

## Health & Wellbeing Board Report

**Date of Decision:** 10<sup>th</sup> November 2020

**Subject:** Implementing phase 3 recovery

**Report Author:** Mike Barker, Strategic Director of Commissioning

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### Reason for the decision:

**Summary:** *To provide the Board with an overview of the confirmed 'phase 3 recovery' plan within local health and care services.*

***What are the alternative option(s) to be considered? Please give the reason(s) for recommendation(s):*** *N/A as this is a plan that was mandated by NHS England and NHS Improvement.*

**Recommendation(s):** *That the Board approves the phase 3 recovery plan for the Oldham health and care system.*

### Implications:

***What are the financial implications?*** *Not applicable to this Board – the financial implications of the recovery relate to the Covid-19 budget dealt with at a national level in the NHS.*

***What are the procurement implications?*** *Not in relation to the core recovery work, although as the recovery work leads into transformation and redesign of some local services, there may be procurement implications.*

***What are the legal implications?*** *The CCG will be undertaking its legal 'duties to involve' by carrying out engagement with patients and communities about any changes to services that had to be made because of Covid-*

19, and also where further adaptations to services need to be made.

What are the **Human Resources** implications?

N/A

**Equality and Diversity Impact Assessment** attached or not required because (please give reason)

Will be included as part of the CCG's legal 'duty to involve' obligations, as there may be various equality, quality and financial impact assessments that need to be made.

What are the **property** implications

N/A

**Risks:**

Risks are included on the CCG's risk registers, which as an overview relate to any issues arising with not being able to meet the national targets met, as well as further outbreaks of Covid-19 that could impact on the recovery programme as a whole.

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Has the relevant Legal Officer confirmed that the recommendations within this report are lawful and comply with the Council's Constitution/CCG's Standing Orders?

N/A

Has the relevant Finance Officer confirmed that any expenditure referred to within this report is consistent with the S.75 budget?

N/A

Are any of the recommendations within this report contrary to the Policy Framework of the Council/CCG?

No

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**Reason why this Is a Key Decision**

to be significant in terms of its effects on communities living or working in an area comprising two or more Wards or electoral divisions in the area of the local authority

**There are no background papers for this report**

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<b>Report Author Sign-off:</b>	
Mike Barker	
<b>Date:</b>	

Please list any appendices:-

Appendix number or letter	Description

## Background:

### Introduction

- Following the implementation of phase 2 recovery as part of the Covid-19 response, Oldham's health and care phase 3 recovery assessment and route to implementation has now been established.
- The overarching aim of this recovery work is to ensure that more, if not all, services are stepped back up safely, whilst operating within the context of enhanced infection, prevention and control (IPC) measures, which as well as impacting on care delivery, impacts on estate capacity also.
- A hospital and mental health activity template (data and accompanying narrative) for the locality is being submitted to Greater Manchester Health and Social Care Partnership.
- The data used for the planning is based on assumptions using existing and current capacity and demand modelling, and is aligned (for Oldham borough patients) with the Northern Care Alliance (incorporating Pennine Acute Hospitals – Royal Oldham) and Pennine Care.

### Assessing the gap

- The data that has been compiled and submitted provides us with the ability to assess the gap between the national ask around phase 3 recovery and current local capacity and delivery - we also know there is a gap in relation to some of the expected timescales for implementation and completion, and the ability for some of the services to be able to meet these specified deadlines.
- Work is, therefore, now underway to establish how we can get local health and care services to the required levels for phase 3 recovery implementation – this builds on what was already taking place in Oldham prior to the Covid-19 response, due to many services not meeting the required national NHS Constitutional standards.
- Additional bed capacity was put in place across the North West, but more work is needed to establish what the acute and complex parts of the pathway need to look like in Oldham – the aim will be for independent sector providers to support lower acuity care, and builds on brokerage between organisations to help develop relationships across providers to enable them to work together effectively across the locality.

## Activity context

- The CCG is required to plan for its population, which is anyone registered at an Oldham member GP practice, irrelevant of where they receive their care. Many Oldham patients receive care outside of Oldham, either due to circumstance or choice. Whilst the CCG commissioned a large amount of healthcare, it does not commission everything. Some services provided by hospital are commissioned by other agencies and are therefore not included the CCG's plans.
- Hospitals are required to plan for the utilisation of their facilities. They are location based and have to plan for anyone attending their services, irrelevant of where those patients live or are registered. Many people from out of the Oldham borough access Royal Oldham Hospital, and in the last 12 months, only 62% of the activity for people who used Royal Oldham were Oldham-registered patients.
- For these reasons the CCG activity plan and the local hospital provider plan will never fully align. The CCG has submitted a plan that is broadly in-line, but slightly less than national and regional recovery expectations, with the exception of referrals, which are significantly less than required.

## National activity target expectations

- **Referrals:**
  - The national expectation is that this returns to **100%** of the previous year's activity – The CCG is realistically planning for this to be back to **80%**
- **Elective inpatients:**
  - That national ask is that this activity incrementally returns to **70%** of the previous year **rising to 90%** by March 2021 – The CCG is realistically planning for this to be back up to **73%**
- **Elective outpatients:**
  - The national ask is that this activity incrementally returns to **90%** of the previous year **rising to 100%** by March 2021 – The CCG is realistically planning for this to be back up to **91%**
- **Non-elective inpatients:**
  - The CCG is planning for this to be back up to **83%** of the previous year's activity
- **Emergency department attendances:**
  - The regional ask is that this activity returns to not less than **75%** of the previous year – The CCG is realistically planning for this to be back up to **89%**

## **Proposals:**

### Cancer services

#### **ACTIONS UNDERWAY**

- Northern Care Alliance (NCA) has recently launched the Rapid Diagnostic Centre at its Oldham and Salford sites, which has seen an increase in referrals and is running at an 8-10% cancer conversion rate
- Two week wait (2WW) cancer referrals now only 8% down on pre-lockdown levels
- Contracting of routine endoscopy diagnostics were transferred to the hospital trust to provide support for cancer work – supported by a GM-wide programme to increase mobile endoscopy capacity
- GM-wide surgical hubs for cancer in place at Rochdale Infirmary and The Christie as 'green' Covid-secure sites
- CCG-chaired Board in place to transform outpatients system-wide (SWOP), focusing on diagnostics and service recovery

#### **ACTION PLAN**

- Improve cancer referral data
- Work with NCA on a diagnostic hub business case to provide additional capacity
- Work with NCA to ensure that its cancer recovery plan is reviewed and approved
- Implement additional PET-CT scan machine
- Continue to promote the bowel, cervical and breast proactive screening programmes in primary care under 'Primary Care Plus'
- Implement local and national cancer campaigns: "We are here for you"  
Utilise existing Covid-19 community engagement to provide information on cancer symptoms and services

### Elective activity

#### **ACTIONS UNDERWAY**

- GM-level management of independent sector hospital capacity in place across the system
- Independent sector community elective providers being engaged in relation to capacity availability, and will be supported by the CCG regarding estates needs due to IPC measures
- Virtual solutions are being used to increase outpatient activity (including assessments and reviews) to the required levels
- Pregnancy terminations continued to be provided throughout lockdown, with medications sent via post
- Supply of all community elective providers to NCA to look at potential for additional capacity that can be offered on an provider-to-provider basis
- Implementation of tele-dermatology to reduce face-to-face contacts required and increase the numbers of patients managed outside of specialist services

#### **ACTION PLAN**

- Work with providers to enact key demand management tools, such as 'advice and guidance' to support the reduction in outpatient need

- Work with NCA on the broader 'System Wide Outpatient Programme' to continue to implement different ways of delivering outpatient care, as well as implementing new initiatives to support reduction in volumes such as PIFU
- Work with providers to consider and consult on a more permanent arrangement to the use of medication for early medical abortions (up to 10 weeks) in conjunction with over the phone or virtual appointments
- Roll out of new referral template to improve quality of referral information and support improved triage with advice and guidance responses back where appropriate

## Primary care and community services

### **ACTIONS UNDERWAY**

- Locality-wide post-Covid rehab pathway implemented across acute, community and primary care and is working well, and additional capacity has provided for the lung service
- Community service recovery plans in place
- A community optometry service was commissioned in May 2020 to support the national ask for local urgent eye care services, which has continued and will be expanded to include routine care to help reduce the demand on acute trusts
- Care home 'STICH' enhanced community nursing support in place for care homes and end of life
- Work underway for PCNs to take a greater lead role in proactively reaching out to vulnerable patients as part of the MDT approach
- All 6-8 week checks for babies have been maintained throughout
- Paediatric 'virtual' ward due to go live, with an additional 20 beds to support early discharge
- Paediatric 'rapid access clinics' due to commence for primary care community care services to refer into specialisms, with the aim of avoiding hospital admissions
- The children's community nursing team has maintained face-to-face contract throughout Covid-19 with children who have complex health needs and also children on the end-of-life pathway
- The school health services has scheduled community 'catch-up' clinics for out of hours immunisations and vaccines
- Practices and PCNs are undertaking weekly pastoral care calls with care homes

### **ACTION PLAN**

- Ensure clinical pathways and standard operating procedure are signed off for the paediatric virtual ward
- As part of processes to deal with childhood immunisation issues, oversee (in collaboration with CHIS) the redesign of processes to improve the system going forward
- Assess the effectiveness and quality of the weekly pastoral care calls between primary care and care homes, as well as individual care plans and structured medicines reviews
- Development of a revised outcome-based district nursing offer to bridge the period up to March 2021, which will ensure caseload prioritisation and also areas of current commissioned activity that can be ceased/provided differently in the wider system

- Confirm next steps for STICH enhanced nursing support for care homes and end of life pathways
- Develop robust links between medicines optimisation team and the PCNs
- Commission the GM 'minor ailments' scheme as support to the 'self-care' policy work
- Work with secondary care to increase the amount of medicines provided at discharge to reduce pressure on primary care prescribing
- Ensure that clinical vulnerable children are prioritised in community service recovery plans
- Ensure oversight of children with complex health needs and who have been shielding who may not be able to return to school so that their care and educational needs are met
- Maximise and lock in the benefits and changes that have been realised during COVID-19
- The system deficit will need to be managed in the context of the impact of the pandemic and will focus on:
  - Managing the backlog of patients
  - Safely resuming clinical activity
  - Preparing for winter
  - Surge planning
  - Supporting our existing workforce and securing a sustainable workforce
  - Exacerbation of existing health inequalities

### Mental health, LD and autism

#### **ACTIONS UNDERWAY**

- IAPT services activity is returning to pre-Covid levels – the service has continued to be in place throughout
- It is expected that the children and young people access target will be met
- Health checks for people with learning disabilities (LD) have continued throughout as part of the Direct Enhanced Service and Primary Care plus
- We are expecting the Transforming Care trajectories to be met for both secure and non-secure patient discharges by 31 March 2021
- The 'eliminating mixed sex accommodation' programme is now underway again following a pause in March 2020

#### **ACTION PLAN**

- Increase investment in mental health services in line with the 'MHIS' plan
- Oversee the implementation of the IAPT 24/7 helpline to include full crisis resolution and home treatment services, and work with Pennine Care FT to ensure that the appropriate recruitment is in place and delivered to support the workforce action plan for the service
- Work with providers to ensure that access to these services is clearly promoted and advertised – this will include continued borough-wide campaigns to support mental health and wellbeing for all
- Following a review of LD prescribing of anti-psychotics, develop an action plan for this area to support practices and provide them with implementation plans
- Develop an action plan to support LeDeR reviews and lack of capacity

## Winter

### **ACTIONS UNDERWAY**

- A robust flu immunisation programme plan is now in place for Oldham, with specific interventions for target and at-risk groups, integrated with the national and local communications and engagement flu and winter campaign
- A multi-agency flu programme group is in place to ensure the delivery of the immunisation plan – this includes a dedicated individual from the CCG's primary care team to coordinate work as needed with practices
- Community and primary care nurses are trained to administer flu vaccines
- Paediatric rapid access clinics are increasing in number, offering up to 30 appointments per week - GP 'advice and guidance' service in place, which will also coordinate with the rapid access clinic
- StartWell specialist nurses are back in the emergency department

### **ACTION PLAN**

- Consider the establishment of a 'cold diagnostic site to reduce DNAs due to Covid-19 fears
- Consider a more joined-up approach with community pharmacy so that there is reduced competition for vaccine supply
- Work with community pharmacies to improve the signposting of key services and the best ways to access them during the winter, as well as promotion of the flu immunisation programme to encourage take-up
- Increase the number of paediatric multi-disciplinary teams across the neighbourhoods in the borough

## Workforce

### **ACTIONS UNDERWAY**

- Enhanced mental health initiatives, platforms and support for all staff across the Oldham system are in place
- Regular 'pulse' surveying is in place to track how staff in the Oldham Cares system are feeling
- Robust risk assessments are in place to ensure that all staff, and particularly those at risk, can ensure that working practices and work places are safe, and that adjustments are made for individuals when needed
- New equality strategy for Oldham is being produced by all partners and the community, voluntary and faith sector
- Oldham CCG 'equity' plan for recruitment, retention and progression is in development

### **ACTION PLAN**

- Work across the Oldham Cares system to agree a collaborative approach and response to the NHS People Plan
- Produce a specific primary care response to the NHS People Plan, as a collaborative approach between the commissioners and Greater Manchester and Health Education England workforce leads



- implement the new primary care workforce programme to support the delivery of recruitment, retention and training objectives

## Health inequalities and prevention

### **ACTIONS UNDERWAY**

- Health inequalities are being addressed via Primary Care Plus in relation to key indicators such as by increasing prevalence and reducing exception reporting – those with severe and enduring mental health conditions are targeted, as well as those vulnerable to frailty
- Work is underway to address the issues that driver poor health outcomes, such as the recruitment of social prescribers who are deployed into PCNs
- GPs and the acute trust are reviewing all children and young people on the 'shielded' patient list and removing those from the list that are no longer deemed clinically 'extremely vulnerable' – all children and young people on the list are seen by services
- Increased testing is in place for all vulnerable people
- Regular 'sit-reps' are in place for care homes

### **ACTION PLAN**

- Examine the potential to utilise medicines optimisation pharmacists working within PCNs to identify and support at risk patients as part of structured medicines reviews and health checks
- Extend the teams to support the 'continuity of carer' agenda, with specific teams to be put in place for vulnerable patients, including those with learning disabilities
- Phase in a new 'visiting plan' for maternity units to ensure the necessary family support is in place, as safety measures allow

### **Conclusions:**

- The success of the phase 3 recovery plan will be reliant on:
  - Robust partnership working
  - Strong clinical leadership and engagement
  - Effective engagement with our communities and with patients
  - Clear programmes for service redesign and transformation
  - Good governance
- The core transformation programmes will centre around:
  - A new model for managing long term conditions, utilising a 'hub' that includes non-elective, elective and primary / community care
  - A new model for urgent care, as linked to the Greater Manchester model
  - Redesign of local community services
- The Board is asked to note some of the external factors that will also impact on phase 3 recovery, including the rates of infection of Covid-19 and the need to support the management of any outbreaks, as well as potential changes to the future of commissioning.