Health and Wellbeing Board
Meeting Date; 9th July 2020

Title of paper: STP update – COVID-19 Restore & Recovery

Responsible Officer: Steve Trenchard, Executive Director of Transformation, Shropshire, Telford and Wrekin CCG's

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1. **Summary**

2. **Recommendations**

REPORT

A report is attached

3. **Risk Assessment and Opportunities Appraisal**
(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

4. **Financial Implications**

5. **Background**

6. **Additional Information**

7. **Conclusions**

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Local Member
Appendices

NHS
Shropshire
Clinical Commissioning Group

Agenda item: Enclosure Number TBC
Shropshire CCG Governing Body Meeting: 8th July 2020

Title of the report:	Shropshire, Telford & Wrekin System Response to Covid19
Responsible Director:	Steve Trenchard, Executive Director of Transformation
Author of the report:	Lisa Cliffe, Deputy Director of Performance & Delivery Tracey Jones, Deputy Executive of Integrated Care
Presenter:	Steve Trenchard, Executive Director of Transformation

Purpose of the report: To inform the Board Members of the:

- Restore and Recovery phase of the Systems Response to Covid 19
- Processes in place to address this as a system including capturing learning
- Risks and Mitigations as part of Restore Process

Key issues or points to note:

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Then in the light of the latest SAGE advice and Government decisions, further far reaching instructions were given on 17th March to stand down services to ensure the NHS had capacity to cope with Covid 19.

A further letter was sent on 29th April from Simon Stevens which required the NHS to plan to re-instate all non covid 19 related urgent services within a six week time frame and begin to plan for restoration of other services in line with capacity and clinical priority and ensuring that areas of good practice and innovation were captured in re-establishing permanent services.

The changes that were required as part of the instructions on 17th March have had significant impact on our normal operating services and therefore oversight is required as to what the implications have been and what actions need to be taken in the short, medium and longer term for our services based upon both the national guidance as it is being published together with the system strategic requirements.

Commissioners have been working with the system to identify the changes that have occurred and decide where services/changes should:

1) Revert to previous position
2) Maintain current levels
3) Expand to further areas

Guidance for this process has been provided by NHSE/I and the system locally has undertaken a sift and sort exercise to evaluate which elements of service change will be recommended for future adoption as part of the local response to the Long Term Plan.

Locally the restoration services are being assured through a three tier approach of

Bronze : System wide overarching restore and recover group receiving restore requests from system sub groups.
Silver : Restore and Recover Review and Approval Of recommendations from Bronze
Gold : Receives silver recommendations and provides final approval (Gold consists of Chief Officers of Health and Social Care. Chaired by Dave Evans (as CO of CCGs and Lead Exec for STW System).

To assist in capturing learning from covid a learning evaluation framework and strategic evaluation hub have been developed. The strategic hub will be instrumental in assisting the system as we enter phase 3/4 of recovery.

In addition to the overarching restore group, a demand and capacity cell has been established to model and predict the impact of reduced services due to social distancing requirements as well as assist in resilience planning for further surges or local outbreaks.

Actions required by Governing Body Members:
To discuss and note the contents of the report

Does this report and its recommendations have implications and impact with regard to the following:		
1	Additional staffing or financial resource implications *There may be future resource implications as services enter restore/recovery* *As part of the Government response to Covid-19, there have been changes in relation to funding mechanisms. These changes are being managed and monitored through the finance teams across the CCGs Contracts til end of month 4 are within block arrangements* *Currently there are no additional investment monies available to the CCG for restore/recovery.*	No *None requested within paper*
2	Health inequalities *If yes, please provide details of the effect upon health inequalities* *There may be equality implications in relation to implementing changes following the pandemic. These will be reviewed for each of the identified service changes to understand the impact. Process includes EQIA as part of restore templates to identify health inequalities. These are reviewed by the CCG quality team and the system restore group ahead of recommendations to silver and gold.*	Yes
3	Human Rights, equality and diversity requirements *If yes, please provide details of the effect upon these requirement* QIAs for service restore require providers to consider all protected characteristics including BAME staff and patients .*Process includes EQIA as part of restore templates to identify health inequalities. These are reviewed by the CCG quality team and the system restore group ahead of recommendations to silver and gold.*	Yes
4	Clinical engagement *If yes, please provide details of the clinical engagement* *The processes for restore and recover have been designed on the principle of clinically led and managerially enabled. Clinicians form members of the sub groups and the overarching bronze system restore group.*	Yes
5	Patient and public engagement *If yes, please provide details of the patient and public engagement* *During restore both CCGs have worked closely with respective Healthwatch groups and HOSC Chairs with the Director of Transformation providing weekly briefings to Joint HOSC Chairs. A series of full meetings to provide greater detailed briefing is planned for July The focus of the messaging has been to reassure people the NHS remains open for business. The Communications and Engagement Task group are currently exploring options for engagement within the constraints of social distancing.*	Yes

	Both Shropshire and Telford Healthwatches have conducted public surveys on experiences during the covid pandemic and these will be published in the near future.	
6	Risk to financial and clinical sustainability	No/Yes
	If yes how will this be mitigated *Currently there are block arrangements in place with regard to contractual payments and services are expected to be restored within current block payment value. .*	

NHS Shropshire CCG

Shropshire, Telford & Wrekin System Response to Covid19 Update Paper – 8th July 2020

Author: Lisa Cliffe, Deputy Director of Performance & Delivery
Tracey Jones, Deputy Executive of Integrated Care

Introduction

1.0 Following a declaration made by the NHS of a Level 4 National Incident on 30th January 2020, on 19th March a subsequent communication was received from NHS England confirming a rapidly increasing Covid19 pandemic and the requirement to put in place emergency crisis response measures that would transition in time through a number of phases including crisis response and restore & restart of services.

2.0 In order to operationalise this shift and put in place the necessary controls and governance, a standard incident response structure was put in place. Known as the Local Health Resilience Partnership (LHRP) this a nationally mandated serious incident (i.e. pandemic) response which is co-led by Public Health in the Local Authorities (Rachel Robinson) and Clinical Commissioning Group (Sam Tilley). This comprises system CEOs (Gold Command), service leaders from across all services (LA, Health, Community, Powys etc) and task and finish groups with collective approach across the system.

3.0 The Care Pathway Groups working through the detail of service changes and impact were structured so that each one had a specific focus, including in-hospital pathways, community care, emergency care, cancer, planned care services. These groups made recommendations on local implementation of national guidance.

4.0 The crisis response measures being developed, agreed and implemented were to:

- Free-up the maximum possible inpatient and critical care capacity;
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support;
- Support staff, and maximise their availability;
- Play our part in the wider population measures newly announced by Government;
- Stress-test operational readiness;
- Remove routine burdens, so as to facilitate the above.

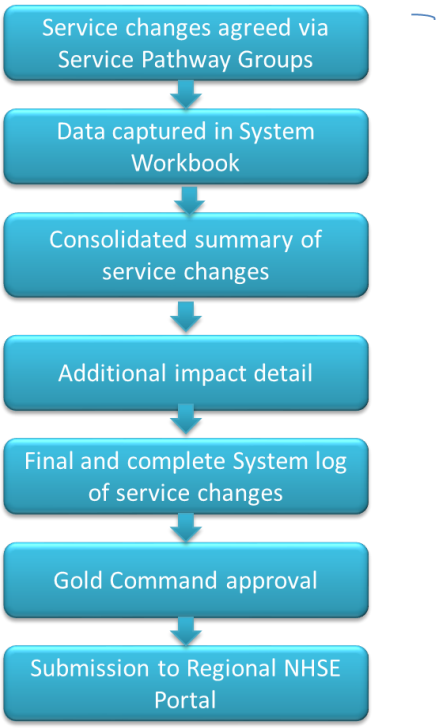
5.0 Further communication was received from NHS England to support this process, by providing guidance on what services should:

- Continue as normal;
- Be reduced;
- Be paused;
- Be enhanced.

6.0 As part of the governance framework overseeing this process, data was collected from a range of sources to gather as much information as possible including:

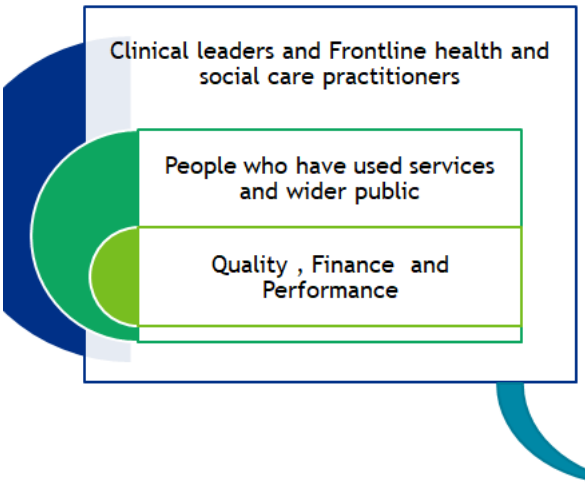
- The status of health services in February prior to the Covid19 changes;
- Status of paused transformation programmes;
- A log of the service changes that were implemented in response to Covid19 including the impact and governance of that decision.

7.0 The governance framework for overseeing this work is illustrated below.



8.0 Whilst an incredibly difficult time, throughout this process much innovation and positive change has been seen including acceleration of the use of digital technologies, collaborative working across the system to the same unified aims & objectives, and reutilisation of a more flexible workforce. These positives, and signs of innovation are also being captured to ensure they are included in the 'lessons learnt' and form part of the eventual plan to return to normal, or a 'new' normal; seizing the opportunity to keep and maintain some of these positive changes.

9.0 To ensure capture of learning across the system and from members of the public, a learning framework has been developed and agreed at a system level by Gold Command. This aims to capture learning through a triple lens of people who use services/ public, front line staff and system leadership perspectives.



Cease Things we implemented during covid response that were just specific to crisis	**Keep and Accelerate** Things we have done during covid response we really want to keep and accelerate
Pause and Evaluate Things we have stopped during covid response that we believe we may be able to stop longer term	**Restore/ Redesign** Things we know we need to restart but Covid experiences suggest a different way

The views of people who have used the services and wider public will be captured through provider feedback mechanisms. Both Healthwatch Telford and Wrekin and Healthwatch Shropshire have been actively involved in collecting public level feedback through on line surveys. The CCG Communication and Engagement team are currently scoping best practice/ public preference options to engage with the public whilst maintaining social distancing.

10.0 On 29th April 2020, further communication was received from NHSE England advising that although the UK remained on a National Incident Level 4, with the impact of Covid19 not quite as severe as anticipated, work must commence on planning how to restart and restore some of the services; and as part of a national planned phased approach, gave guidance on a range of services to plan for restarting.

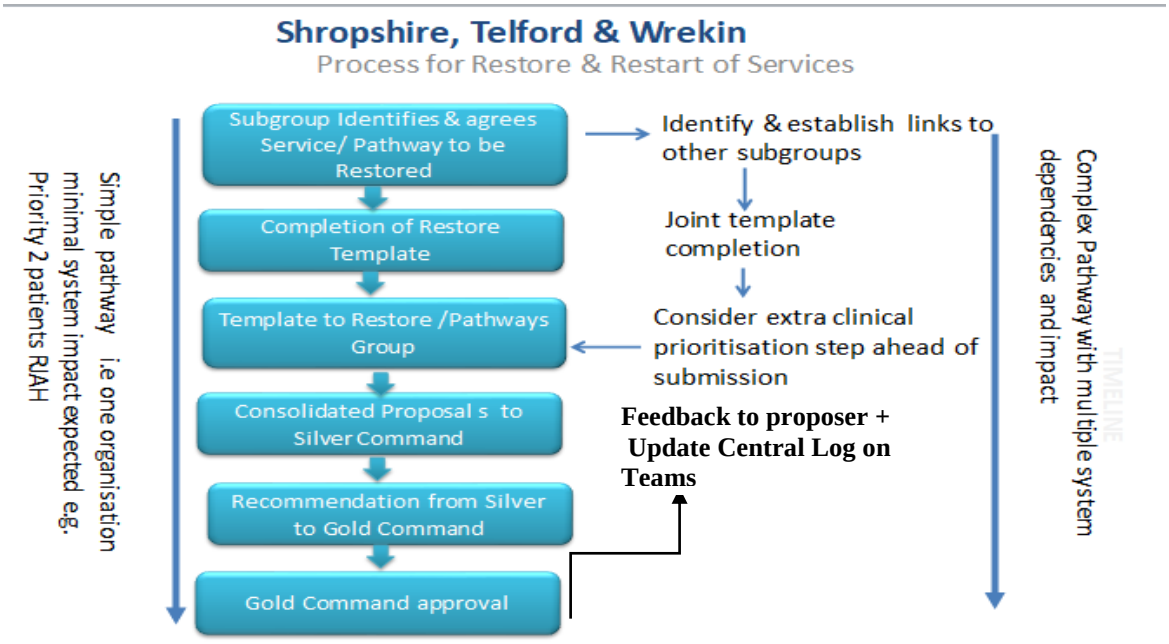
11.0 To supplement this, an impact assessment report had to be completed on the services to be re-started to capture the impact and governance based on national standard key lines of enquiry, and these included numbers of patients potentially affected by the change, waiting list size and assurance on the governance and approval process.

12.0 A supplementary report was also provided to NHS England that captured a complete list of all of the service changes that were implemented, description of the change, and the impact of that change.

13.0 With the system transitioning from crisis response and into a phase of restart & restore, but having to maintain an incident response structure, the governance framework that had been put in place to manage the crisis response has been kept in place but is being redefined. The focus of the refinement is on reviewing all of the information gathered, considering quality impact, waiting lists, potential deterioration of patients who have not presented, and balancing that with learnings captured from the changes seen in responding to Covid19. This will enable the opportunity to develop and plan for the redesign of a new health system.

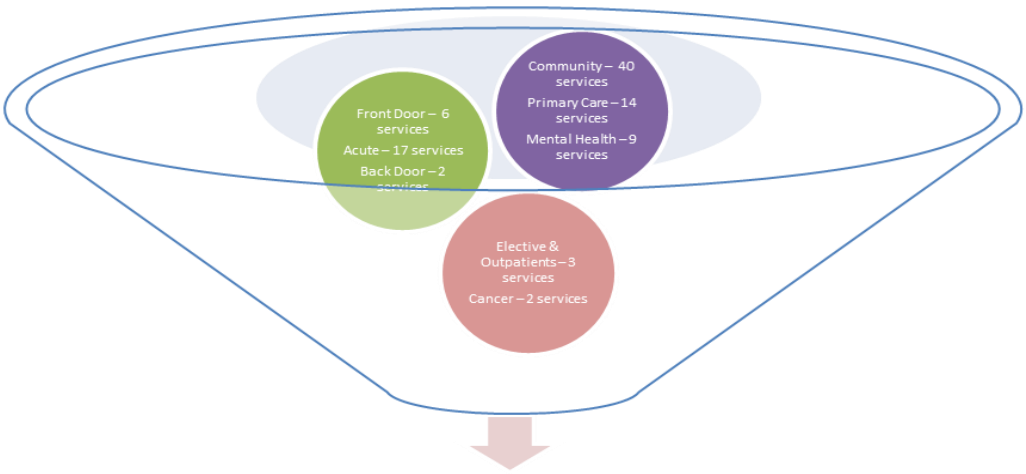
14.0 This would ensure all necessary elements are captured including those services that were paused which must be restore as soon as possible, those that can be stopped or changed permanently, and new methods of delivering services that has been seen during this period that we would prefer to keep and maintain.

15.0 The governance framework overseeing this transition planning work is illustrated below.



The process is shown as linear however if queries are raised the restore template may be returned to the structure below it or clarity sought from the provider /commissioner for resubmission as required.

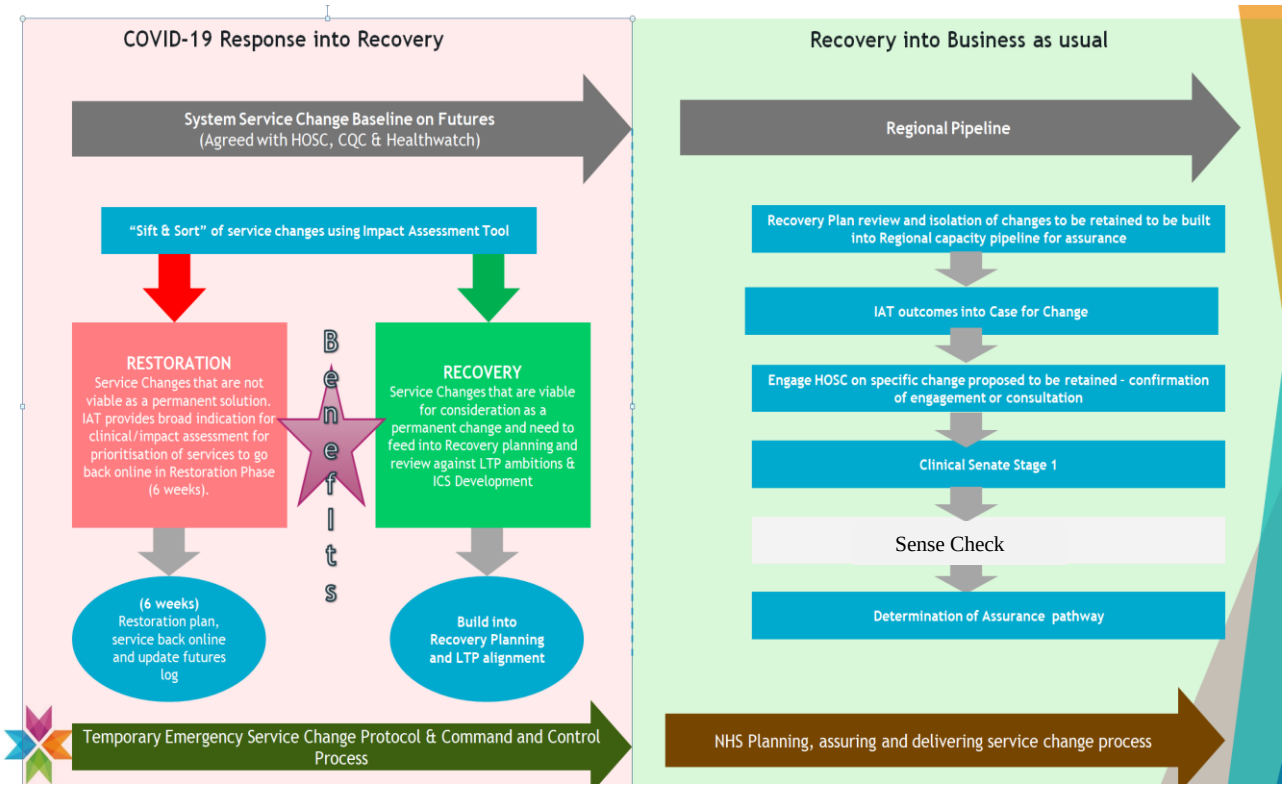
16.0 This next phase of restarting and restoring services is inextricably linked with transformation of services due to the range of opportunities for change, and the need to re-link with the previous transformation programmes that had to be paused, as well as the system Long Term Plan priorities and the strategic aims and objectives for the region.



17.0 The work being undertaken includes

- Recovery of services for health providers;
- Recovery of services for Local Authorities;
- Modelling assumptions to date and next steps to confirm baseline (beds, community, and individual service lines) to reflect reduced capacity due to social distancing and prepare for any further local outbreaks.
- Linking of Capital and Estates, Finances, Digital, PPE, People and Business Intelligence, and Comms & Engagement into restore and recover processes
- Options appraisal for optimal hospital site utilisation;
- Ongoing support to workforce to maintain wellbeing and resilience
- Ensuring local services are restored in line with NHSEI guidelines

18.0 On the 19th June a further submission was provided to NHSEI that categorised the services for restore and for recover using their Impact Assessment Tool. The diagram below details this and provides definitions for restore and recovery.



RESTORATION: Service Changes that are not viable as a permanent solution. Impact assessment tool provides broad indication for clinical/impact assessment for prioritisation of services to go back online in Restoration Phase (6 weeks)

RECOVERY: Service changes that are viable for consideration as a permanent change and need to feed into recovery planning and review against the Long term Plan ambitions and Integrated Care System Development. Locally we have 29 services identified for recovery

19.0 Strategic Evaluation Hub

As part of the learning framework referenced in section 10, system is developing a strategic evaluation hub which has the following aims:

- Provide System oversight into Benefits Realisation;
- Provide an oversight, review and evaluation function to the restore & recovery process based on data, intelligence, modelling and best practice;
- Restore – early identification of system issues for consideration;
- Recovery – comparison and evaluation of past v future LTP models, govern best practice and provide robust benefits realisation;
- Develop recovery models within Simul8 (Scenario Generator) to demonstrate system impact at an individual model basis and at a System model;
- To be aligned to Capacity & Demand Modelling that is necessary to ensure the system can manage local outbreaks and bring back on line services stood down in the immediate response.
- Assist in providing intelligence to the system wide collective response to Winter Planning

20.0 **Key risks**

No	Risk	Mitigation
1	Pre- Covid silo behaviour returns	Collaborative leadership and shared system governance now in place
2	Workforce resilience and stability including staff availability and covid related absence, stress.	OD Plan signed off by system partners Risk assessment process for BAME and other at- risk groups
3	Backlog / system performance challenge (constitutional standards)	Undertake comprehensive modelling of baseline and develop system recovery plan
4	Constraints around drugs and PPE	Work closely with National supply line
5	Testing capacity – equipment, consumables, staffing	- Work with national supply chain, networking, procurement of equipment , development of staffing models
6	Services restoration may negatively impact on wider pathways.	Governance in place for QIA and three tier Overarching system response Bronze to Gold approval
7	Political and reputational risk around Hospital Transformation Programme (Future Fit programme)	- Daily Gold calls - Weekly MP calls - Work Ongoing to strengthen Hospital Transformation Programme Governance
8	Risk of further local outbreaks and impact on restored services	- Ongoing Comms to alleviate concerns and development of real time measures. - Inclusion of flexibility of restored services to stand down considered as part of system restore group.
9	Risks that care homes could lack resilience leading to increased lengths of stay in hospital and negative impact on long term recovery for patients.	Working together as a system across health and social care there has been a programme of enhanced care for care home sector (PPE, swabbing, IPC, psychological support)
10	Risks that increased demands on community bed capacity for covid patients exceeds available bed capacity (especially if capacity is	Establishment of a system wide demand and modelling capacity cell which will provide information re need potentially commissioning additional community capacity

	reduced due to distancing for safety	
10	Risks that demand could exceed capacity for domiciliary community services as community pathways evolve including needs of shielded people and covid patients in their own home	Further modelling to understand capacity.
12	Risk that mental health services are unable to deal with anticipated increase in demand	Strengthen third sector Develop clear single access point Develop ability to meet need Capacity modelling
13	Meeting whole system requirements of maintaining social distancing compliance in services and wider in communities	Regular communications Working with community sources as part of engagement programmes
14	Risk that estate utilisation across the system is not optimised to meet current and backlog needs in speciality specific guidance	Estates optimisation plan Scenario modelling Link to HTP and Future Fit

21.0 A Communications and Engagement Task and Finish Group was formed as part of the LHRP arrangements with representatives from each STP member organisation, including the Local Authorities. Leads have been aligned to other task and finish groups and communications and engagement plans prepared for the more complex temporary service changes. The focus of the messaging has been to reassure people the NHS remains open for business. The Communications and Engagement Task group are currently exploring options for engagement within the constraints of social distancing.

22.0 During restore both CCGs have worked closely with respective Healthwatch groups and Joint HOSC Chairs with the Director of Transformation providing weekly briefings to Joint HOSC Chairs. A series of full meetings to provide greater detailed briefing is planned for July. Both Shropshire and Telford Healthwatches have conducted public surveys on experiences during the covid pandemic and these will be published in the near future.

23.0 The system will be ensuring that the demand and capacity modelling work and the restore /recovery processes are fully interlinked to address the planning that has commenced ahead of the expected surge in demand as part of the Winter Plan process. This will include the restoration/recovery of community models to deliver increased levels of care within people's own homes.

24.0 Learning from the system to date has illustrated that the system has united and worked at pace to ensure the delivery of health and social care services in response to the pandemic and continues to work together as one system as we transition into the future including the formation of a Single strategic Commissioner.