

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Phase 3 Recovery plan update report

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 This report provides the Health and Wellbeing Board with an overview of the final Phase 3 planning submission for the Humber Health and Care system.
- 1.2 This paper sets out the priorities for the remainder of 2020/21 including how the system plans to respond to local challenges and the associated risks

2. BACKGROUND INFORMATION

- 2.1 The Phase 3 planning letter set out a number of priorities for the remainder of 2020/21. Following this, the Humber system submitted a final plan on 2nd October 2020. It should be noted that this plan submission was based on a Covid infection rate of R=1, however the current R number exceeds this and is between 1.1 and 1.3

Priorities:

- 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.
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- 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.

2.2 During the development of the plans, Humber partners have provided confirm and challenge into the plans and the latest submission reflects the revisions to plans based on this process as set out below;

Reducing demand;

- The ICS NHS 111 First programme is now reflected in the Acute Trust activity numbers aiming to reduce A/E attendances in the last quarter of the year. In addition, the roll out of a frailty model across the Humber is planned, which will enable diversion of admissions to community based care.
- Numerous initiatives to support people to stay well and to prevent escalation into services are also detailed including the implementation of the Enhance Care in Care Homes specification in Primary Care, enhanced delivery of flu vaccinations and support to those with mental ill health

Embedding the use of technology

- Maintaining the use of non-face to face appointment options for providing care in primary and secondary care settings has been maintained, while allowing people who are digitally disadvantaged to access face to face care.

Addressing the wider socio-economic impact of Covid

- The plan focuses on the most vulnerable – clinical risk stratification will ensure the most at need are prioritised.
- Specific focus is given to people from certain groups / with protected characteristics to ensure health inequalities are not widened e.g. neurodiversity, BAME
- Place level operational plans give greater focus on these issues

Factoring in the combined impact of winter and Covid;

- Emergency demand includes allowances for Covid within the overall activity.
- Initiatives including NHS 111 First, discharge compliance and additional beds all mitigate the risk.
- Primary care are targeting 77% compliance with the required flu vaccination requirements
- North Lincolnshire Social Care Winter plan developed and approved by health and Social Care

Primary Care have identified the following priorities as part of the Phase 3 plan:

- Network Direct Enhanced Service (DES) - Enhanced Health in Care Home service, structured medication service and medication optimisation
- Cancer – Early Cancer Diagnosis service
- Screening and immunisation
- Learning Disability and Severe Mental Illness health checks
- Primary Care Offer - embedding shift to Total Triage and online service offers
- Activity has returned to pre-Covid levels with capacity being a blend of face to face and remote consultation.

- Delivery of flu vaccination programme to older people and high risk groups

Community and Social Care have identified the following priorities as part of the Phase 3 plan:

- Integrated frailty model of targeted, proactive, interventions to include prevention, proactive support and crisis management
- Rapid access to specialist support and advice from Respiratory Physicians
- Sustaining the Covid-19 Hospital Discharge Service Requirements
- Complete recruitment and establishment of Forensic Outreach Liaison Service
- Development of Positive Behavioural Support Service / Academy
- Development of the One Family Approach
- Reinstate / Introduce preventative activities
- Safeguarding and Care, Education and Treatment Reviews (CETR)
- Completion of outstanding CHC assessments by end December 2020

The latest plan also further closes the gap between current planned activity levels and the expectation of achieving pre-Covid levels. This will be delivered in North Lincolnshire by;

- Learning from 'adopt and adapt'
- Revised Infection Prevention & Control Guidance
- Additional sessions

2.3 Challenges

The Humber plan projects it will not deliver IAPT (psychological therapy) targets. Whilst IAPT activity and referrals reduced significantly during the initial wave of Covid, the services are now seeing huge growth in demand in line with national expectations. As a result, particularly in light of increased restrictions and growth in mental health problems associated with Covid, the demand will outstrip workforce capacity. There has been an increase in the utilisation of virtual consultations to support ongoing delivery during Covid restrictions.

Phase 3 plan risks and issues (based on R=1)

- Managing the concurrent 2nd surge of Covid 19 and Winter / Flu
- Impact of BAME and potential shielding
- Managing demand
- Achieving the priorities in mental health:
 - 24/7 crisis and home treatment
 - Maintain 24/7 all age crisis/Covid support lines
 - Managing demand on adult inpatient beds
 - Managing demand in children and young people's services
- Continued impact on Social Care and the Care Homes sector
- Wave 2 planning for Covid

3. OPTIONS FOR CONSIDERATION

3.1 No options are presented.

4. ANALYSIS OF OPTIONS

4.1 This paper sets out the latest planning position for the Humber Health and Care System

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 not applicable

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 The plan is based on a Covid level of R=1. Any increase in the R will have implications in terms of service demand, workforce and financial impact. Nationally the R number is currently between 1.1 and 1.3.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not Applicable

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 None

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board is asked to note the updated phase 3 plan for the Humber Health and Care system and the associated risks

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Background Papers used in the preparation of this report - None