

Patient and Public Engagement Committee 2020/2021

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| Date of Meeting: | 09 July 2020 |
| Agenda Item: | 5.2 |
| Subject: | Integrated Commissioning Business Engagement Update |
| Reporting Officer: | Sarah Hickman |
| Aim of Paper: | To update the committee on the engagement that the Integrated Commissioning team have undertaken since the last meeting |

| Governance route prior to PPEC | Meeting Date | Objective/Outcome |
|--|---------------------------|-------------------|
| Governing Body | Select date of meeting. | Click to Select |
| Audit Committee | Select date of meeting. | Click to Select |
| Strategic Place Board | Select date of meeting. | Click to Select |
| Integrated Commissioning Board | Select date of meeting. | Click to Select |
| Locality Engagement Group | Select date of meeting. | Click to Select |
| Patient and Public Engagement Committee | Select date of meeting. | Click to Select |
| Quality and Safeguarding Committee | Select date of meeting. | Click to Select |
| Remuneration Committee | Select date of meeting. | Click to Select |
| Clinical and Professional Advisory Panel | Select date of meeting. | Click to Select |
| Primary Care Commissioning Committee | Select date of meeting. | Click to Select |
| Information Governance Management Group | Select date of meeting. | Click to Select |
| Other | Click here to enter text. | |

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| Patient and Public Engagement Committee Resolution Required: | For Information Only |
| Recommendation | The committee are asked to note the contents of the report |

| Link to Strategic Objectives | Contributes to: (Select Yes or No) |
|---|---------------------------------------|
| SO1: To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population. | Yes |
| SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care) | Yes |
| SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community) | Yes |
| SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help) | Yes |
| SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help) | Yes |
| SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families | Yes |
| SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health | Yes |

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| Risk Level: (To be reviewed in line with Risk Policy) | Not Applicable |
| Comments (Document should detail how the risk will be mitigated) | Any risks are being managed as part of the individual Integrated Commissioning team projects |

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| Content Approval/Sign Off: | |
| The contents of this paper have been reviewed and approved by: | Assistant Director of Commissioning, Integrated Services, Nadia Baig |
| Clinical Content signed off by: | Not applicable |
| Financial content signed off by: | Not applicable |

| | Completed: |
|---|-------------------|
| Clinical Engagement taken place | Not Applicable |
| Patient and Public Involvement | Not Applicable |
| Patient Data Impact Assessment | Not Applicable |
| Equality Analysis / Human Rights Assessment completed | Not Applicable |

Executive Summary

Aim

To update the PPEC on the internal and external engagement events and other work undertaken by HMR CCG Integrated Commissioning Team since the last meeting.

Primary Care Update

Since the last meeting work has been focussed on the Covid-19 pandemic response. Primary Care has worked at pace to and has shown huge amounts of commitment and flexibility in its response. The CCGs Primary Care Team have worked closely with our member practices to respond to national guidance and to put local solutions in place.

Some of the actions undertaken within Primary Care are as follows:

- Covid-19 Daily bulletin and helpline for general practices
In order to ensure that practices were abreast of the wealth of information that was coming in during this ever-changing situation the Primary Care Team set up a covid-19 daily communications bulletin for practices with the aim of pulling together all of the key messages into one place. Within this bulletin there was also the link to the national guidance, so practices could easily refer to this too. We also set up a covid-19 helpline which is manned by the Primary Care team and is available 08:00-18:30 daily in line with practice core opening hours. This provides a point of contact for all covid-19 related queries for our member practices.
- Appointments in General Practice
There were some significant changes to the way in which general practice needed to operate, one of the key changes was the way in which appointments were offered to ensure the safety of both patients and staff
 - All practices moved to a total triage first system
 - Anyone who had a face to face appointment planned was contacted and triaged remotely before attending the practice
 - Where possible all appointments required following triage were done remotely either via telephone, on line or video conferencing
 - Where a face to face appointment was clinically appropriate following triage practices were still be offering these
 - Vulnerable patients were not to be called into practice for any routine appointments. Practices did as much as they could to manage these patients remotely and safely

- All practices offered face to face appointments where clinically indicated and where there were no Covid-19 symptoms (see Covid hot hub section below) and the LMC provided local guidance regarding how this could be managed to minimise any risks to both staff and patients
- HMR Video Consultation Solution
As part of the rapid response to Covid-19, there was a national requirement for all practices to have a video consultation as a matter of urgency. This resulted in areas having to very quickly purchase a system to support this work, HMR rolled this out as part of the early response and this has been well received by practices.
- Remote Working
To ensure business continuity the CCG supported practices to work remotely providing laptop, smartcard readers and other equipment. This meant that if staff were shielding or had to self-isolate they could work from home, where appropriate staff had access patient records to support their work
- Practice Workload Prioritisation during COVID-19
The CCG supported the implementation of guidance from both the Royal College of GPs and the British Medical Association developed to help practices differentiate between work that is essential to maintain public health and that which is unlikely to cause harm if delayed for approximately a short number of months. Work was put into three categories:
 - Green category: Aim to continue regardless of the scale of the virus outbreak
 - Amber category: Continue if capacity allows and if appropriate for your patient population
 - Red category: Postpone, aiming to revisit once the outbreak ends, ensuring recall dates are updated where possible
- Personal Protective Equipment (PPE)
The Primary Care team ensures all latest guidance regarding the use of Personal Protective Equipment from Public Health England was shared with practices. Practices continue to order through their normal supply routes, however if practices are in urgent need of PPE they are able to utilise the temporary local supply that the CCG put in place.
- Covid Hot Hub
A 'hot hub' was commissioned based at Whitehall St Clinic (opposite Rochdale Infirmary), which provides face-to-face appointments for those who have been identified as having symptoms of covid-19. This ensures that patients with covid-19 symptoms can be seen for other health conditions that require investigation and/or treatment whilst also reducing the risk of spreading the virus in other health care settings.
- HMR Workforce Monitoring
We monitored the workforce within HMR practices to ensure continuity and sustainability of general practice, thus allowing us to better target support and ensure the continuation of safe delivery of services.
- At Risk Patients
Where the national team identified a person as being at risk of severe illness if they catch Coronavirus due to an underlying disease or health condition, a letter was sent to this person explaining that the safest course of action is for them to stay at home at all times and avoid all face-to-face contact, at the time the letters were being distributed the Government were advising people to shield until 30th June. The Council worked with partners across the voluntary sector to set up a number of hubs across the Borough, to provide additional social support to residents, such as food parcels, medicine collections and help to reduce social isolation and our shielded patients were a priority for this work. Practices were asked that

whilst they were reviewing their lists of shielded patients, if there are any patients that they felt would benefit from additional social support, such as that provided by the Council hubs, then these lists were shared with the council.

- Risk Assessment for Black and Minority Ethnic (BAME) staff

As more data became available during the pandemic, it became clear that people with a BAME background can be disproportionately affected by covid-19. Guidance and example risk assessments were shared with all our practices by Greater Manchester Health and Social Care Partnership have shared with all our practices. One of the risk assessment tools had been developed by some of our local GPs/Practice Managers in HMR and Bury and is intended to be used as guidance to support practices' work in this area. Whilst this is an employer's responsibility the CCG works extremely closely with all of its member practices and is providing support wherever required/appropriate. Currently the Primary Care team are contacting each member practice individually to ensure that this work has been undertaken and to offer support where required. This work is being undertaken with a view to understanding the impact on practices/networks and how this can be managed appropriately in terms business continuity by use of such things as buddy practices and/or PCN level support.

- HMR Virtual Hospital Clinical Model for Care Homes and people in their own Home

In response to the COVID 19 pandemic, Rochdale borough developed a clinical model to help support people who are unwell in their own home. This model helps prevent people from having to make unnecessary visits to hospital or other healthcare settings and is known as the "virtual hospital". The Virtual Hospital is delivered by a partnership between key local primary and community providers including the Northern Care Alliance, BARDOC and the Rochdale Health Alliance. 2 key initiatives have been implemented for care homes:

- Urgent 24/7 access to a GP virtual consultation for all care homes, via a single point of access
- Proactive weekly GP-led virtual ward rounds for care homes

- Language Line Interpretation Service

This service is invaluable under the current circumstances when patients are being asked to stay away from surgeries and hospital departments for non-urgent issues.

- Bank Holiday Opening Hours

There was a national ask that Good Friday and Easter Monday and the early May bank holiday were all treated as a normal working week day within general practice. As such the GP contract was been updated to reflect this and all of our member practices were supported by the CCG to remain open during these times.

- Mental Health and Wellbeing support for key workers

Practices were provided with a range of resources to support frontline staff and keyworkers. There are a number of national pieces of work recognising the importance of, and providing support to, the health and wellbeing of our Primary Care workforce such as individual virtual coaching support for primary care staff led by the Royal College of GPs (RCGP). Locally the HMR Primary Care Academy provided resilience activities for all general practice staff such as online Pilates and mindfulness.

Planned Care Update

- Cancer

The Rapid Diagnostic Centre (RDC) is a single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer. The RDC went live at Rochdale Infirmary on the 15th of June. All HMR patients can be referred by their GP to either Salford Royal or Rochdale Infirmary, if their GP suspects their symptoms could be cancer related. The focus is

that a patient will be assessed, receive the appropriate diagnostic intervention and if cancer is found they will be directed to the relevant cancer pathway. This will ensure that patients are not waiting for investigations and are treated promptly.

2WW patients will now be assessed through the RDC programme, to assist with the cancer recovery plan. This will ensure that patients can be treated as soon as possible, with an emphasis on lung, colorectal and breast cancers.

Rochdale Infirmary has been instrumental in the surgical treatment of cancer, it is at the centre of the cancer hub and is a cold Covid site. Surgical interventions have been moved from Oldham to Rochdale, although patients can still choose to undergo their treatment at the Christie. All patients have been contacted by their consultants to look at their own treatment pathway and are being assessed and prioritised according to their need. The colorectal patients are being offered the FIT testing in both primary and secondary care which can triage treatments.

- End of Life (EOL)

The bereavement service that is delivered by Springhill Hospice is supporting families and bereaved individuals and is working with Thinking Ahead and MIND to look at reducing waiting lists, to ensure referrals are made to the most appropriate service.

The community hospice service is supporting many patients and their families, still delivering a service in these difficult times and adapting to how support is provided. This could be when a patient chooses to receive hospice services at home instead of in the in-house hospice provision.

HMR have been supporting Springhill by delivering PPE, infection control training and advice and guidance regarding cleansing and Covid-19 testing procedures.

- Respiratory

Following a long pause during the COVID-19 lockdown period, the Respiratory steering group met last week for the first time since February. There was a recognition that respiratory pathways, particularly for patients who have suffered more serious COVID-19 symptoms need to be strengthened, and that we need to prepare for a potential 2nd wave of incidence of the virus. We spent time considering the data and the shifts in activity and demand for patients with respiratory conditions, both those with acute presentations and those with long term chronic illness.

It is clear that there has been a reduction in the number of presentations, and that we may see a big jump in the number of acute presentations if patients have not attended over the last few weeks due to fears of contracting the virus. We are now planning a case note review of non-elective readmissions for patients with respiratory conditions.

The other issues under discussion are around pulmonary rehab, and its importance in the recovery of patients who have had COVID-19, and the rise in the number of patients presenting with pulmonary embolism, again as a consequence of the virus. The importance of vaccination for seasonal flu this year has been raised again, as it is expected that if there is a potential 2nd wave of COVID-19 this may well coincide with the advent of seasonal flu which would result in a significant spike in demand.

We are continuing to work with the GM Respiratory programme in the adoption of standardised pathways, and opportunities for pilots, particularly around primary care diagnostics (QA spirometry) are being explored.

- Cardiology

Again, following a pause during the COVID-19 lockdown, the Cardiology steering group will be meeting again on 8th July. We will be picking up the conversations we were having with

PAHT around adopting standardised NICE-approved pathways of care for stable chest pain, angina, heart failure etc in line with the work they have done with Bury CCG in the adoption of those pathways. A paper has already been written around establishing consultant-led triage for patients with cardiovascular symptoms, and the potential for cardiac CT. This paper will be enhanced to also consider the opportunities around virtual consultations and virtual diagnostics to avoid the need for face-to-face consultations in a hospital-based setting.

- Musculoskeletal (MSK)
Following the implementation of the MSK referral gateway and triaging last autumn, we are now commencing discussions around the implementation of a fully integrated MSK pathway. These discussions are in the early stages, but this would in effect provide a “one-stop-shop” for patients who need multiple interventions, rather than having to attend on separate days in different clinics. Further updates on this will be given as the work progresses.
- Ophthalmology:
In response to the Coronavirus (COVID-19) pandemic, NHS England has recommended a local COVID-19 Urgent Eyecare Service (CUES) to be commissioned and delivered through a contract with local commissioners. This service has been in place across HMR since 1st June 2020. While changes to reduce waiting times and improve ophthalmology pathways were happening across North East sector pre-COVID, CCGs were working in isolation and on different elements of the pathway. As part of the COVID response a weekly call has been established with representatives from Oldham, HMR and Bury as well as PAHT and a number of Independent Sector providers to ensure a joined-up approach to the specialty across the system.
- Dermatology:
We are reviewing the potential for the development of the use of ‘telederm’ (virtual consultations) and the advice and guidance approach across HMR and a Working Group has been developed to look at how this can happen. This is led by Dr Aggy York and Dr Carolyn Walker with HMR commissioners with weekly meetings scheduled to ensure appropriate progress is made.
- ICEP:
During the Covid period there has been a significant reduction in activity as per the national guidelines and only urgent activity has taken place. Many staff have been redeployed across the system to support in the response to Covid, this has also included supporting across the 2WW pathway for additional endoscopy provisions and staffing testing stations across the Borough. We continue to work with our provider in the development of a robust phased recovery plan and to gain a clear understanding of the waiting list position, potential capacity and demand issues.
- Pain Management:
Throughout the initial months of this period the community service has seen a reduction in activity of approximately 75% with only urgent activity taking place. A phased recovery plan is in plan to and restart has already commenced resulting in an increase in activity with the service currently operating at around 50%, this will increase over the next month.
An initial working group has been held to agree a process to review IFR relating to injections for the management of pain, a task and finish group has now been established to develop robust criteria / effective use of resource policy for patients, this will include undertaking a clinical audit of previous IFR requests.
- Pathology:
The existing NES Pathology group has been utilised throughout this period as a mechanism develop pathways, protocols and SOP’s to support testing. There have been significant demand and capacity issues which has led to a current backlog for routine pathology testing. We are continuing to work with providers and HMR clinical leads in the identification of tests

which can be removed from the T Quest system, it is also hoped this will provide additional capacity to support in clearing the existing backlog.

Children's Commissioning Update

Since the last meeting the Children's Commissioning Team is now at full capacity after a period of challenge. Charlotte Mitchell has been recruited as Head of Commissioning for Children's and Maternity, Janice Hollis has joined as new Children's Commissioning Manager and Sarah Tonge has moved over from Local Authority as Children's Social Care Commissioning Manager, further integrating the Children's portfolio.

As the new team began induction, so did the Covid-19 pandemic. The team have quickly mobilised in supporting the system response. The team have worked closely with providers on implementing new guidance and are now supporting the development of recovery plans. Link have been made with Health Watch and Action Together to look at how the Children's Programme can link further with patient voice and the voluntary sector moving forward.

- **Paediatric Urgent Care**

Whilst children were the least impacted of all groups during COVID, fear during lockdown resulted in significant behaviour change around access to health services. Attendance at Urgent Care during COVID was around 50% lower than in the same previous years. The introduction of triage in primary care and guidance in relation to COVID to stay at home and self-isolate meant confusing messages for children and families. As a result, the CCG worked closely with partners, parents and communications to create a suite of messages about choosing the right care at the right time. This included contribution to a GM suite of tools, [rag rated traffic light guidance](#) (click link) from the RCPCH and several locally produced YouTube films that we co-produced with children's nursing teams to let the public that [Children's Services are still there for them](#) (click link). Attendance at A and E for children is now slowly beginning to increase. We will develop this campaign further as we move into winter pressures by engaging with communities via Healthwatch.

Note: if you are unable to click the two links mentioned you can find them by typing in the following:

- <https://www.gmhsc.org.uk/wp-content/uploads/2020/04/COVID19-Advice-for-parents-poster-6.0.pdf>
- <https://www.facebook.com/333722803450626/posts/1590414167781477/?vh=e&d=n>

- **Children's Community Service's**

Children's Community Services have continued to be delivered, where possible via video conferencing. DNA's have reduced in the same period as last year as have cancellations. Parents report that they welcome the new use of technology although further consultation will need to take place to inform the 'new normal'. Teams are now working on recovery and clinics have been re-opened with use of PPE where required. Children with significant disability requiring home care have continued to be supported via Children's Community Nursing Teams with use of full PPE. The Jolly Josh Charity, which has been set up by a parent, who has experienced children's end of life care, undertook a beautiful project during lockdown whereby a photographer took precious images of family life for children at end of life and with severe disability through windows and on door steps. This beautiful portrait of life during lockdown is a moving project, led and narrated by parents, is a moving example of the innovation that COVID has produced.

<https://www.jollyjosh.co.uk/families-all>

- **Maternity**

Giving birth during COVID has also been a worrying time for women and families. In order to support decision making, Clinical Lead and GP Dr Sarah Purlackee produced a video on use of maternity services and the importance of attending immunisation/6-8 week check videos

for patient facing communications. Audit reveal that access has not been greatly impacted by COVID which is positive. The CCG have also shared the 'My birth my Choice' link which answer commonly answered questioned, the resource was created by GM Maternity Voices Networks. <https://www.mybirthmychoice.co.uk/coronavirus-and-pregnancy/>

- Children's Mental Health

The Children's Team are delighted to share some good news in that Rochdale is one of four boroughs in Greater Manchester who have been selected to develop two Mental Health Support Teams (MHSTs) in schools and colleges. This is part of the national ambition to deliver the green paper recommendations. In accordance with the national planning, it is planned that the two MHSTs will work across a school-aged population of 16,000 and for modelling purposes this is anticipated to support approximately 1000 children and young people with mild to moderate needs. The newly formed MHSTs will form part of an integrated emotional and mental health system in the borough, operating in accordance with the THRIVE principles and delivering high quality needs led care, additional to the existing support already available. We are currently in the process of mobilising the service, developing the clinical delivery model and will shortly begin the recruitment of staff, including the new Education Mental Health Practitioner trainees. The national programme has been moved to November and we aim to operationalise the service by this date, although delivery of the programme is dependent on the availability of staff. Initially, with the staff that are available, we aim to work with schools in collaboration with our Educational Psychologists to support their recovery when all pupils return in September. A big well done to Rachel McDonald for leading this work.

Children's Mental Health Services via Healthy Young Minds and #Thrive have continued to deliver virtually throughout COVID and staffing within Pennine Care was impacted very little by staff sickness or redeployment. Children requiring support due to risk have been offered an appointment throughout. Access numbers remain the same as in previous years which is a positive result for the service who have ensured a consistent approach for the public during challenging times.

The CCG and local authority have also developed a suite of communications messages around children's mental health, sign posting young people and parents to the Single Point of Access number and a range of online, telephone and virtual mental health support offers. A comprehensive suite of information has been shared with schools via educational psychology services, supported by the CCG.

Mental Health Commissioning Update

Since the last meeting work has been focussed on the Covid-19 pandemic response. Mental Health services responded quickly to providing services remotely via on-line platforms and continuing face to face appointments safely as needed. Initiatives to address the impact on mental health services now and in the future have been put in place:

- New funding provided to Mind to support development and delivery of additional capacity:
 - Funded licences to deliver "Beat the Blues" online counselling
 - Funded costs for additional equipment required to deliver on-line services
 - Funding to develop mental health and well-being materials for distribution to those vulnerable people supported through the community hubs
- Funding has been agreed to sub-contract additional counselling services to Mind so that referrals that don't meet the IAPT threshold can be stepped down to Mind in timely manner, this will allow Thinking Ahead to focus on the more complex cases we envisage to see in the future.
- Bereavement support services have been developed to ensure additional capacity to deliver this support within the borough is available in the coming months and beyond.

Thinking Ahead and Mind have developed group bereavement courses which can be replicated dependent on demand as this becomes clearer.

- Funding has been agreed to deliver a Mental Health & Wellbeing course by Thinking Ahead to care home workers in the borough to address issues that may have been impacted by the pandemic.
- Mental Health Assessments/Conveyance – Additional Private Ambulance support has been put in place under a temporary COVID initiative for AMHPs to arrange private transportation to convey patients to hospital following a Mental Health Act assessment. The feedback has been very positive from a client perspective as they are being dealt with much quicker reducing further anxiety whilst waiting for transport, the scheme has also been welcomed from NWS & GMP whom have noted the benefits. We are currently undertaking a piece of work to both understand/evidence the effectiveness and possible savings across the system.
- Funding has been provided to support the Awakening Minds BAME offer to vulnerable people.
- GM Mental Health resources booklets have been published in English and other languages and shared out across the community hubs and primary care.
- A Talking Therapies 7-minute brief has been developed highlighting all Mental health & Wellbeing support within the borough, shared across networks and accessible online.

Recommendation

The committee are asked to note the contents of the report.