



# Update on local NHS Services

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

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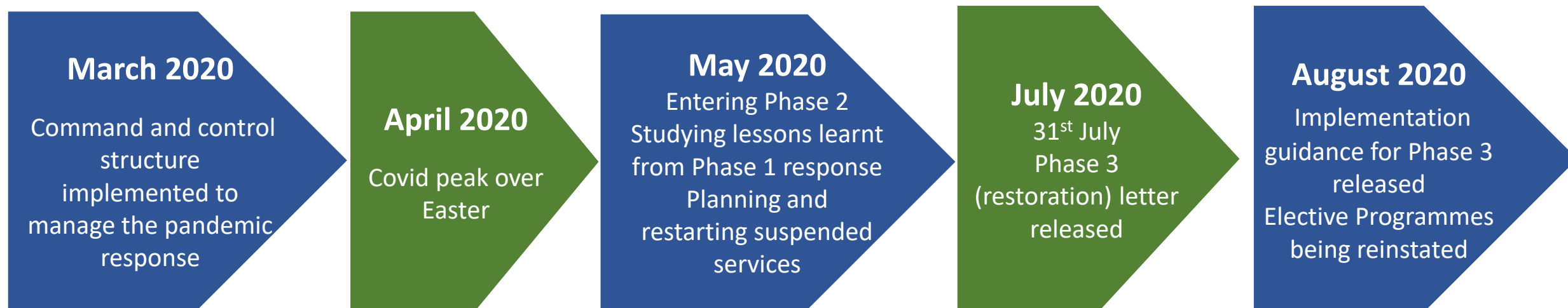
# Purpose of Presentation

## 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