Healthier Lancashire & South Cumbria

Lancashire and South Cumbria NHS COVID-19 Response

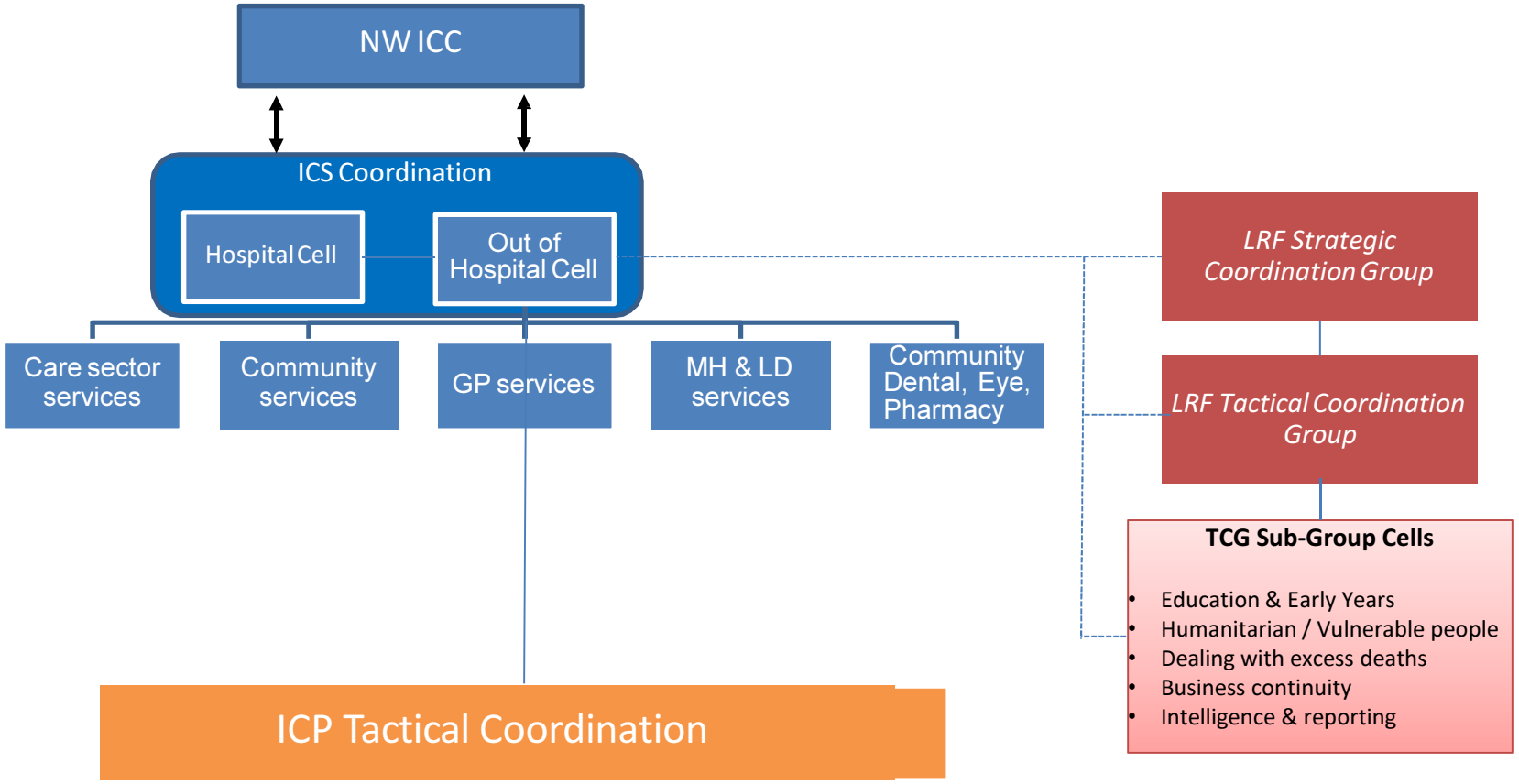
Lancashire Health Overview & Scrutiny Committee
June 2020

Initial response

Introduction – our response to COVID19 emergency

- Since March 2020, when the UK Government declared a national emergency in response to the current coronavirus (COVID19) pandemic, NHS organisations in Lancashire and South Cumbria have been working within a revised 'command and control' governance structure comprising a hospital cell and an out-of-hospital cell, each reporting to the Lancashire Local Resilience Forum and the NW Regional Incident Control Centre.
- This presentation sets out the detail of those governance arrangements and highlights some of the work of the two cells during the past few weeks.
- At the end of April 2020, Simon Stevens confirmed expectations that the command and control arrangements would remain in place for the rest of 2020/21, but set out national expectations for moving the NHS back towards business as usual following the pandemic, with priorities for action across a number of service areas. At the same time, regional directors set out the four phases of an NHS COVID-19 Restoration and Recovery Plan, asking local systems to start planning for phase two and onwards.
  - Phase 1 - Management of COVID-19 demand and impact.
  - Phase 2 – Restoration (June 2020 to August 2020) - re-establishing essential services in a safe way for patients, staff and the public.
  - Phase 3 – Recovery (August 2020 to March 2021).
  - Phase 4 - A New NHS (April 2021 and beyond).
- This presentation also provides a summary of the outputs of the Phase 2 plan.

Initial governance arrangements for Covid19 emergency: March-June 2020



ICS leadership, programmes and resources

- Prior to the Regional Director's letter of the 23 March to formally establish Hospital and out of Hospital Cells in each ICS, the ICS had already moved and offered resources to supportthe need for a system lead effort to support Covid19 response
- ICS programmes were put on hold at natural break points
- Senior leadership resources were allocated across all functions
- A natural rhythm of meetings emerged to ensure coordination of effort and response
- Strong links into the Regional Incident Command Structures, clinical and managerial
- Strong links into the Local Resilience Forum, Lancashire and across to Cumbria
- Regular communications out from Cells to NHS ICC structures, Providers, CCGs and LAs
- Effective administration and support team underpinning the work of both cells, utilising existing teams and networks such as Cancer Alliance, Critical Care and Trauma Network

Hospital Cell overview

Key areas of focus for the cell initially included:

Critical Care expansion and overall bed capacity and resilience- Critical care escalation measures have proved adequate to deal with demand for ventilated beds

PPE supply and delivery- PPE and supply arrangements have been led from the cell and have consistently enabled the NHS to meet requirements

Development and implementation of mutual aid- A system of mutual support across trusts has enabled greater flexibility in meeting operational demands and faster learning in the adoption of developments

Continuation of urgent surgery including cancer- On-going treatment of clinically prioritised patients, especially those with cancer has been maintained. Partnerships with the Independent Sector to utilise that capacity has been a key enabler.

Testing for Covid 19- The development of a testing programme in conjunction with key partners, including the LRF and the implementation of Infection Protection Control (IPC) measures to contain Covid transmission have been critical

Out of Hospital Cell priorities

Key areas of focus for the cell initially included:

- ***Testing and PPE provision-*** Work with partner agencies, including the LRF, to ensure access to staff testing across all services, including social care, and to ensuring access to PPE by securing sources and clarifying supply routes
- ***Creating and monitoring capacity in community settings-*** including close work with LAs to agree care home resilience and escalation plans and to ensure consistent capacity data collection and to establish networks across community providers and agreeing standardised discharge pathways
- ***Hospital discharge into the community-*** Work with hospital cell and partner agencies on rapid discharge to ensure a reduction in bed occupancy om prepration for the anticipated surge in demand initially.
- ***Support for our communities-*** supporting the work of the LRF surrounding vulnerable people, including the homeless and those shielding, business continuity and intelligence & reporting cells
- ***Mental health-*** work across all providers to deliver all age crisis 24/7 response; establishment of Mental Health urgent care centres

Phase 2 capacity planning

Phase 2 planning & the move to phase 3

Following the initial pandemic response the national requirement has been for ICSs to provide capacity plans to NHSEI regional teams following the issuing of planning guidance.

The initial capacity plan submission for phase 2 focused on planning for the continued impact of COVID on services, for example due to IPC guidance and staff absence, and the establishing the impact the initial response had had on our services. This identified that we will continue to operate with constrained capacity for some time to come.

Following the submission of the initial phase 2 capacity plans additional information was sought from NHSEI's regional team ahead of the phase 3 planning round. Topics included:

- Critical care capacity
- Community capacity/rehabilitation beds
- The use of the Independent Sector capacity
- Waiting lists
- Reintroduction of screening and diagnostics for cancer
- Mental Health
- Workforce
- Capital expenditure for COVID secure capacity

Development of our whole system capacity plan

We recognise the need now to shift rapidly to the development of a whole system model where we actively manage demand along pathways across different care settings during a time of constrained capacity. We have been working with Trust medical directors, directors of operations, GPs and others from the hospital and out-of-hospital cells to test our thinking about how we start to develop that whole system model.

To take this work forward, we held a clinical workshop on the 11 June to target a small number of whole system pathways that we can amend to help us manage the demands of COVID and non-COVID care going into the autumn and winter. Attendance at this workshop included representation from Local Authority Social Care teams.

Our clinicians acknowledged the restrained capacity in our system that our model predicts, such that we will not be able to manage ongoing demand for COVID care whilst responding to an increase in non elective demand AND bringing back significant levels of elective care.

Our pathway review needs to reduce significantly the demand for bed-based care during time of constrained capacity, identifying entire high volume, low risk system pathways where we can transfer resources and models of care between settings.

Temporary service changes, communicating with the public and digital innovation

Decisions, Management & Assurance

Temporary Service Changes

- Decisions on temporary changes to service provision have been made across NHS organisations adhering to national guidance and legislation.
- Clear focus for communications has been to ensure members of the public and patients understand any changes to services and local care provision.
- Oversight and assurance of the changes has been co-ordinated across the organisations at a Lancashire & South Cumbria level, and managed through the Hospital and Out of Hospital Cells.
- Service changes which have been made are temporary. Full engagement and consultation in line with legislation would be required in order to make any of these changes permanent.

Communicating with public and patients

Informing local people about NHS services

- Clear priority in responding to the pandemic to keep patients informed about any local changes to services and guidance to follow when accessing services
- Multi-agency approach to informing communities through the LRF structures has seen greater collaborative working across the Local Authorities, Police, NHS, Public Health England, Fire Service and other partners than has ever been seen before.
- Across Lancashire and South Cumbria there has been co-ordination across NHS organisations for a national Help Us Help You campaign to encourage patients and members of the public to use services focused on areas such as Cancer, Mental Health, Stroke, Cardiac, Paediatrics, vaccinations and Children and Young People's Mental Health services.
- A priority on mental health has seen a multi-agency approach to sharing information across all NHS and LRF partner agency channels about where local people can access support and pro-active marketing campaign to encourage people to use the Lancashire and South Cumbria NHS Foundation Trust Wellbeing and Mental Health Helpline which has been set up.

Digital innovation

Use of technology has been accelerated in response to COVID

- **Every general practice in Lancashire and South Cumbria can offer patients video consultations:** Most GP practices in Lancashire and South Cumbria are now doing video consultations with patients and all have the technology to offer them in the future. The number of video appointments has risen each month since the social distancing guidelines. Across Lancashire and South Cumbria, this has grown from 168 in February to 3,988 in March and up to 11,410 in April.
- **Hospitals have worked together to implement virtual appointments:** The five Hospital Trusts across Lancashire and South Cumbria have worked in collaboration to deploy video consultations. To the end of May this had resulted in more than 4,400 virtual clinics, totalling more than 1,300 hours. These have also been used to allow family members and carers to join in appointments without needing to travel to hospital.

Next Steps

- Assurance and management of the temporary service changes remains a key priority for the NHS and will continue for the duration of the pandemic. These processes will be refined to keep up to date with relevant guidance and legislation.
- Communication, engagement and transparency with the public will continue with a focus on engaging with local people to understand the impact of COVID and reaching into BAME and vulnerable communities.
- Maintain engagement and communications with key stakeholders regarding any proposed changes as we continue to move towards restoration and recovery – including LRFs, Scrutiny Committees, MPs, Councillors, patient and public groups.
- There is a need to increase delivery of routine healthcare and prioritise clinical pathways to ensure the system is fit for purpose ahead of winter.
- The benefits experienced by both LAs and the NHS due to improved discharge pathways to be conserved.
- Ongoing support will be provided to ensure the resilience of the care sector.

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