RESTORATION AND TRANSFORMATION

Health and Adult Social Care Overview and Scrutiny Committee

Date:	14 October 2020
Title of Report:	**Restoration and Transformation**
Lead Member:	Choose a Councillor
Lead Strategic Director:	Choose a Director
Author:	John Finn, Deputy Director, In Hospital Care
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Your Reference:	RR1 Plym
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

This report is in response to the request from the Plymouth Health and Social Care Overview and Scrutiny Committee for an update on the restoration and recovery of services during the current COVID-19 pandemic.

Recommendations and Reasons

The Committee is asked to note the report.

Alternative options considered and rejected

None. As a relevant NHS body, NHS Devon CCG has a duty to attend before a local authority when required (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions.

Relevance to the Corporate Plan and/or the Plymouth Plan

By working with NHS bodies to maintain oversight of health and care services in Plymouth the committee is supporting the Democratic and Co-operative values of the Plymouth City Council, alongside objectives in the *"Healthy City"* Chapter of the Plymouth Plan.

Implications for the Medium-Term Financial Plan and Resource Implications:
This update does not give notice of any required decision which may require expenditure or resource allocation.

Carbon Footprint (Environmental) Implications:
None arising from this report.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

None arising from this report.

Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**

Background papers:

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of background paper(s)	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: N/A											
Please confirm the Strategic Director(s) has agreed the report? N/A Date agreed: 10/06/2019											
Cabinet Member signature of approval: N/A Date:											

NHS
Devon
Clinical Commissioning Group

1. INTRODUCTION

1.1. This paper provides an update on the Restoration and Transformation of health services following the initial impact of the Covid-19 epidemic.

1.2. The paper will also give an overview of Winter planning 20/21 identifying the actions the CCG and STP system need to take to fulfil national and NHSE/I winter planning requirements.

1.3. COVD-19 has been one of the most difficult issues the NHS has had to deal with in its history. Despite the challenges, organisations within the Devon system have worked together as a single system team through the COVID-19 response, showing commitment and flexibility in working to deliver the best for our local population.

1.4. Whilst we work to reinstate our services we must ensure we can meet any upsurge in COVID-19 cases. We cannot become a COVID-19 only service and there is widespread determination to avoid shutdown of services, even if COVID-19 admissions do keep rising.

1.5. We want to continue to provide as much as we can as locally as possible, but by doing some things differently, we have a chance at reducing the long-term effects COVID-19 has on our health system.

2. PHASE 2 RECOVERY – ACHIEVEMENTS

2.1. Over the course of the last few months we have recorded greater use of digital technology and innovative solutions to care and wellbeing services, including significant increase in virtual outpatient and general practice appointments. Before the outbreak, around 80 per cent of GP appointments were carried out face-to-face – now it is the opposite, with about 90 per cent of patients seen first online. This reflects patient's willingness to utilise new forms of technology. Face to face appointments with GPs have been available throughout the pandemic where clinically appropriate.

2.2. Local patients are embracing new technology, with more than 13,000 video consultations in Devon between April and May 2020 - among the highest of any area in the country.

2.3. Nightingale Hospital Exeter is now providing safe and fast diagnostic testing for the peninsula for a range of conditions: CT scanning services have commenced alongside Ultrasound services and echocardiography tests.

2.4. The CCG has continued to work closely with care homes and out of hospital providers, alongside local authority colleagues. A regular webinar has provided information and shared experiences on key topics. These have been planned using feedback from the care sector. We recently published a set of system agreed principles for health and care professionals visiting care homes.

2.5. The need for stringent infection prevention and control (IPC) measures had a significant impact on diagnostic activity as we moved into Phase 2, doubling the time taken for CT, MRI and non-obstetric ultrasound scans (NOUS) from 15 minutes to 30 minutes,

halving productivity. As the weeks have progressed, teams have worked to improve productivity whilst maintaining the same strict infection control processes and have reduced the time per scan to 20 minutes, aiming to return to 15-minute slots shortly.

2.6. Throughout the COVID-19 pandemic response our Devon Referral Support Services (DRSS) has continued to provide referral management services, albeit contingency based, and since February 2020 has processed 99,261 routine, urgent and 2 weeks wait referrals.

2.7. We also launched the first Ethical Framework and Guidance on the treatment of critically ill patients in a future pandemic like Coronavirus. The CCG linked up remotely with local community members as well as key professional groups to agree vital guidance for frontline clinicians, patients and their families and carers in a pandemic situation.

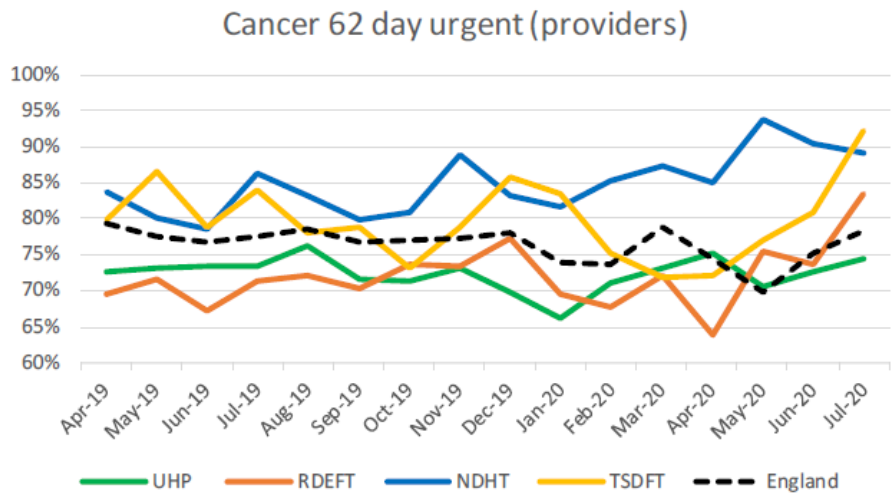
3. ACTIVITY AND PERFORMANCE

3.1. The South West recommenced elective activity faster than any other region and, within the South West, Devon has consistently over-achieved against Phase 2 plans for elective inpatient and day case activity.

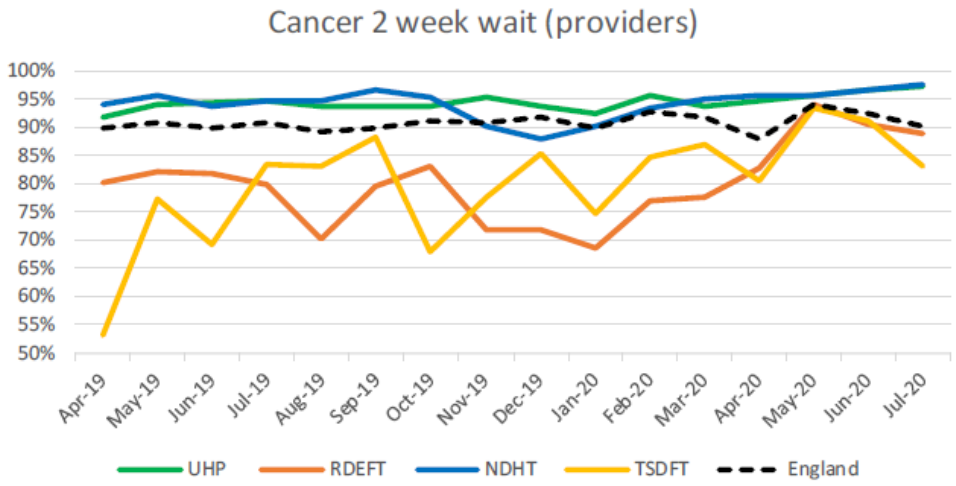
3.2. In line with national published guidance, non-essential data collections were suspended over the period 1st April to 31st July 2020. However, Constitutional Standards remain.

Cancer Waiting Times

3.3. There has been a further increase in performance in July against the cancer 62-day urgent standard, with the STP position rising from 76.7% to 84.8%. NDHT and TSD both achieved the 85% target, at 89.2% and 92.3% respectively. UHP improved from 72.5% to74.6% and RD&E improved from 73.8% to 83.5%.

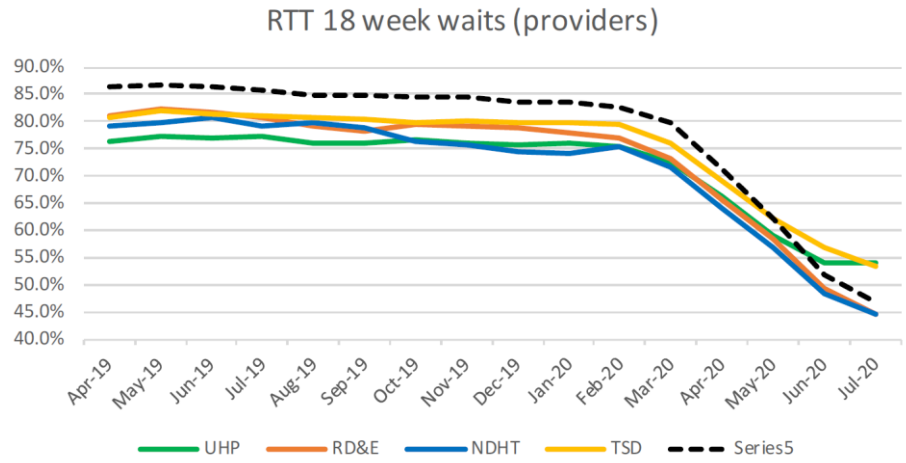


3.4. Performance against the main two week wait standard fell below target in July, at 90.9%, NDHT & UHP both achieved the target (97.7% and 97.4% respectively). However, RD&E fell from 90.7% to 89.1% and TSD fell from 91.4% to 83.4%. This follows an increase in referrals back to pre-Covid levels, with rises at all providers.



Referrals to Treatment (RTT) Waiting Times

3.5. July validated data shows a further fall in RTT 18-week performance, from 52.5% to 49.6% at STP level, compared to the national standard of 92% and current national performance of 52%.



Waiting Lists

3.6. Waiting lists have risen in July, as referrals increase back towards expected levels and activity. The table below shows the RTT waiting list movement between June and July by provider:

	RD&E	NDHT	UHP	TSD
June	30777	11611	25734	21968
July	31626	12194	27064	23733
Variance	**849**	**583**	**1330**	**1765**

3.7. The number of long wait patients also continued to increase, with over 52 week waits rising quickly at all providers in July, as can be seen in the table below. Breaches are expected to continue to rise when validated data is available for August.

	RD&E	NDHT	UHP	TSD
June	836	366	620	344
July	1204	630	766	524
Variance	**368**	**264**	**146**	**180**

3.8. The adapt and adopt (ANA) programme has given us the opportunity to increase capacity to support patients accessing surgery and our management of RTT waiting times. Through our system working we are working towards a system wide PTL (Patient Treatment List) which will support patients with greatest need accessing a surgical intervention.

4. Diagnostic Waiting Times

4.1. Diagnostic waiting times have also been significantly affected by the Covid-19 pandemic. All providers saw an improvement in performance in July, with University Hospital Plymouth NHS Trust (UHP) performance rising to 76.3%, the Royal Devon and Exeter NHS Foundation Trust (RD&E) at 50.4%, Torbay and South Devon NHS Foundation Trust (TSD) at 67.7% and Northern Devon Healthcare NHS Trust (NDHT) at 47.4%.

4.2. The table below shows the number of patients seen within 6 weeks, as compared to the national 99% target, and the movement between June and July.

	RD&E	NDHT	UHP	TSD
June	43.00%	41.60%	62.50%	58.70%
July	50.50%	47.20%	76.30%	67.60%
Variance	**7.5%**	**5.6%**	**13.8%**	**8.9%**

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5. PHASE 3 – PLANNING

5.1. The System is working to finalise activity and performance trajectories as part of the Phase 3 planning work, and we will incorporate these into our performance reporting as soon as possible following agreement of our phase 3 submission.

5.2. Some of the steps we are taking to restore services include:

- Identifying the most clinically urgent cancer patients for surgery, including use of the independent sector.
- Reviewing all surgery lists, prioritising patients and reintroducing surgery and outpatients' services incrementally.
- GP referrals to hospitals beginning to return to pre-pandemic levels over time, while continuing to focus on high-risk patients.
- Continue to maintain increased community services capacity to support discharges, support care homes and predominantly support young patients and those patients with respiratory conditions or learning disabilities. Also ensuring that appropriate services and support is in place for those people who have been in hospital with COVID-19 and are now in recovery.

- Seeking to understand the potential mental health impact of the pandemic, providing ongoing support for high risk and urgent patients. Preparing for possible longer-term increases in demand for mental health services
- Continued segregation of infected and non-infected patients across all services
- Enhanced discharge planning to ensure timely, safe and appropriate discharges
- Further support to care homes including identifying a clinical lead for each care home and setting up weekly virtual 'care home round' of residents needing clinical support and medication reviews
- Enhanced psychological support for all NHS staff who need it
- Putting in place mechanisms to ensure closer working between the NHS, local communities and partners to increase the scale and pace of progress in reducing health inequalities.
- GP practices are starting to address the backlog of childhood immunisations and cervical screening, as well as flu planning through their Primary Care Network (PCN)

5.3. Inpatient and day case activity at UHP is back to between 70 - 85% of the pre-COVID average whilst Outpatient activity levels are at 75- 90%, a significant achievement given the social distancing/PPE measures which have to be maintained.[1]

6. Health and Care Staff and Patient Testing (Pillar 1)

6.1. COVID Tests in the UK are carried out through a number of different routes:

- Pillar 1: swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers
- Pillar 2: swab testing for the wider population, as set out in government guidance
- Pillar 3: serology testing to show if people have antibodies from having had COVID-19
- Pillar 4: blood and swab testing for national surveillance supported by PHE, the Office for National Statistics (ONS), and research, academic, and scientific partners to learn more about the prevalence and spread of the virus and for other testing research purposes, such as the accuracy and ease of use of home testing

6.2. We continue to follow all PHE/DHSC policies on testing in both acute and community settings. There is weekly Covid-19 testing for health & care staff visiting care homes - a set of system wide principles for health and care professionals required to visit care homes is in place and in line with national requirements. Testing capacity is prioritised for pre-discharge testing of all patients transferring to care home settings and this is now well established as routine across the Devon system.

6.3. We have also developed a joint 'Testing strategy for the Peninsula' with our partners in Cornwall. We are working on plans for pillar 1 to support pillar 2 testing. This includes utilising local laboratory testing capacity for individuals unable to book a local test through the national portal. The CCG is working closely with local trusts and local authorities to put plans in place.

7. Personal Protective Equipment (PPE)

7.1. Provision of adequate PPE for all services across the health & care system to protect staff and support workforce resilience and capacity throughout winter is critical.

[1] UHP Integrated Performance Report September

7.2. Should Devon experience a significant second wave of infection, a local central system function is planned to aid procurement, storage and supply logistics. Clinical assessment and data analysis of current PPE usages in services and predicted winter requirements has been undertaken and includes assessment of additional PPE to support vaccination programmes.

7.3. The Department for Health and Social Care (DHSC) the department have notified the NHS that the forthcoming arrangements for providing free personal protective equipment (PPE) to social care will be extended to primary care. DHSC have published their PPE strategy, which includes full details of the arrangements for primary care.

8. WINTER PLANNING 20/21

8.1. The system winter plan is currently in draft form and will fulfil the following requirements:

- Continue to follow good COVID-related practice to enable patients to access services safely and protect staff, including following Public Health England guidance on outbreaks and policies on testing, applying Infection Prevention and Control (IPC) guidance and ensuring staff and patients have access to personal protective equipment (PPE);
- Sustaining current NHS staffing, beds and capacity, including ongoing use of independent sector capacity and the Nightingale hospital to support discharge;
- Delivering an expanded flu vaccination programme for priority groups and NHS staff;
- Maximising use of 'hear and treat' and 'see and treat' pathways for 999 demand to reduce conveyance to emergency departments; by which a patient receives care via the telephone or by attendance of a paramedic rather than attending the emergency department.
- Continue to make full use of the NHS Volunteer Responders scheme;
- Continue to work with local authorities on resilient social care services and facilitate discharge.
- Ensure the public are aware of the range services available to them, across health and social care. A system-wide communications plan is being developed.

8.2. Furthermore, in order to meet the requirement to restore service delivery in primary care and community services, there are a number of requirements around out of hospital services that will be key in our winter planning. These include:

- Continuing government funding of the Hospital Discharge scheme and a requirement for systems to fully embed Discharge to Assess processes from September 2020;
- Building on the enhanced support being provided to care homes;
- Enhancement of community crisis response services.

8.3. In the Western Locality which includes Plymouth, planning is being undertaken via the Urgent Care Forum which includes UHP, Livewell, SWASFT, Plymouth City and Devon County Councils, Devon Doctors and primary care representatives.

8.4. The first step is to update the local demand and capacity planning model to reflect the occupancy and activity levels for winter based on experience. This should then allow the group to work through and complete phase three of the occupancy planning which includes care home and home based capacity for the social care sector.

8.5. Schemes have already been identified for funding including proactive GP visiting scheme and mental health first response and response vehicle schemes. In line with previous years a risk-based approach to winter planning is being undertaken. A comprehensive review of the learning from last year has also been completed with recommendations to be taken forward into this year.