Local Members Interest

Health and Care Overview and Scrutiny Committee
Monday 5 July 2021

Restoration and Recovery

Recommendation(s)

I recommend that:

a. The Committee note the progress and risks around restoration and recovery for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).

Report of the Staffordshire and Stoke-on-Trent Integrated Care System Together We're Better

Summary

What is the Select Committee being asked to do and why?

Note the progress and risks around restoration and recovery for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).

Report

Background

1. On 30th January 2020, NHS England and NHS Improvement (NHSEI) declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. In March 2020, a Covid-19 control centre was established to provide control and command, co-ordination and decision-making across the ICS.

2. Since March 2020 the system has been operating and planning in a very different environment and has responded to national guidance outlined in a range of letters and guidance.
   i) *March 2020* the NHSEI *Next Steps* letter, set out the key actions for each part of the NHS to redirect staff and resources to prepare for the emergence of a potential pandemic.
   ii) *April 2020*, NHSEI set out their expectations for *Phase 2* of the response to Covid-19. The requirement was that local systems and organisations should 'fully step up' non-covid-19 essential services as soon as possible over a six week period.
   iii) *July 2020*, NHSEI set out further expectations for *Phase 3* of the response to Covid-19 and NHS priorities from 1st August 2020. The ICS Phase 3 plan set out how we would look to tackle some of the resulting issues from the initial Covid-19 response and restore services with a focus on:
      - Accelerating the return to near-normal levels of non-Covid health services

- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.
- Taking into account lessons learned during the first Covid peak and explicitly tackling fundamental challenges including: support for the workforce, and action on inequalities and prevention.

iv) *September 2020* NHSEI wrote to ICS leaders in relation to preparedness for a potential *second wave* of Covid-19 and asked systems to set out their plans in the event of a further peak of Covid-19 demand and the impact this may have on restoration of non-Covid health services.

v) *March 2021* NHSEI published national operational planning and contracting guidance for the first half of 2021/22 (H1 operational plan). The guidance set out further priorities and commitments to focus on restoration including:
- Supporting the health and wellbeing of the workforce
- Accelerating the restoration of elective and cancer care
- Transform urgent and emergency care to prevent inappropriate attendance at emergency departments (ED)
- Restoring access to primary care services
- Approaches to address health inequalities

Restoration and Recovery

3. Across the ICS we are working with all our acute providers who provide care to the population of Staffordshire and Stoke-on-Trent. A large percentage of Staffordshire and Stoke-on-Trent patients will be seen at the Royal Stoke University Hospital (RSUH), which is the focus of this report however we have also sought to reflect the position at the Royal Wolverhampton NHS Trust (RWT) and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).

4. Overall, the ICS continues to demonstrate delivery against the national ask as part of a system wide restoration and recovery approach. System level modelling around Covid scenario trajectories has been ongoing piece of work. The scenarios have been created using the lockdown easing dates and referred to as steps. At each step, R_0 values are inputted into the model to create the different scenarios. Critical care capacity and demand models continue to be reviewed alongside a theatre sustainability plan.

5. Restoration and recovery has continued to be a focus of monthly acute services planning meeting and quarterly system review meetings with NHSEI.

6. As part of the development of the plans to deliver restoration and recovery (phase 3 and H1 operational plan) the key areas of focus to support this along with the main 3 risks have been identified. The 3 main risks are focused around the themes of workforce resilience, delivery of activity levels and widening of inequalities. Detail is shared in the relevant sections below of the ICS key areas of focus to support recovery along with the risks and areas of mitigation.

7. Supporting the health and wellbeing of the workforce
   i. Our workforce have been under intense pressure during Covid-19 and we recognise that workforce resilience and support for staff wellbeing is critical to successful recovery for all our providers.

ii. The health and wellbeing offer has developed incrementally throughout Covid-19.

iii. The strategic focus of the Staffordshire ICS People, Culture and Inclusion Delivery Plan remains on supporting recruitment, staff wellbeing, absence management and staff testing.

iv. Our H1 operational planning submission reflects the continued commitment to not only supporting our workforce to adjust to new ways of working but also to support them in responding to continual fluctuating demand in service response to Covid -19.

v. A key risk to delivery of recovery is staff feelings of burnout from the previous 12 months of the pandemic. Mitigations include:
   - fully maximising the System-wide health and well-being offer and delivering on the System People Plan promises
   - an established governance structure under the People, Culture and Inclusion Board which has representation from partners across the ICS, all sectors and organisations.

8. Elective care and diagnostic services

i. The ICS was unsuccessful in its expression of interest to become an accelerator site as part of Elective Recovery, however we remain ambitious in the scale of recovery and the desire to reduce waiting times.

ii. Elective care and day case trajectories have been developed against the national planning guidance expectation of 70%, rising by 5 percentage points in subsequent months to 85% from July 2021 onwards. University Hospital of North Midlands (UHNM) and Royal Wolverhampton NHS Trust (RWT) trajectories exceed the national planning requirements. Current numbers demonstrate that the Trust are on track to deliver against trajectory.

iii. The University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) plan is compliant with national targets for the delivery of elective care. Within the period of the H1 plan recovery will be back to pre-pandemic levels for Priority 2/Priority 3 patients. While the 6 month activity is in line with planning guidance it is recognised that until the Trust is achieving 100% of 19/20 levels that overall routine/planned backlogs will not decrease. At UHDB outpatient referrals in March 2021 returned to 93% of the monthly average for 2019/20. The Trust now see 15% first appointments and 32% follow up virtually.

iv. As we continue to recover, this will significantly increase demand on activity particularly diagnostic testing, therapies and rehabilitation and pathology.

v. Key risks to delivery of elective care and diagnostic recovery include escalation of non-elective demand on theatre capacity and therefore reduction in timescales for category Priority 2 (P2 <1 month). Mitigations include: demand and capacity planning completed for the diagnostics to support cancer pathways.
   - targeted collaborative partnerships with Independent Sector (IS) providers to support delivery of system capacity plans.
   - review of Infection Prevention and Control criteria to increase Operating Department Practitioner (OPD) capacity for new clinics.
   - transformation work with Consultant Connect software (primary care to clinical teams) for GP advice on patient’s Advice and Guidance rather than referral
   - continue to deliver virtual/remote consultations for at least 25% of outpatient attendances that are of low clinical value but clinically necessary.

9. Cancer care
    i. During 2020/21 Cancer Services at UHNM and RWT kept pace with the changing clinical guidance and robust assurance processes were implemented to oversee cancer activity. Throughout 2020 a high priority was maintained for cancer patients. This translated through to allocation of theatre capacity, which is evidenced in high treatment numbers, relative to referrals received.
    ii. Performance, although an indicative position and relative to smaller volumes, has improved since last year at UHNM whilst remaining broadly consistent at RWT. 62 day performance has recovered at UHNM and is predicted at this point to achieve 75.6%, with one of the lowest backlogs regionally. The position at RWT remains more challenged, however the number of patients waiting greater than 62 days continues to reduce. The UHDB plan recovers the volume of patients waiting over 62 days to pre-Covid levels by the end of H1 (September 2021).
    iii. Trajectories are in place against the national planning requirements for the remainder of the year.
    iv. In the last two months, UHNM and RWT have seen an increase of 2 week wait referrals with demand high in some specialties such as breast. This is a national trend and along with a range of actions being undertaken by the Trust, the West Midlands Cancer Alliance have set up a regional task and finish group. The UHDB plan maintains 2 week wait performance.
    v. Key risks to delivery of cancer recovery include increases in referrals related to the unknown cohort of patients who have not yet presented in primary care. Clinical consensus is that this group of patients is unquantifiable. Escalation of demand on theatre capacity and the availability of some of the essential support services i.e Histopathology are also identified as key risks.
    vi. Mitigations include:
        - reviewing opportunities for the independent sector (IS) to support fire break clinics for cancer.
        - restoration will be managed through the UHNM diagnostic cell with any unplanned demand from cancer being flagged and resolved/resourced
        - maximising capacity available under the IS contract.
        - maximising utilisation of additional theatre sessions including increasing evening and weekend capacity, alongside consideration of utilising insourcing companies.

10. Urgent Care
    i. Urgent care faces a range of challenges associated with an increase in walk in patients attending emergency care portals. UHNM Emergency Departments (ED) are at pre-Covid levels of attendances and RWT are exceeding these levels. UHDB ED attendances are expected to remain at 100% pre-covid-19 levels (2019/20 levels) in line with national expectations.
    ii. The Walk in Centre (WIC) managed by Midlands Partnership NHS Foundation Trust (MPFT) are seeing significantly more attendances than pre-Covid.
    iii. The ICS Urgent Care Improvement Programme has a number of projects aimed at improving current performance including focused work that supports non-elective improvement is underway in relation to managing increasing demand.
    iv. Medically Fit For Discharge (MFFD) numbers remain consistently lower than the 2020/21 profile. A working group is looking at 'what next' alongside the ongoing role of the ICS wide integrated discharge team.

v. Demand upon the 111 service has been significant and sustained, initially as a result of Covid-19, but more recently due to increased public awareness of the services. This reflects the national and local drive to promote the use of NHS111 as a primary route into all urgent care services. A revised Directory of Service (DOS) is now being utilised with appointed slots made available within the ED, WIC and the Minor Injuries Unit (MIU). Access is being directed via 111 to Same Day Emergency Care (SDEC) pathways. It is the intention of the 111 Partnership Board and the Urgent and Emergency Care Programme Board to sustain and continually improve upon this to ensure patient access to the right care first time.

vi. Key risks to delivery include: Ongoing increase in the demand across Tier 1,2 and 3 services. Maintaining consistent performance within 111 during continued high levels of activity. Mitigations include: Business case in progress within UHNM footprint to match demand. Additional Advanced Nurse Practitioner/GP workforce within WIC. Additional resource provided to 111 along with provider analysis regarding change in call patterns. Early Supported Discharge / Admission Avoidance is in place through the Community Rapid Intervention Service (CRIS) for Covid-19 patients.

11. Mental Health Services

i. North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership NHS Foundation Trust (MPFT) have played a key role throughout the pandemic. This has involved both transforming and maintaining services and also responding to the significant challenges presented by Covid- 19 pressures. Increases in acuity and activity as a result of restrictions being lifted are being experienced.

ii. Services have remained fully operational, although through an amended delivery model supported by risk stratification. Dependent upon clinical need this was via telephone, video conference or face to face. All talking therapies were undertaken via video / telephone and all inpatient services continued to be provided.

iii. Specific focus has been on continuing the delivery of the Mental Health long-term plan ambitions.

iv. Both Trusts are preparing for a possible longer-term increase in demand as a consequence of the pandemic, including by recruiting in line with the NHS Long Term Plan.

v. Surge modelling and response plans will continue to be updated as required by NSCHT and MPFT. MPFT are working with the national team on mental health surge planning and prediction

vi. Both Trusts are part of a provider collaborative and MPFT will lead the Eating Disorder collaborative across the West Midlands ensuring local people have access to specialist services.

vii. Additional wellbeing and psychological support has been offered to the workforce across the ICS.

12. Primary Care

i. GP practices have remained open and delivering appointments in a different way, operating a total triage model of remote consultations alongside face to face following triage and where clinically appropriate. This model was in line with the NHS England Standard Operating Procedure and was to ensure that patients were still receiving safe access to general practice whilst protecting

staff and the public in terms of the risk of infection. Consultation rates in April 2021 were higher than the same time last year.

ii. During Covid-19 quality dashboard reviews continued to examine data and soft intelligence and hold targeted conversations with practices where access is identified as a potential issue.

iii. Improving Access: Ongoing work is taking place in regards to access to general practice and increasing overall appointment volumes as follows:
   - Quality dashboard quarterly review meetings take place and take into account soft intelligence and patient feedback. If issues are identified, the primary care team discuss this with the individual practices to formulate actions and solutions which are monitored at future meetings.
   - A local appointments dashboard direct from the GP practice clinical systems is in place at primary care network level (PCN). This is used to support system intelligence on activity trends which for April 2021 are currently showing a return to pre-covid levels. The dashboard tracks current weekly and monthly activity levels and compares to pre-covid levels and also shows the type of appointment eg Face to Face or video consultation and clinician type.
   - All GP practices offer appointments during their core opening times of 8.00 am to 6.30 pm Monday to Friday. Other extended hours and out of hours services are offered outside these times.

iv. All GP practices offer appointments during their core opening times of 8.00 am to 6.30 pm Monday to Friday. Other extended hours and out of hours services are offered outside these times. Consultation rates in April 2021 were higher than the same time last year. The Extended Hours Directed Enhanced Service continues to be provided with 589 hours per week to primary care via PCNs and GP Federated provider models until 31st March 2022.

v. The Access Improvement Programme (AIP) is in place to support practices and PCNs to manage their rising workload, make them more resilient and to embed Covid-related changes such as total triage. The programme will use proven quality improvement approaches to break down the challenges at a local level into manageable parts that can be tackled. Practices/PCNs will be helped to:
   - Better understand and manage their demand
   - Make optimal use of the workforce, including new PCN based roles
   - Implement new pathways and processes to optimise the benefits, safety and patient experience of total triage and new consultation types
   - Strengthen and expand collaborative approaches to access such as referral into community pharmacy, PCN based hubs and collaborations with the voluntary sector and community services.

vi. A post covid evolution in general practice project in in place to assess new ways of working in primary care, new workforce roles and how this can be communicated to the public in a meaningful and engaging way. Two working groups have been set up to drive this work initially – one involving general practice clinical and non-clinical staff and one involving patients to provide support and views around the project moving forward.

vii. Key risks include: The impact of Covid-19 positive and self-isolation on practice resilience, staffing capacity and the impact of the Covid-19 Vaccination Programme. Mitigations include: A “Roadmap to Recovery” and

checklist are in development, to be finalised by the end of June. The Staffordshire and Stoke-on-Trent Clinical Commissioning Groups will be working closely with general practices to understand the recovery and restoration required in line with the latest guidance and updated Standard Operating Procedure (SOP) released 20 May 2021. A resilience stocktake survey has been developed and issued to measure against the Covid-19 national SOP. The outputs of the survey will enable follow up of where there may be any access challenges or any areas of support and sharing of best practice.

13. Health Inequalities
    i. Covid-19 has brought health inequalities into sharp focus. Deprived communities are at a greater risk of exposure and more likely to have poorer outcomes due to existing poor health and adverse life style factors. The control measures that have been implemented such as lockdown, social distancing and changes to routine care have resulted in disproportionately poorer economic, social and health impact on disadvantaged populations. Covid-19 has highlighted the structural disadvantage and discrimination faced by our communities. National guidance sets out priority areas for tackling health inequalities that we will work on with system partners to continue to give particular focus to.
    ii. Risk: Recovery widening existing health inequalities and opening up new inequalities. Mitigation: A Population Health Management framework has been adopted to enable inclusive recovery and reduce the inequalities gap exacerbated during the pandemic. This includes:
        - an ICS wide group to support the restoration of services from a health inequalities perspective;
        - a population needs assessment to inform organisational Health Inequalities Strategies;
        - working collaboratively with local communities through existing assets such as community groups, peer support groups and work done by the voluntary sector to aid place-based approaches;
        - utilising a range of tools including the NHS Midlands Phase 1 and 2 tools for health inequalities.

Link to Strategic Plan

N/A

Link to Other Overview and Scrutiny Activity

The committee will be kept informed on the ICS Restoration and Recovery work.

Community Impact

N/A

List of Background Documents/Appendices:

Presentation to follow.

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