Herefordshire and Worcestershire
Clinical Commissioning Group

Headlines

Phase Three Planning Guidance

Three High Level Priorities

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

Five Principles – National Voices

1. Actively engage with those most impacted by the change

Policymakers must base their decisions on a deep understanding of how people and patients are affected. Proper coproduction must be the cornerstone of policy design and development as we are making decisions for the longer term.

2. Make everyone matter, leave no-one behind

Everyone matters – all lives, all people, in all circumstances.

3. Confront inequality head-on

We're all in the same storm, but we're not all in the same boat. Mortality and morbidity are higher for those living in poverty and working on the frontline. People from Black, Asian or minority ethnic backgrounds are disproportionately affected.

4. Recognise people, not categories, by strengthening personalised care

The category of 'vulnerable' needs to be rethought and broadened beyond narrow clinical criteria to include more holistic circumstances that can make people vulnerable, such as domestic violence, poverty, disability or overcrowding. Personalised care is essential to safety and dignity.

5. Value health, care and support equally

People living with ill health or disability need more than medicine. They need care and support, connection and friendship. Social care, charities and communities are part of this vital, life enhancing fabric of life. The siloing, underfunding and neglect of social care, its workforce, users and purpose as a life enhancing public service has to end.

Headline Action Required

- Reduced to Level Three from August 1st but keep EPPR ICC.
- Return a draft STP/ICS summary plan by 1st September using the templates issued and covering the key actions set out in this letter, with final plans due by 21st September.
- Clear and transparent triangulation between commissioner and provider activity and performance plans.

Domain	Comment: main thrust of guidance
System Governance	Reinforces April 2021 Financial framework being published for Q3-4
Workforce	NHS People Plan 2020/21 - System People Board Invest in local community
Addressing Inequalities	Named Board member Five year plan Core to whole guidance. National Voices
Winter Planning	As we know
Cancer	Capacity focused - Think system as well as Trust level Reduce risk; improve timely access to info and clinical decision making asap
Elective Care	Sets timeframes and performance measures
Primary Care	Reach out to the vulnerable; proactively address inequalities Be more accessible, return to an element of face to face and maintain digital triage
Community Services	CHC timeframes and discharge planning
Mental Health	(Mainly what we know) Review SMI caseloads and proactively support
Learning Disability	Resume good practice expected pre covid. Timeframe (December) on LeDER

System Governance

To support restoration, and enable continued collaborative working, current financial arrangements for CCGs and trusts will largely be extended to cover August and September 2020. The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government.

All ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes:

- A single STP/ICS leader and a non-executive chair, appointed in line with NHSE/I guidance, and clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships.
- Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency – in which providers and commissioners can agree actions in the best interests of their populations, based on co-production, engagement and evidence.
- A single CCG across the system.
- A plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health.

Workforce: NHS People Plan 2020/21 action for all – keep staff safe, healthy and well – both physically and psychologically

- Covering expansion of staff numbers, mental and physical support for staff, improving retention and flexible working opportunities and setting out new initiatives for development and upskilling of staff.
- Work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of Covid.
- These local People Plans should be reviewed by regional and ***System People Boards*** and should be refreshed regularly.

Addressing Inequalities – Five year plan to be developed

- Name Board member responsible by September. Boards and senior managers to represent their communities
- Protect the most vulnerable from Covid, with enhanced analysis and community engagement. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes.
- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.
- Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.
- Improve ethnicity data sets

Winter Planning

- Sustaining current NHS staffing, beds and capacity, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
- Flu Programme (Flu 2 letter) target determined priority groups, including providing easy access for all NHS staff promoting universal uptake.
- Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.
- 111 First
- Releasing A&E Capital
- Increase “See and Treat” and “Hear and Treat”
- Use NHS Voluntary Responders
- Work closely with LA – keep foot on MFFD pedal

Cancer

Reduce the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with ***an immediate plan for managing those waiting longer than 104 days***.

- Ensuring that sufficient diagnostic capacity is in place; independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centers
- Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol-generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy.
- Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in Covid19-secure environments.
- Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment.
- Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them.

Elective: Think system not just trust level

“There is a careful balance to be struck between the need to be ambitious and stretching for our patients so as to avoid patient harm, while setting a performance level that is deliverable”

- In September at least 80% of their last year’s activity for both overnight electives and for outpatient / day case procedures, rising to 90% in October (while aiming for 70% in August);
- This means that systems need to very swiftly return to at least 90% of their last year’s levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
- 100% of their last year’s activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).
- Flexible payment structure
- Urgent patients first, Clinical priority, and then long waiters (52w)
- GPs and Consultants communicate to patient their personal plan
- Use of independent sector: available until March 2021. National contracting framework from November. Weekly plans needed and then usage/delivery monitored between now and end of October.
- E-referrals, A&G and patient-initiated follow-ups (giving patients quick answers)
- 25% of firsts and 60% of follow ups - digitally
- NICE: Self Isolation and testing requirements.

Primary care – reach out proactively to vulnerable

- Increase range of services patients can self refer without using GP time
- Resume some face to face and continue with remote triage
- Address screening and immunisations backlog
- Build on enhanced care home offer.

Community Services

- Crisis service should be enhanced in line with LTP
- Community services should resume (safe) visits to sheilded and vulnerable
- From 1 September 2020, hospitals and community health and social care partners should fully embed the discharge to assess processes. New or extended health and care support will be funded for a period of up to six weeks, following discharge from hospital and during this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.
- CCGs must resume NHS Continuing Healthcare assessments from 1 September 2020 and work with local authorities using the trusted assessor model. Any patients discharged from hospital between 19 March 2020 and 31 August 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements.

Mental Health

- MHIS – continue to invest
- IAPT services should fully resume
- 24/7 crisis helplines for all ages that were established locally during the pandemic should be retained, developing this into a national service continue the transition to digital working
- Maintain the growth in the number of children and young people accessing care
- Proactively review all patients on community mental health teams' caseloads and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community;
- Ensure that local access to services is clearly advertised
- Use £250 million of earmarked new capital to help eliminate mental health dormitory wards.

Learning Disability

- Continue to reduce the number of children, young people and adults within a specialist inpatient setting by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
- Complete all outstanding Learning Disability Mortality Reviews (LeDeR) by December 2020.
- GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged. (This is supported by existing payment arrangements and the new support intended through the Impact and Investment Fund to improve uptake.)

Good Covid-related practice

- Follow PHE guidance on controlling and managing outbreaks
- Test as required and instructed
- From September/October might implement a policy of regular routine Covid testing of all asymptomatic staff across the NHS.
- Use 9th June IPC guidance
- PPE stock will be available as required