

Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Strategic Update

Presentation to Staffordshire Health and Wellbeing Board
10 December 2020



Background

- Since March 2020 the system has been **operating and planning** in a very different environment and has responded to national guidance outlined in four letters to date.

National Guidance Letters	The 'ask'
17th March 2020 <i>Next Steps</i>	Redirect staff and resources to prepare for the emergence of a potential pandemic
29 th April 2020 <i>Phase 2 Response</i>	Fully step up non-covid-19 essential services as soon as possible over a six week period
31st July 2020 <i>Phase 3 Plans</i>	Respond to the priorities set out for the rest of 2020/21, producing a phase 3 plan outlining key trajectories for recovery.
25th September 2020 <i>Preparedness for potential second wave</i>	Outline preparedness for a potential second wave of Covid-19 and the impact this may have on restoration of non-Covid health services.

- National planning, commissioning, and finance frameworks for 2021/22 have not yet been published.
- In particular, as part of phase 3 letter requirements the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) were asked to produce a set of **phase 3 plans** to accelerate the return to near-normal levels of non-Covid health services; and tackle the challenges including a commitment to tackle health inequalities and guidance on mental health with a particular focus for children and young people.

Phase 3 Planning

National Phase 3 Priorities for 2020/21

1. Accelerating the return to **near-normal levels of non-Covid health services**, making full use of the capacity available in the 'window of opportunity' between now and winter with a particular focus on:
 - In September at least 80% of last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August);
 - At least 90% of last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
 - 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).
 - Validating existing long term plan (LTP) mental health service expansion trajectories for 2020/21
2. Preparation for **winter demand** pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.
3. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on **inequalities and prevention**.

STP Phase 3 Plan Response: Near-normal levels of non-Covid health services

Near-normal levels of non-Covid health services - Recovering Activity

- Annual activity baselines were utilised to set recovery trajectories in line with national expectations. Performance against the trajectories forms part of System Review Meetings with NHS England / Improvement.
- Alongside these baselines a range of actions were set to support delivery of recovery across the STP.
- The LTP mental health expansion trajectories have been reviewed with the STP on track to maintain the growth in the number of children and young people (CYP) accessing MH care. This target is contributed to by wellbeing services commissioned jointly with the Local Authorities.

Building on the learning from Covid-19 to support transformation delivery

- We have implemented new ways of delivering care and demonstrated an improved ability to work collaboratively.
- For example the Crisis Rapid Intervention Service (CRIS) integrated model across community, acute and social care services was developed to provide sub-acute care in the community. to support non-elective admissions and winter resilience.

Place Based Approach

- There are agreed local “placed based” plans and priorities developed by the three Integrated Care Partnerships (ICPs).

STP Phase 3 Plan Response: Winter Demand

- **Personal Protective Equipment (PPE)** - supply is in a much better position due to the roll out of the national PPE Dedicated Supply Channel, which is a parallel supply chain to the normal NHS Supply Chain service.
- **Covid and non-Covid demand modelling** has taken place across all major settings, with scenario planning being used to bring these models together.
- **Modelling of scenarios** to identify and quantify the likely service demand during the months of October 2020 to March 2021 including agreed escalation and trigger points.
- Across health and care leads have worked collaboratively to understand **modelling and designation of beds** within Staffordshire to retain patient safety and to mitigate pressure on the bed stock.
- Healthcare providers and local authority leads have continued to work collaboratively to ensure that those **medically optimised for discharge** are not delayed from being able to go home as soon as it is safe for them to do so.
- **Supporting care homes** through enhanced clinical input to ensure multidisciplinary approach to the management of patients.
- **Flu vaccination** – phase 1 over 65s and vulnerable people, phase 2 over 55s.
- System wide plans in place for delivery of the **Covid-19 vaccine programme**

Phase 3 Plan Response: Risks and Challenges around Delivery

Key challenges and risks for the system which will impact on the delivery of phase 3 recovery.

- Capacity and demand across pathways, particularly during winter and significant increase in Covid-19 cases requiring hospital admission and intensive care beds
- The resilience of the health and care workforce during the winter months and in responding to Covid-19 demand, have been exacerbated by requirements for shielding and self-isolation, staff resilience and increased levels of sickness absence.

STP Phase 3 Plan Response: Health Inequalities and Prevention

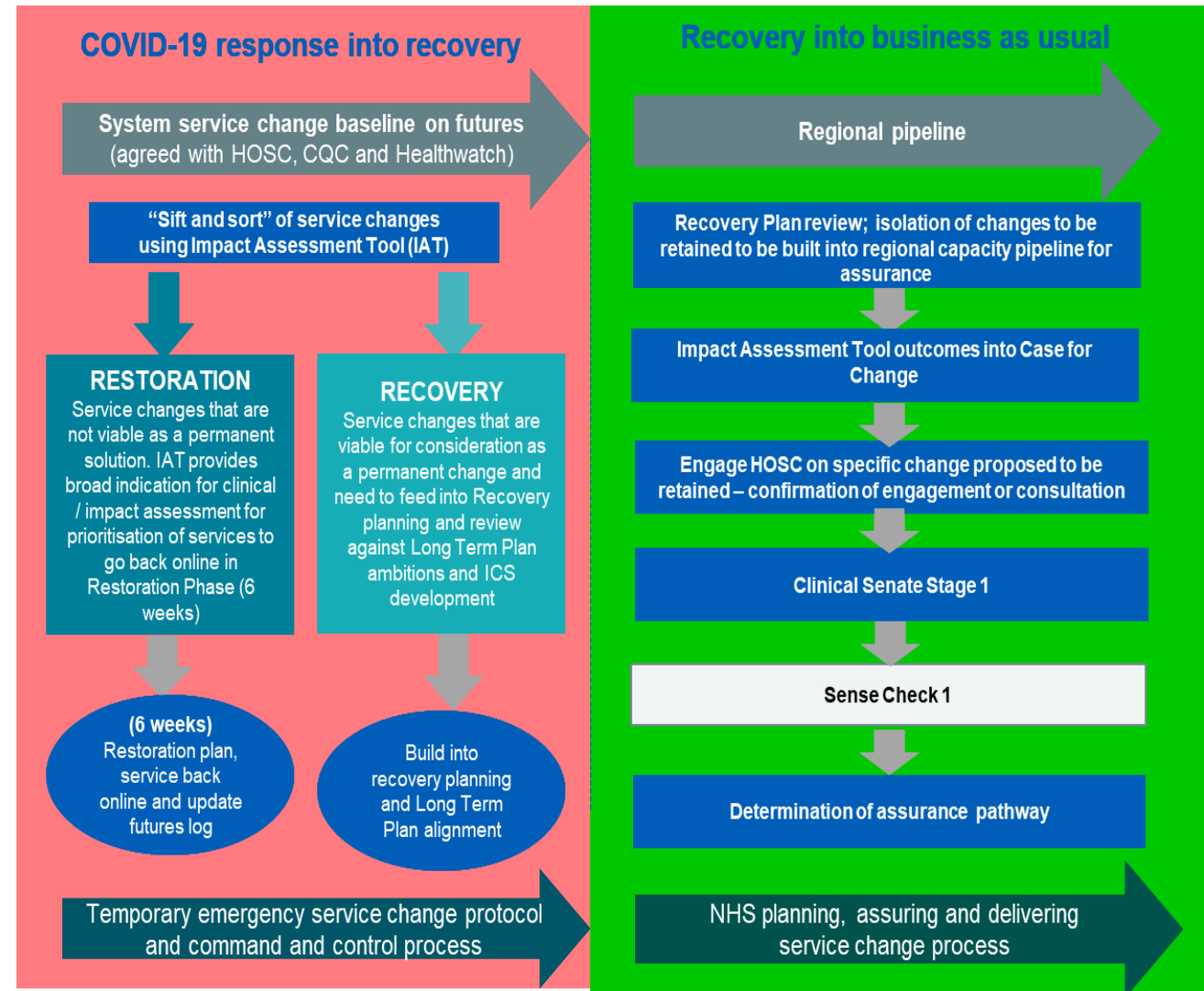
- An **inequalities and prevention programme** is to be delivered as part of the Covid-19 phase 3 plan and aligned with the ambitions of the Long Term Plan and STP Five Year Deliver Plan (FYDP).
- The programme aims to:
 - Address the **significant ongoing inequalities** outlined in the FYDP including poor outcomes for early childhood and the concerns about the impact of Covid-19 on Children and Young People physical and mental health, especially Child and Adolescent Mental Health Services.
 - **Accelerate preventative programmes**, which proactively reduce inequalities and support the recovery of services in the community including smoking cessation, Cardiovascular disease prevention and community engagement to promote uptake of flu vaccination and childhood vaccinations.
- **High-risk areas of the population** such as Black, Asian and Minority Ethnic population and deprived areas have been identified and profiles produced and linked to the relevant local footprints. These profiles will develop local “place based” action plans focussing on promotion of key services including the diabetes support and annual health checks (including Learning Disability & Severe Mental Illness checks.)

Service Changes

Service Changes

- A number of service changes were made as a result of the national guidance and local need.
- The Midlands Covid-19 **service change pipeline** was created (requirement from Secretary of State on 14 April 2020).
- A **comprehensive record** of the material service changes that have taken place across local health systems has been kept.
- Using the **Midland Impact Assessment Tool** the Covid-19 service change baseline is split into the **two categories of Restoration and Recovery**, identifying those services which will need to be appraised against **phase 3** of the process.
- Temporary service changes, which may become permanent solutions, will be subject to **public involvement and/or consultation**.

Midlands Impact Assessment tool and processes



Service Changes Next Steps

- A number of service changes have been reinstated or reintroduced **harnessing digital technology** to support **virtual appointments and clinics**.
- Covid-19 has **accelerated some schemes** such as the Community Rapid Intervention Service (CRIS), health navigator and digital consultation methodologies.
- An **involvement strategy** will be developed alongside this process to ensure there is an open and transparent process with our population as the impact assessment process is completed
- Work with providers and commissioning teams to develop **service change business cases** for discussion with the HOSC, NHSE&I assurance process and West Midlands Clinical Senate.