live and supporting people to help themselves;
 - having shared planning and decision making with our residents.
- 4.4 The Cheshire East Health and Care Place Partnership has established a number of work streams to take forward the delivery of the Plan. Together, these form the framework for developing and implementing the solutions that will ensure a sustainable health and care system over the next five years:
- Acute Sustainability (linked closely to the work at a Cheshire and Merseyside level)
 - Integrated Care Partnership, establishing an alliance of providers to deliver integrated health and care services;
 - Care Communities, developing plans for improved community based health and care, moving care closer to home and reducing, where possible, the need to access hospital services;
 - Integrated Commissioning across health and social care;
 - Finance;
 - Communications and engagement;
 - Back office / shared services, identifying opportunities to work across organisations more efficiently;
 - Workforce and Organisational Development;
 - IT / Digital;
 - Estates.

5. Access to Information

- 5.1 The Cheshire East Health and Care Partnership Five Year Plan is here:
<https://www.cheshireeast.gov.uk/livewell/care-and-support-for-adults/working-in-partnership/cheshire-east-partnership.aspx#>

6. Contact Information

- 6.1 Any questions relating to this report should be directed to the following officer:

Name: Matthew Cunningham
Job Title: Director of Governance & Corporate Development,
NHS Cheshire CCG
Email: matthew.cunningham@nhs.net

Update on local NHS Services

Report for Cheshire East Council Health, Adult Social
Care and Communities Overview and Scrutiny Committee

10 September 2020

Clare Watson, Accountable Officer, NHS Cheshire CCG

James Sumner, Chief Executive, Mid Cheshire NHS Foundation Trust

Kath Senior, Director of Quality and Nursing, East Cheshire NHS Trust

Madelaine Lowry, Associate Director of Operations, Cheshire & Wirral Partnership NHS Foundation Trust

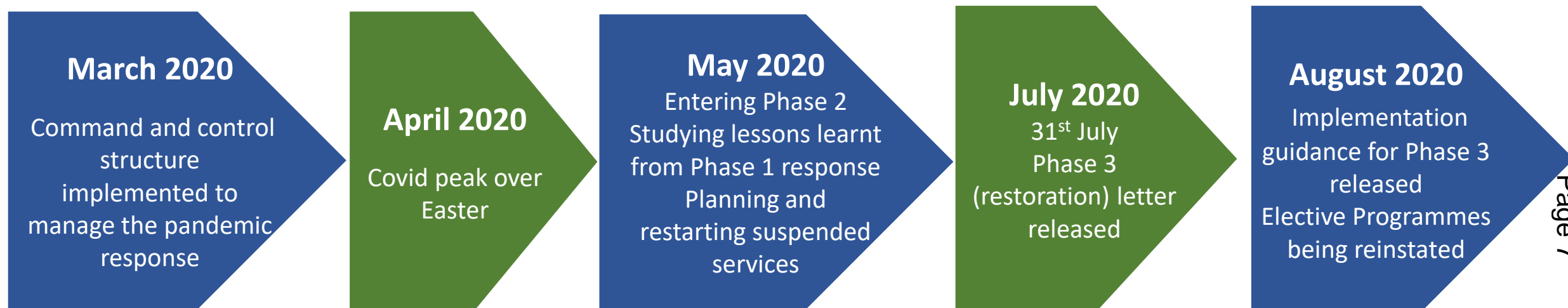
Purpose of Presentation

Provide Committee members with:

- a follow up from the July 2020 presentation to OSC on the local health system response to Covid-19
- an outline of steps to be taken towards restoration of NHS services
- an update on progress around the Cheshire East Acute System Redesign work

NB – This presentation intentionally gives a high level NHS overview. The presenters are happy to give a more detailed explanation at the meeting of any specific areas of interest.

Overview of key milestones



Outlined in the following slides are:

- the key COVID-19 headlines and regional developments
- National key priorities around restoration
- updates on service changes that took place during COVID-19
- outline next steps regarding restoration

Key Covid-19 headlines

- we have come through the peak, but coronavirus looks set to be here for some time to come
- the Northwest experienced COVID-19 later and for longer, and has already suffered worse inequalities and outcomes than other regions
- need to remain vigilant and responsive to regional spikes and lockdown/restrictions. Whilst there has been a significant fall in COVID-19 inpatient numbers the virus remains in general circulation with localised outbreaks occurring and being managed
- all NHS organisations (including NHS Cheshire CCG) have retained their EPRR incident coordination centres and continue to be vigilant in keeping our communities safe
- there continues to be a need for urgent preparation to mitigate the risks of a potential second wave and a particularly challenging winter 2020/21
- urgent actions are required to address inequalities in NHS provision and outcomes.

Key regional developments

In response to COVID-19, a number of key developments have taken place including:

- oversight, support and coordination is being provided by Regional Director Bill McCarthy and his team
- a Regional Leadership Group has been established and a business plan developed to restore, transform and prepare services for the future
- a ***‘Northwest COVID-19 Community Risk Reduction Framework’*** has been published to help reduce the risk and impact of transmission on local communities
- Cheshire and Merseyside Health and Care Partnership (HCP) is working with all partners in our system to respond to the implementation guidance

National key priorities around restoration



Return of Non-COVID services

- restore full operation of all Cancer Services
- recover Maximum Elective Activity between now and winter – use of the Independent Sector for some procedures
- restore primary, community and mental health services
- manage waiting lists at system and trust level; clinically urgent patients first then longest waiting

Winter & Covid Demand

- continue to follow good Covid-related practice whilst preparing for localised or national Covid outbreaks
- continue to follow Public Health England/DHSC policies on testing for staff and patients, and anticipate routine testing of all asymptomatic staff
- ensure all staff have access to Personal Protective Equipment and Infection Prevention Control measures, along with Post-COVID health & wellbeing support.

Doing things differently

- take account of lessons learned and lock in beneficial changes
- tackle challenges with inequalities and prevention
- take action to ensure support for our staff
- move towards new financial arrangements, performance monitoring and system working

Return of Non-COVID services

Cancer Services

Elective Activity

National Requirements

- Restore full cancer services across the system Cancer Alliance
- Increase Endoscopy Capacity to normal levels and use CT colonoscopy to substitute where appropriate
- Fully restart cancer screening programmes
- Expect increase in **referral rates (140%)** by October
- Restore **80% of elective** IP/DC by September, rising to 90% in October, making full use of the Independent Sector
- Restore **90% of diagnostic** procedures to **100%** by October
- Restore **100% of Outpatient** attendances from September to the end of the year
- Patients prioritised to reduce cancer and elective waiting times

Challenges

Challenges

Capacity plans not currently meeting national requirements due to:

- Increased turnaround times in diagnostics and OP settings
- 14 day isolation of patients pre-admission
- Lower than expected uptake of patient appointments
- Clinical zoning of hospital areas and patient cohorting
- Downtime between theatre and Out Patient Department procedures

New Opportunities

- Roll out of 'Attend Anywhere' software
- Independent Sector contracts extended

Winter & Covid-19 Demand

Cancer Services

Elective Activity

National Requirements

- Continue to follow good Covid-related practice to enable patients to access services safely and protect staff
- Sustain current NHS staffing, beds and capacity
- Use the Independent sector, Nightingale Hospitals to quickly and safely discharge patients from NHS hospitals
- Expanding the 111 offer, prepare for direct referrals to Same Day Emergency Care and Speciality 'hot' clinics.
- Continue to work with local authorities on resilient social care services.
- Ensure that those medically fit for discharge are not delayed from being safely discharged.

Challenges

Challenges

- Clinical Capacity to meet surges in emergency demand including urgent care facilities, critical care, acute medical beds and diagnostics
- Covid-19 risk of second surge
- Maintaining capacity to reduce routine elective backlog
- Workforce capacity and resilience across the system
- Escalating financial costs with no additional funding for winter

New Opportunities

- Critical Care bed capacity
- Same Day Emergency Care (SDEC)
- #Hot Hubs hybrid model across GP Practices

Doing things differently

Workforce

Health Inequalities & Prevention



National Requirements

Workforce

- Actions all NHS employers should take to keep staff safe, healthy and well
- Specific requirements for flexible working
- Urgent action to address systemic inequality, including BAME staff
- New ways of working and delivering care, making full use of peoples skills and experience
- Grow the NHS workforce and retain staff for longer

Health Inequalities and Prevention

- Protect the most vulnerable from COVID
- Restore NHS services inclusively
- Accelerate preventative programmes
- Strengthen leadership and accountability
- Ensure datasets are complete and timely to understand and respond to inequalities

Challenges

- Workforce resilience: Supporting health and Wellbeing, including rest, recuperation and psychological health
- Providing PPE and testing for staff
- Use of additional hours sustainably
- Recruitment and retention
- Addressing sickness absence
- Managing redeployment following risk assessments
- Matching staff availability and workforce requirements linked to activity and service redesign

New Opportunities

- Flexible working options
- 100% compliance for BAME staff
- Coaching support
- Collaboration across health care systems
- 24/7 mental health helpline

Updates on service changes during Covid

- **Intrapartum Services.** Intrapartum and neonatal care services at East Cheshire NHS Trust (ECT) were suspended temporarily in late March 2020. ECT Board has recently made a decision to extend the suspension of services to 31 March 2021. ECT will review formally review the position in February 2021. Plans to re-instate home births in Eastern Cheshire are now being developed. MCHT continue to co-host ECT intrapartum services, along with Stockport FT, Manchester FT (Wythenshawe) and Royal Stoke
- **24/7 mental health helpline:** Cheshire & Wirral Partnership (CWP) introduced a new urgent 24/7 mental health freephone helpline (0800 145 6485). It is available to people of all ages including children and young people who need urgent mental health support. The urgent 24/7 mental health helpline will continue to function indefinitely and be promoted heavily across communities.
- **Learning disability (LD) and children and young people's services** - CWP have extended their hours to provide support during evenings (8am-8pm) and weekends.
- **LD short break centre** - following a recent review CWP are now in a position to reopen one short break centre (Crook Lane, Cheshire), which will take up to 2 patients at a time from across Cheshire and Wirral. The service will re-open on 1 September for a couple of short weeks, building to provide a 7-day service from 21 September.

Updates on service changes during Covid

- **Mental Health Support Teams (MHSTs)** - have been developed to work within schools across Cheshire to support the emotional health and wellbeing of local young people. The service builds on the existing work of CWP CAMHS, providing advice to schools, young people and families, delivering evidence-based interventions for mild to moderate mental health difficulties and supporting the development of mentally healthy schools. Cheshire currently has two MHSTs, one based in **Crewe** and one based in Ellesmere Port. Further funding is coming on stream later this year which will result in CWP having 8 teams in total, 5 in Cheshire and 3 in Wirral – making CWP the largest provider of MHSTs in North of England).
- **GP Primary Care.** During the pandemic the way of working for General Practice changed significantly and practices continue to operate in a very different way from their processes pre-pandemic. These changes included:
 - **Total Triage / remote consulting**
 - **Long term condition management/support to shielding patients**
 - **Prescribing**
 - **Zoning**
 - **Hot hubs**

Updates on service changes during Covid

- **General Practice Care Home support services** – the CCG has worked with Primary Care to develop a General Practice Care Home support service which complements the national enhanced service and is due to go live at the start of October. This will mean we have a consistent offer to Care Home residents (nursing and residential homes) across Cheshire
- **Community Services: Enhanced crisis response services in line with Long Term Plan:**
 - established a single point of access for home visits across Cheshire East
 - Central Cheshire Integrated Care Partnership (CCICP) – Winter plan includes 7 day administration to release clinical time to care
 - Care Community Rapid response 4 hour available across Care Communities including Advanced Community Practitioners, Community Nurses & Therapists
 - access to step up care through Community Intervention Beds and Geriatric Nursing Assistant Packages of care to prevent A&E admissions
 - CCICP Home Intravenous 7 day service in South Cheshire
 - CCICP Respiratory service 7 day

Next steps - restoration

- **GP Primary Care.** Going forward:
 - remote consulting has provided improved access and convenience for many and we expect that this will continue
 - Practices are reintroducing additional face to face appointments for those treatments or assessments which require face to face assessments (e.g. Minor Surgery, Diabetic Foot Checks)
 - prioritisation of long term condition checks and attempting to catch up with annual or more frequent reviews which have been delayed
 - working with community services and third sector partners to support patients in the community who have increased needs (including clinically vulnerable patients)
 - re-establishing multi-disciplinary team arrangements with other community services
 - continued greater use of advice and guidance systems and virtual clinics to support patients with their health care needs in a timely way and assist hospital clinic recovery plans
 - GP practices, working with the CCG, will look to expand the range of services to which patients can self-refer
 - GP Practices, working with the CCG, will be increasing their uptake of cervical screening as part of the wider focus under the '**action on cancer**' banner of increasing early diagnosis of cancer
 - consideration of how the additional roles scheme bringing different professions into the primary care team (such as pharmacists and social prescribers) can help to address patients unmet needs.

Next steps - restoration

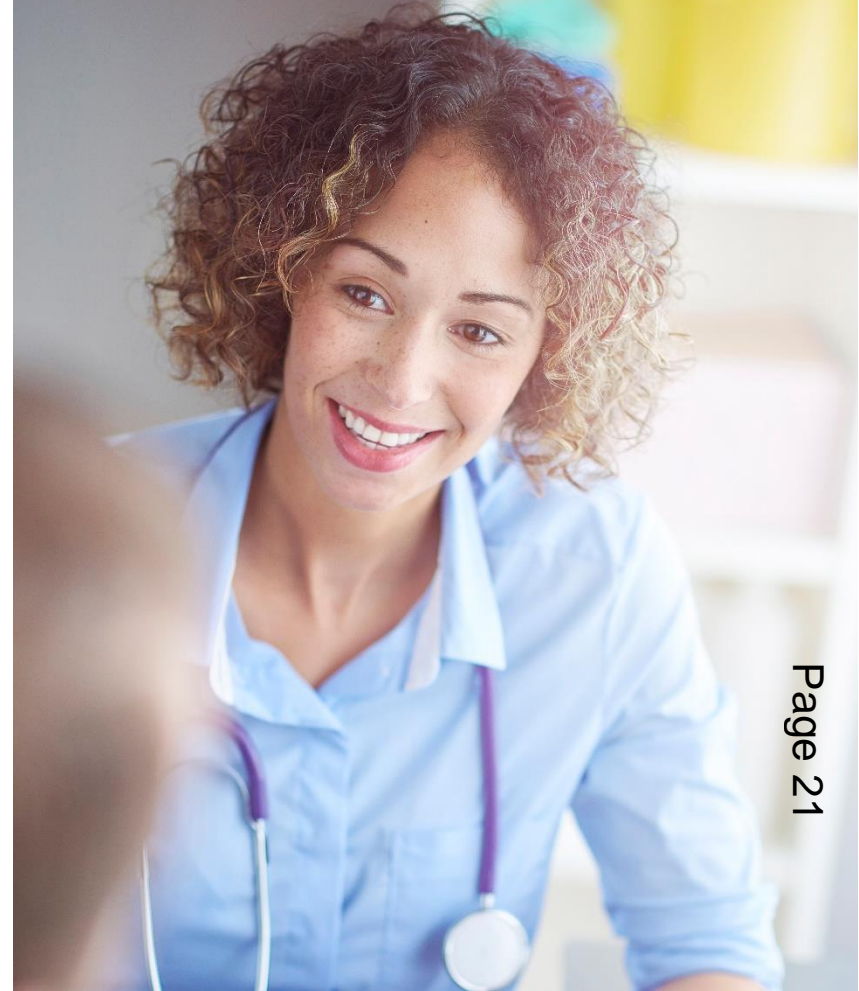
Community Services. Going forward:

- **Rehab support to patients post-Covid:**
 - working with the Local Authorities to develop processes for direct access to Domiciliary Care
 - proposals as part of the winter plan invest in additional therapy support: 7-day and 7-day admin to release clinical time to care
 - Pulmonary Rehab expansion to support greater number of patients
- **Resume home visiting for vulnerable patients and expand service range to which patients can self-refer:**
 - all house bound community services resumed against clear criteria to ensure the most complex patients prioritised
 - Network all link workers with the SPA
 - plans to increase clinical workforce to support workload e.g. Flu Vaccination, 7 day admin to release clinical time to care
- **Discharge to Assess:**
 - Pathway in place in line with national guidance, and retainer for packages of care from 7 days to 14 to protect the placement
 - proposals for additional capacity available locally for post-Covid patients with Multi-Disciplinary Teams wrap around and flex up or down options available as part of the winter plan

Next steps - restoration

- **Resume CHC assessments:**
 - use of central government funding for six weeks recovery to clear backlog and complete new referrals.
- **Assess patients discharged 19/03 – 31/08 and move to appropriate care:**
 - Joint work with Local Authorities underway with use of central government funding for additional staff and supported with recovery plan, trajectories and monitoring of risks.
- **Acute Services: moving forward (also refer to slides 6-9):**
 - in line with national guidance, increase elective work
 - maintain rigorous Infection Prevention and Control regimes
 - monitor impact of waiting times for patients especially around diagnostic and cancer work
 - continue regular reviews of services where changes have been invoked as a result of Covid-19
 - continue work around sustainability of services

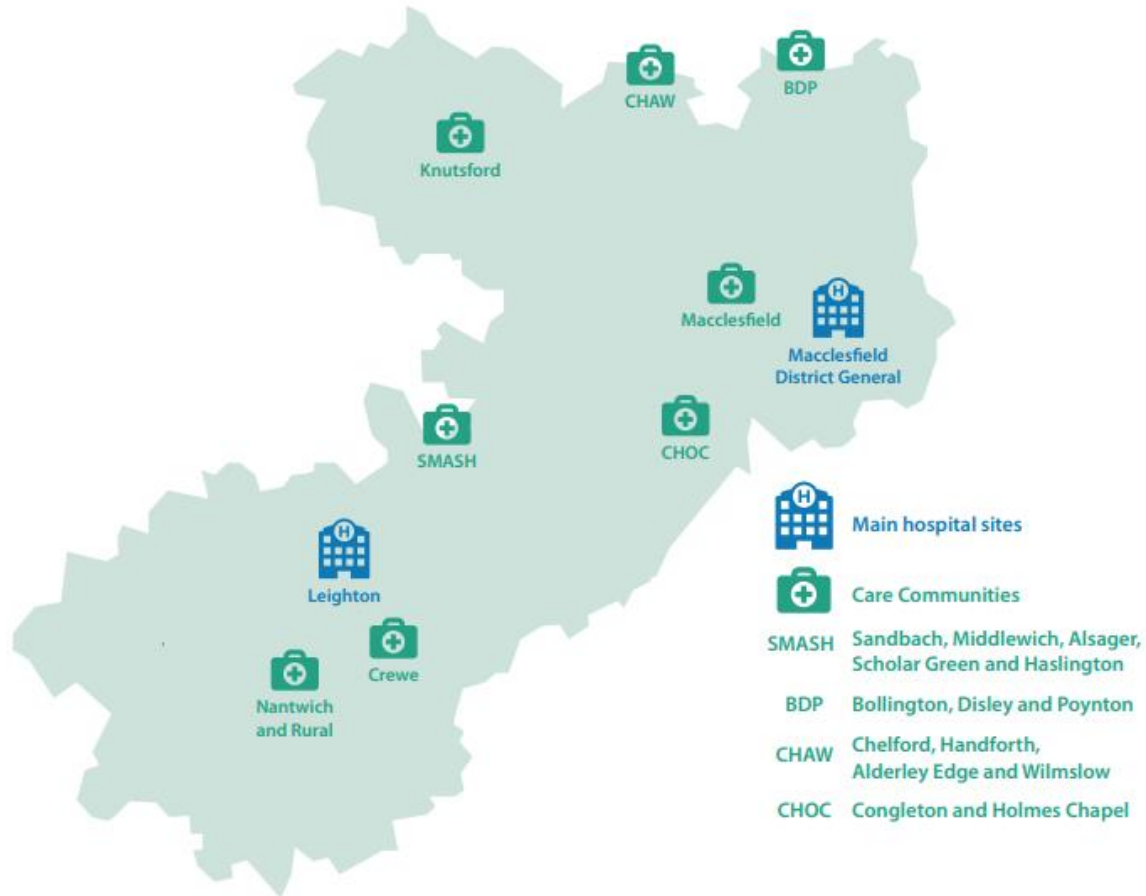
This page is intentionally left blank



Cheshire East Partnership

Acute Hospital Services Redesign: Developing a New Model of Care

Cheshire East Place



The core Cheshire East Place Partnership is made up of the following organisations working together:

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust
- East Cheshire NHS Trust
- NHS Cheshire Clinical Commissioning Group
- Mid Cheshire Hospitals NHS Foundation Trust
- South Cheshire and Vale Royal GP Alliance
- Vernova Healthcare CIC
- Healthwatch

What are we trying to achieve?



Ensuring our acute hospital services respond to our plans to provide integrated care across Cheshire East Place



Ensuring our acute hospital services are designed to deliver the best possible outcomes for the population of Cheshire East



Ensuring our acute hospital services are future proofed to deal with changing demand and population health needs



Ensuring patients are provided care in the most appropriate setting and closer to home where possible, by working collaboratively with our integrated care partners

Context of Acute Hospital Services Redesign



What is a Model of Care?

A Model of Care provides a future vision of health and care services that are to be provided to a population. It broadly defines the way health services are delivered and builds upon clinical standards and best practice. A Model of Care is developed in response to a Case for Change and enables you to describe how services will be improved to address the issues identified.

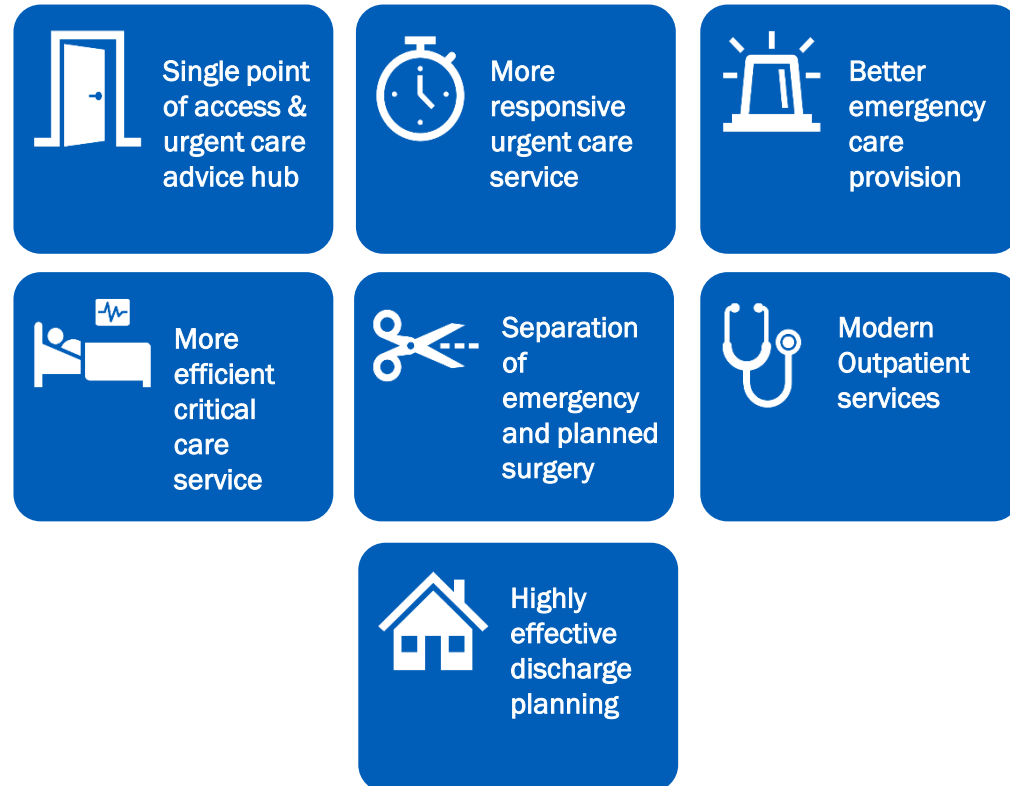
A Model of Care may also be described as a clinical model or care model.

Designing a Model of Care is a key step in preparing a service change proposal and is a component of many business cases including pre-consultation business cases and capital business cases. Design of a Model of Care is led by health and care professionals and precedes the development of options for delivering service change.



What is a Model of Care?

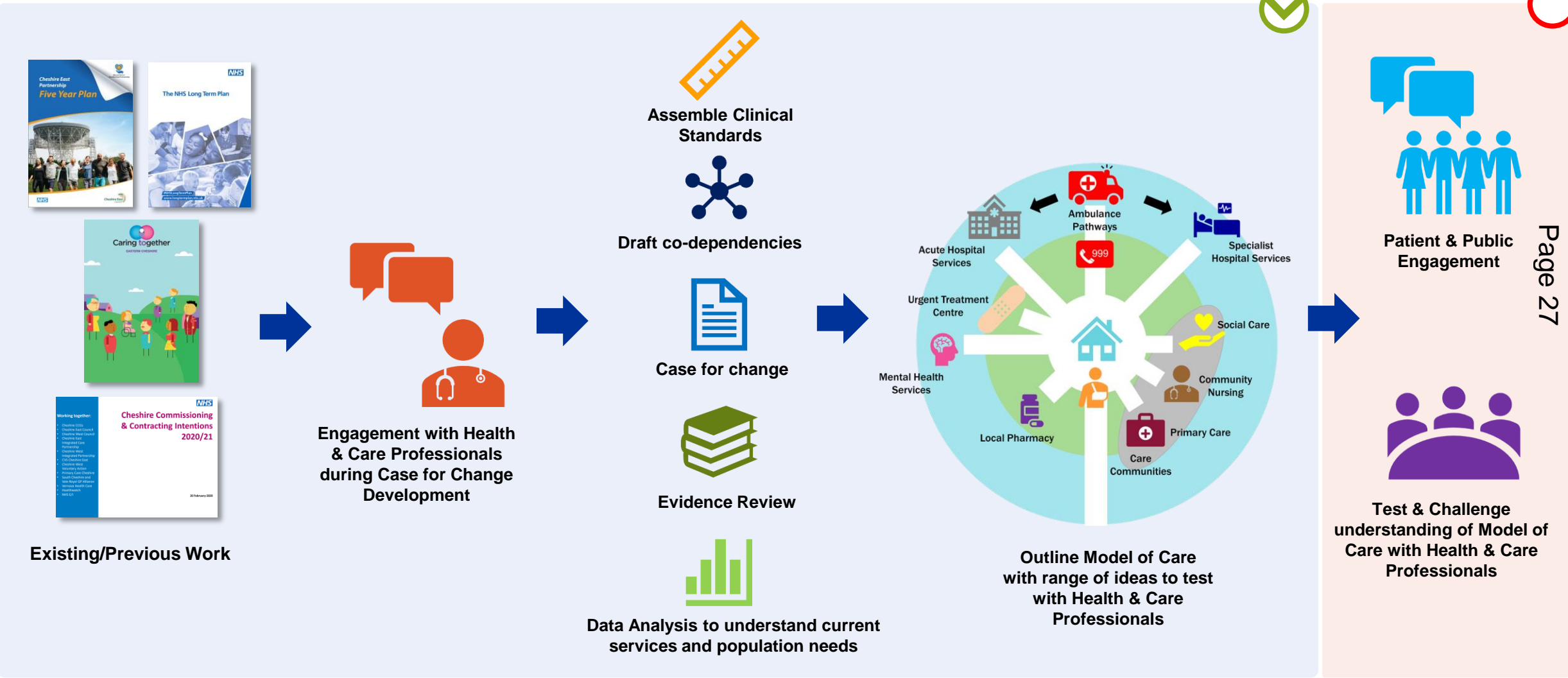
Example: Principles underpinning Model of Care for Acute & Urgent Care Services



An acute Model of Care describes how services provided by hospitals (e.g. urgent and emergency care, planned care) should look in the future. As well as describing how hospital services should be delivered differently in future, it may also need to describe how, other services provided within the local community should look in the future to help support the vision for hospital-based care.

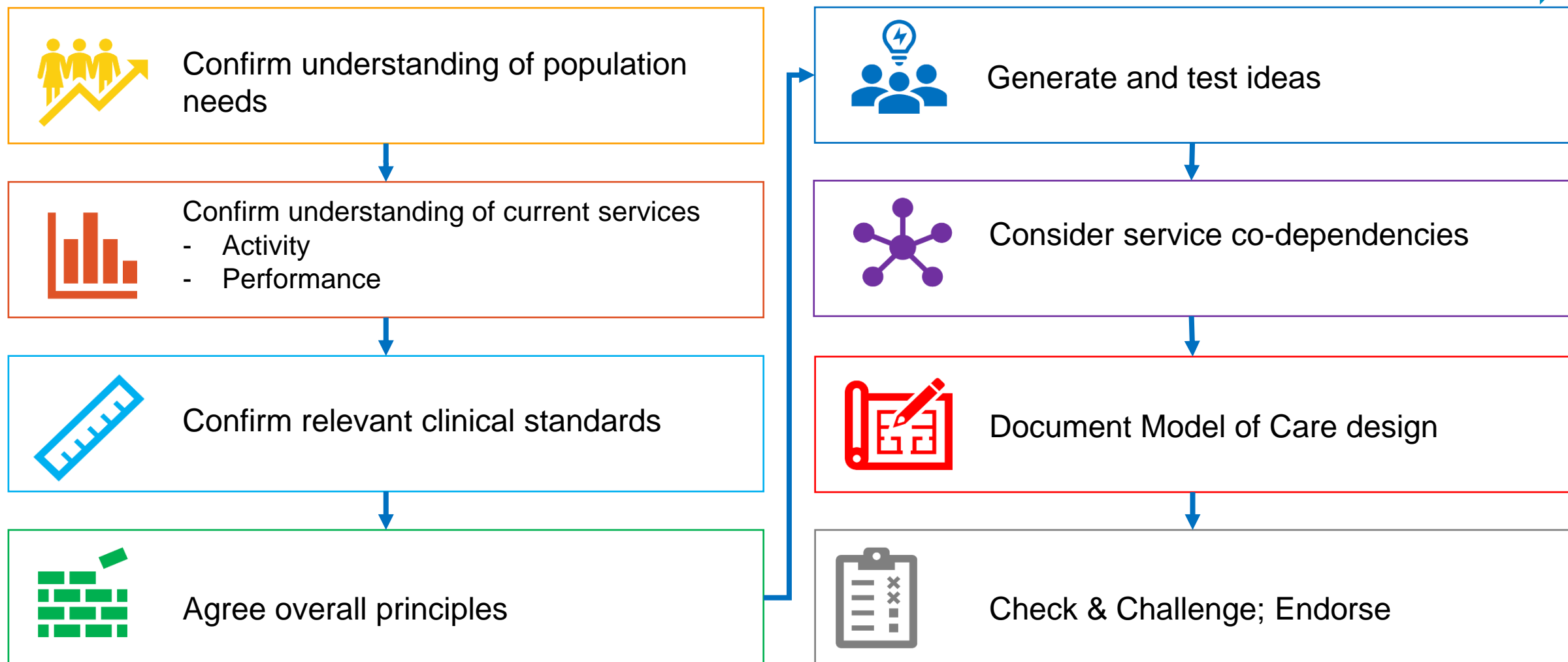
A Model of Care outlines 'what' should change to help address the issues outlined in the case for change. ***It does not describe the future location of services or which organisation should provide them.***

Progress to date

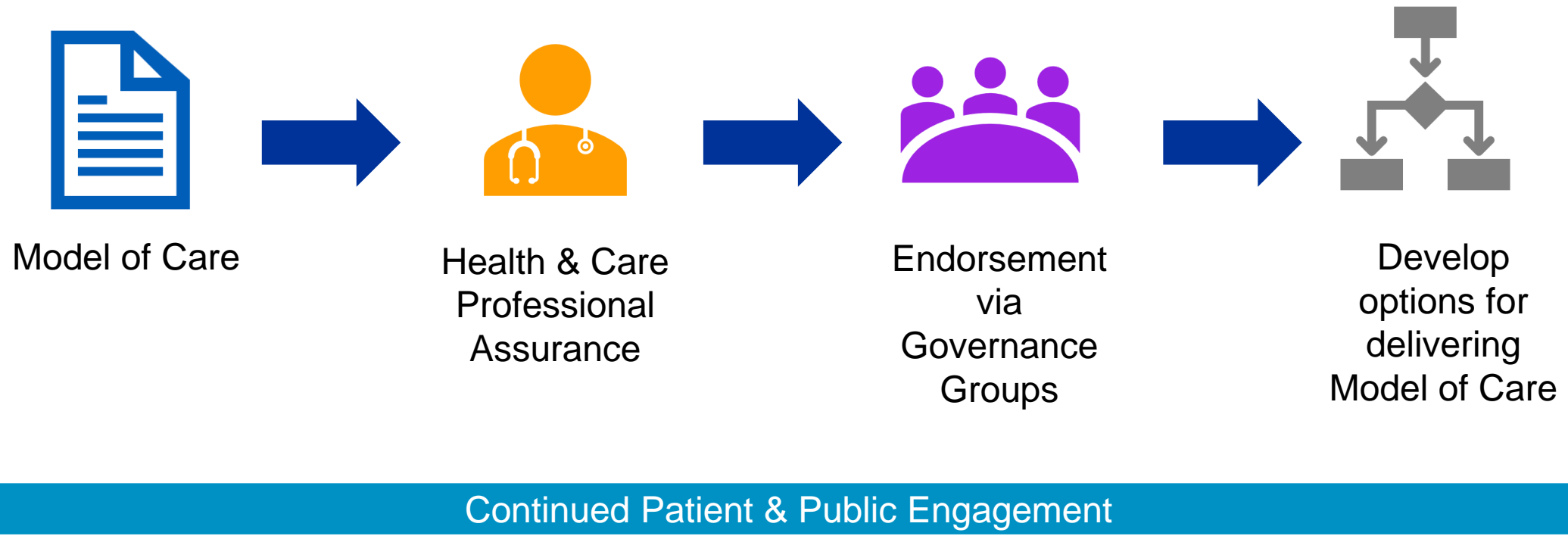


Model of Care Workshops: Focus

Patient & Public Engagement



Next Steps



This page is intentionally left blank