

Meeting: Strategic Commissioning Board			
Meeting Date	08 June 2020	Action	Receive
Item No	6.2	Confidential / Freedom of Information Status	No
Title	Health and Care System Recovery		
Presented By	Howard Hughes		
Author	Matt Wright		
Clinical Lead	Howard Hughes		
Council Lead	Geoff Little		

Executive Summary

- The response phase to COVID-19 has seen unprecedented changes in the Bury health and care system.
- As the initial peak of the pandemic has been overcome, attention now focusses on the approach to recovery.
- The Bury Health and Care System recovery plan will be aligned to GM's three phase:
 - 1) Release of lockdown
 - 2) Living with COVID
 - 3) Building back better
- The Health and Care System Recovery Task Group has been established system wide to support the recovery programme. They will lead and drive implementation through a structured approach.
- The group has agreed key principles to provide a framework for the work:
 - Whole system approach.
 - Fundamental shift in how Bury delivers Health and Care.
 - Positive Behaviours
- The emerging priority programmes of work will focus around the following key themes

Theme 1 - **Removing Organisational Boundaries**

Theme 2 - **Improved Neighbourhoods**

Work has commenced to establish system SROs and programme teams and the development of programme charters to clearly define the work plan including expected outcomes, risks and interdependencies

Recommendations

- It is recommended that the Strategic Commissioning Board:
- Note contents of the report
 - Give support to the proposed next steps

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Recovery plan aligns to the delivery of the Bury 2030 strategy					
How do proposals align with Locality Plan?	Supporting the delivery of Bury 2030 strategy					
How do proposals align with the Commissioning Strategy?	Aligns to developing OCO commissioning strategy					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Supports work and implementation of Bury 2030 strategy					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
Assessment been completed?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>		None

Health and Care System Recovery

1. Introduction

- 1.1. The objective of the paper is to provide an update on the framework, approach, work so far and proposed next steps on the Health and Care System Recovery from the COVID-19 pandemic.

2. Background

- 2.1. On 31st January the first confirmed cases of COVID-19 were recorded in the UK. The first cases in Greater Manchester were reported in Bury on 29th February 2020. Early cases were in people who had travelled to heavily affected countries, and some contacts of cases in other areas. The Local Resilience Forum within the borough of Bury enacted the measures from Government to delay the spread of infection, including school closures and cessation of non-critical services, plus local responses as appropriate. A wider lockdown of society was put in place in March 2020. A Bury GOLD response and supporting structures were established to formalise and better support the partnership working that has already been occurring between local councils, health partners, emergency services, business and the voluntary, community and faith sectors.

The response phase has seen unprecedented changes in the Bury health and care system. This response through its gold, silver, bronze command structure has seen an integrated health and care response with the response across all public, private and voluntary sector partners. The response has benefited from its well-developed integration of local NHS and Local Government - LCO & OCO and combined political and clinical leadership.

Whilst it remains important that we continue our response to the pandemic, attention is now also focused on the approach to recovery. This paper outlines a strategic framework for the recovery phase for the health and care system which is a major component of the Borough recovery plan. It is intended to be the single strategic plan to ensure that Bury people and patients receive the efficient and effective health and care services. The plan should also provide hope for the health and care workforce and the people of Bury they serve that there is a coherent plan to provide services in a safe way. This is part of the wider requirement for the Bury Recovery Plan to build confidence in the future.

3. Phases of recovery

- 3.1. The Bury system Health and Care Recovery Plan will be based on the GM recovery plan approach in the following phases:

Phase 1: Release of lockdown (0 - 8 weeks) - Sustaining current services and escalating as required to peaks of activity, identifying which services can be prioritised to re-start or which are back-logged. Assessment of baseline

to understand changes/improvements that have been implemented that need to be part of 'normal'.

Phase 2: Living with Covid19 (0- 1 year) - Sustaining current services but also requiring flexibility of services to react to peaks and troughs of COVID activity. Trough periods should be used to deal with prioritised backlog work.

Phase 3: Building back better (beyond 1 year) - Reconfiguring and delivering services in the 'new' normal. This will include managing the backlog of care and managing the long-term health impacts on staff

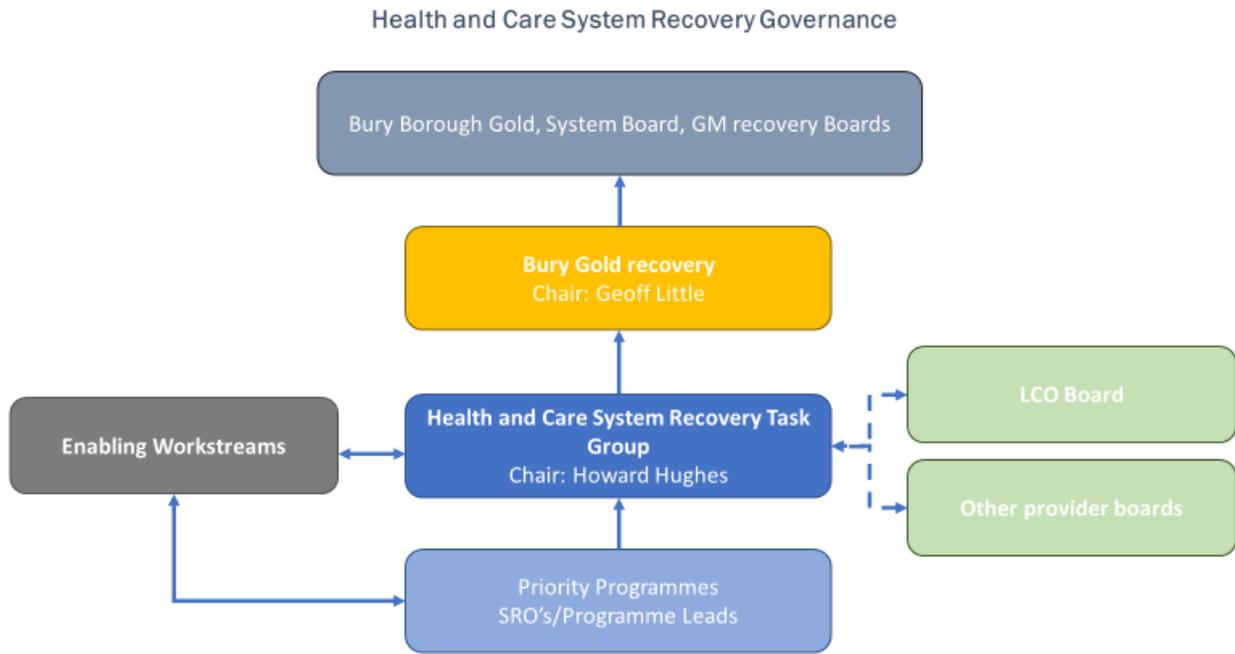
The Bury Health and Care Recovery Plan will align with and be a key part of the Recovery Plan for Bury as a whole and it is acknowledged that the health and care recovery will have different challenges from the wider recovery process, The important point to note is that all phases will run concurrently, they will overlap, and the plan will change and evolve over the coming weeks and months. Key to the response during phasing is the ability to be able to flex to cope with further peaks and the delivery of robust testing and contact tracing processes.

4. Health and Care System Recovery Task Group

4.1. The Health and Care System Recovery Task Group has been established, including all the partners who have worked together in the response as they are the same partners who are needed to support both recovery of people, place and processes. It will be key to the implementation during the outlined recovery phases. The role of the group will be to:

- Lead and drive system response to recovery.
- Co-ordinating work through the management of **one** system implementation plan
- Communicate and engage across the system including public, private, voluntary and community sector partners.
- Identify system leads for key priorities
- Overview of delivery and feed in to Bury Borough Gold recovery.
- Ensure membership represents whole system and update membership as required.

The suggested governance framework to support the group is illustrated below:



Version 3 – 03/06/20

Figure 1 – Health and Care System Recovery Governance

5. Approach and Methodology

- 5.1. To understand how we go forward we must reflect on and understand what we have been through and what we have learnt. The group will therefore drive delivery using the process methodology outlined below:

Bury Health and Care System: Recovery Process

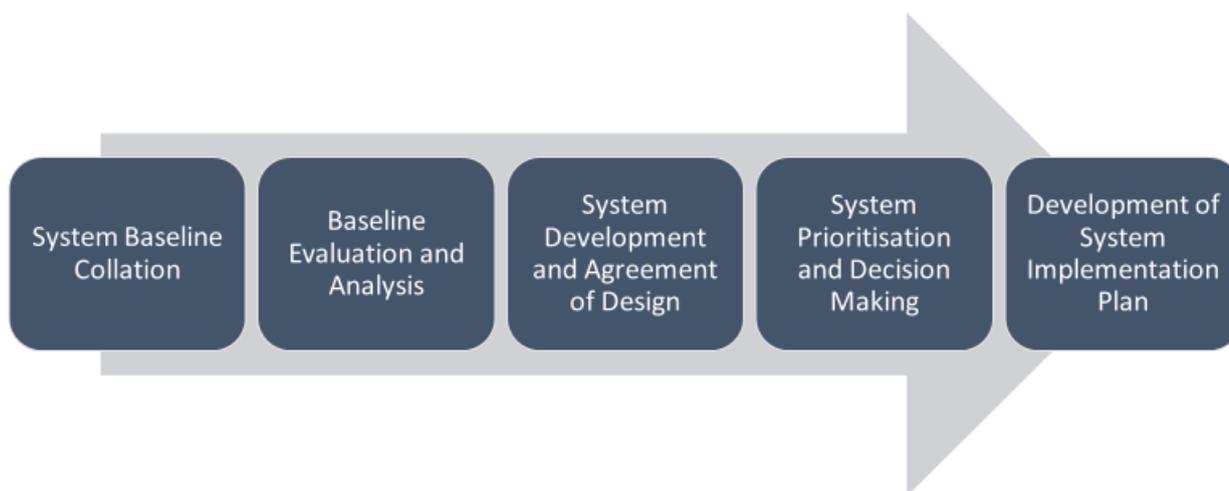


Figure 2 – Recovery Process

The first step to understand these changes will be to undertake a system Baseline (impact) assessment, this will involve collation of information from all stakeholders on the changes and improvements that have been undertaken during the response. This has already been completed. The information will then need to be evaluated and analysed to understand the impacts of those changes and the identification of key themes and emerging priorities across the system. Using the learning from the evaluation the system can then design and outline what ‘normal’ will look like going forward utilising these developed partnerships and system thinking. The new ways of working will need to be prioritised and aligned to existing transformation work during recovery phases to ensure that the system has the capacity and capability to deliver. This will also include ensuring that endorsing and approving of the way forward across the system is understood. A detailed plan will be developed to ensure implementation timescales are maintained and managed.

6. Principles

- 6.1. The group at an initial meeting, agreed to adopt the following principles as the framework to guide the development of the recovery plan:
- **Whole system approach**
 - One delivery plan for Bury System Health and Care
 - Organisationally agnostic and including all key stakeholders.

- Clear and concise governance framework to support streamlined decision making
- Co-ordinated communication plan across partners
- Engagement with staff and public at every level
- **Fundamental shift in how Bury delivers Health and Care**
 - Sustaining the shift away from hospital care into the community
 - Prevention and early intervention as a drive for service redesign
- **Positive Behaviours**
 - Strengths based
 - Enterprising
 - Collaborative
 - Empowering
 - Empathy
 - Reflection

7. Themes and Priority Programmes

7.1. From the work so far on the baseline (impact) assessment and from discussions at the Recovery Group the following initial themes have been outlined with priority areas of work described for recovery. Enablers to the delivery of the work programme's are also identified.

Theme 1 – Removing Organisational Boundaries

- **Planned Care**
 - Reforming elective care, transforming out-patients and improving diagnostic processes
 - Shift away from hospital care, less outpatients in total and more in community.
 - Building on links with primary and community care
 - Utilisation of digital technology (remote consultations etc.)
- **Urgent Care**
 - Rapid implementation of Bury urgent care review: single digital front door, controlled referrals, digital end to end, whole system tracking and directing of patients.
 - Maintaining the gains made in self-care and mutual support in communities and clearly distinguishing this from giving people the confidence to attend primary or secondary care at the early signs of serious conditions
 - Lower thresholds for discharge from hospital / more support for residential and domiciliary social care from Primary Care and virtual hospital.
- **Mental Health.**
 - Improving the offer of mental health support and integration within community hubs and INTs
 - Working with mental health providers, enhance the use of digital solutions to improve the range and capacity of mental health support

- **Social Care**
 - Improving support for residential and domiciliary care, via enhanced primary care/virtual hospital/rapid response
 - Better partnering between individual GP practices to individual residential care homes with clinical support for higher acuity patients, supporting the use of the virtual hospital and the discharge / admission interface with hospitals.
 - Better rapid response at interface between acute and community services and for pathways within community services.
- **Strategic Finance**
 - Aligned financial systems with strategic aims
 - Understanding gains and outputs across system during response

Theme 2 – Improved Neighbourhoods

- **Neighbourhood integration**
 - Building on the success of the community hubs, utilising this advance to integrate support for vulnerable individuals and their families for all public services in Bury via improved local co-ordination
 - Improved infrastructure for volunteers and VCFA to shape and contribute to their locality
 - Enhanced Integrated Neighbourhood teams (INTs) with Active Case Management to be expanded to support wider cohorts with integrated packages of care including support from neighbours and communities.
 - Population health at neighbourhood level improved by stronger community connections, increased physical activity and people pulling together.
 - Better data and intelligence on cohorts for risk stratification for interfered packages of clinical and social support at neighbourhood level. Build on our intelligence on the shielded group, the over 70s with underlying health conditions, all age with long term conditions, isolated people, data on levels of hardship and social need.
- **Population Health**
 - Better population health; a central part of the Bury 2030. Increases in physical activity, use of parks and open spaces
 - Improving health inequalities and relationship with socio-economic factors
 - Population health at neighbourhood level improved by stronger community connections, increased physical activity and people pulling together.
 - Better data and intelligence on cohorts for risk stratification for integrated packages of clinical and social support at neighbourhood level. Build on our intelligence on the shielded group, the over 70s with underlying health conditions, all age with long term conditions, isolated people, data on levels of hardship and social need.

Key Enablers

- **Improving our Use of Digital Solutions and information sharing**
 - Improve management and understanding of system demand using ‘real-time’ data for decision making

- Maintained and enhanced use of digital technology for triage and assessment of patients
- Maintained and enhanced use of remote technology
- Delivery of a Bury digital offer that removes duplication and enhances care
- Digital triage and digital assessment in Primary Care but connected to digital end to end, whole system tracking and directing of patients
- **Workforce**
 - Building on the development and implementation of the system-wide workforce hub
 - Supporting staff resilience and wellbeing
 - Developing skills and capability within the workforce through system OD programme
 - Demonstrating the value of our workforce, particularly recognising, supporting and enhancing the social care workforce
 - Creating an improved framework for volunteers working across health and care in Bury – utilising the experience of the community hubs but recognising that this potential workforce needs training and support.
- **Estates**
 - Ensuring our estate supports the new ways of working and is utilised effectively

8. Associated Risks

8.1. The recovery programme and associated work has some identified key risks listed below. The role of the recovery group will be to mitigate and manage these risks appropriately. Any risk requiring escalation will be done by the chair to Bury GOLD.

- **Dealing with the backlog**
 - Mental health services and potential surge in demand from both residents and staff
 - Potential increase in Urgent care demand as residents begin to increase normal activities
 - 2nd and 3rd wave of COVID 19 – potentially combined with Winter
 - Potential increase in demand for Primary Care appointments
 - Dealing with the Backlog of Elective Work
- **After effects of the pandemic**
 - Increase in health inequalities – e.g. there is already an evidence base of disproportionate impact on BAME communities
 - Increase in deprivation and in work poverty – especially in those areas where life expectancy and healthy life expectancy are already negatively impacted
 - Increased dependency in residents which may need to be withdrawn e.g. accommodation for homeless people
 - Financial support for the pandemic within the CCG
 - Unemployment – impact on health and potential increase in demand for services

- Availability of clinical equipment when stepping back to more normal activities e.g. elective care requiring considerable amounts of PPE
- **Reverting to old behaviours**
 - Behaviours – risk that behaviours ‘snap back’ to behavioural norms from pre COVID times including those of the public
 - Losing the opportunities gained from acceleration of reforms as business as usual re-emerges
 - Organisation protectionism
 - Capacity in areas to be enhanced, priority areas to be scoped correctly

9. Implementation

- 9.1. Work on implementation has already commenced. Senior Responsible Officers have been identified for each priority programme. The SROs have also identified further members of the system team including programme leads and clinical leads.
- 9.2. Priority programme teams have commenced in completing programme charters, a key document that outlines the scope of the programme, outcomes expected, phasing of the work over the 3 recovery phases, key risks and interdependencies.
- 9.3. Work has also begun to outline the reporting and governance requirements. As illustrated above the governance structure has been proposed and reporting templates need to be developed to ensure assurance on delivery is given to recovery gold.
- 9.4. The Group is also working across the system on the next phase of the capacity planning exercise. Phase one of this exercise was largely acute focused around bed numbers and the ability of systems to re-start elements of urgent planned care work and if possible, some of the backlog of non-urgent planned care. The second phase of this work needs to be completed by 22nd June and will involve both in hospital and out of hospital work and be based on a number of infection, prevention control principles which will limit both the amount and nature of work that the acute sector can undertake, thereby having an impact on out of hospital work.

10. Next Steps

The group will focus on the following next steps;

- Completion and agreement of programme charters and plans
- Support SRO's to develop SMART KPIs and outcome measure
- Agreement of governance and reporting framework
- Development of visual system map highlighting planned work
- Ensure system submission of capacity planning return before 22nd June
- Working through programme interdependencies

11. Recommendations

11.1. It is recommended that the Strategic Commissioning Board:

- Note contents of the report
- Give support to the proposed next steps

Matt Wright
Programme Manager, OCO
Matthew.wright12@nhs.net
June 2020