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Portfolio	Public Health and Wellbeing
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Health and Care Plan / Recovery Plan Update July 2020

Executive Summary

- 1.1 This paper sets out the integrated plans for the health and care system in Rochdale. These plans will be developed over the coming months and will culminate in a clear set of commissioning intentions by October 2020.
- 1.2 Whilst the plans, for ease, are presented taking a portfolio/programme budget approach, it is important to note that there is clear commitment that the development and implementation of these plans will bring all parts of the integrated system together.
- 1.3 The Integrated Commissioning Directorate (ICD) had established plans across each of the portfolios and programme budgets:
 - Planned Care
 - Urgent Care
 - Primary Care
 - Children's
 - Adult Social Care
 - Integrated Adult Mental Health and Learning Disabilities
 - Adult Social Care (Ops)
 - Strategic Commissioning Function and Local Care Organisation development
 - Public Health Commissioning
 - Outbreak Plan

- 1.4 A comprehensive review of these plans has taken place to ensure that they reflect the impact of COVID and any associated guidance that has been mandated by central government. Plans have also been adapted to consider actions in relation to the recovery phase and have been developed taking learning from the wider health and care system.
- 1.5 Plans should also support the ambition of achieving a robust and informed set of commissioning intentions by the end of October 2020.
- 1.6 Where appropriate plans have also been adapted to reflect findings from the 'Reducing Disparities and Inequalities' public health exercise.
- 1.7 Plans will also need to consider the current financial regime and any suspension of Payment by Results mechanism and impact this may have on secondary care contracting provision.
- 1.8 In line with national guidance from NHS England 'Recovery' letter, where new ways of working have been successful the benefits must be 'locked-in'.
- 1.9 This paper gives a brief narrative against each area and outlines the high-level deliverables that have been identified. The detailed plans for each area are available within the appendices.
- 1.10 In addition, the paper provides a high-level overview of initial thinking in relation to commissioning intentions. It describes the start of an engagement plan and timescales resulting in the commissioning intentions being presented to ICB for approval in October 2020.

Recommendation

- 2.1 ICB are asked to note the health and care system plans provided and support the approach to the development of commissioning intentions.

Reason for Recommendation

- 3.1 To support the direction and content of the health and care plans

Key Points for Consideration

- 4.1 **Planned Care**

Elective care was suspended at the start of the COVID-19 outbreak and Government performance management measures and reporting have been suspended for 18-weeks Referral to Treatment (RTT) and Cancer waits. Internally these are still monitored and revised recovery trajectories are being developed along with detailed plans to support these.

High-level Deliverables

- Develop commissioning intentions for 2021/22
- Support whole system recovery – Phase 2 Recovery
- Specialty-focussed Recovery and Pathway development
- Operationalisation of recovery plan
- Embed virtual clinics and Patient-initiated follow-ups

4.2 Urgent Care

The Urgent Care system has seen a significant amount of change since the outbreak of COVID. The plans consider the standing up of services as we recover from the response phase and begin to implement new models of care, not just within the locality but also across Greater Manchester.

High-level Deliverables

- Develop Urgent Treatment Centre (UTC) National Requirements
- Virtual Hospital and Health and Care at Home
- Clinical Assessment Service (CAS)
- Greater Manchester Workstreams

4.3 Primary Care

Primary Care has been heavily involved in the COVID response, is closely linked into the Urgent Care workstreams and has played a key role in the management of shielded patients. Prior to COVID there was national guidance relating to the implementation of Primary Care Networks (PCN) which will now continue to develop.

High-level Deliverables

- Primary Care Network (PCN) development, including Integrated Neighbourhood (INT) review
- Implementation of Primary Care SOP issued by NHS England
- Digitalisation of Primary Care
- Re-introduction and prioritisation of routine primary care services
- Care home response development aligned with virtual hospital from implementation in June 2020
- Primary Care Estate review

4.4 Children's

Children's has direct links with primary care and the urgent care workstreams and covers both the physical as well as mental health aspect of care, along with provision for maternity services.

High-level Deliverables

- Children's Urgent Care Plan
- Children's Planned Care Pathways
- Children's Social Care
- Mental Health provision
- Maternity
- Palliative Care

4.5 **Adult Social Care (Commissioning)**

Adult Social Care Commissioning for Older People and Accommodation is a significant programme of work with multiple underpinning workstreams and a requirement to develop a 5-year forward strategy.

High-level Deliverables

- Developed fee structure to support in-borough provision
- Accommodation Support Strategy
- Revised purchasing framework
- Service Spec for Discharge to Assess

4.6 **Integrated Adult Mental Health and Learning Disabilities**

Transformation is at the core of Mental Health and Learning Disability Services and identification of new models of delivering care.

High-level Deliverables

- Developed community based therapy programmes
- Provided funding to support specific BAME programmes
- GM Mental Health initiatives
- Learning Disabilities: COVID Recovery and Improvement

4.7 **Adult Social Care (Operations)**

Operationally Adult Social Care support a number of key areas, including enabling and supporting discharge of patients from hospital in a timely manner. They are also pivotal within the neighbourhood agenda and supporting commissioning in the delivery of services.

High-level Deliverables

- Discharge Pathways
- Enhanced neighbourhood working
- Statutory Housing delivery support
- Digital opportunities

4.8 **Strategic Commissioning Function and Local Care Organisation development**

The Local Care Organisation and Strategic Commissioning function development is the vehicle through which system-wide transformation and delivery will be achieved with an overarching strategy to move to an outcomes based contract. Fundamental in achieving this is the provision of care moving, where appropriate, to more out-of-hospital settings rather than in-hospital.

High-level Deliverables

- LCO Scope and Service alignment with Commissioning Intentions
- Development of the Health and Care Delivery Model
- LCO Signed Contracting and Service Specification

4.9 **Public Health**

In addition to the continued focus on outbreak response, embedding a population health approach and prevention will be a key focus in all areas of work.

High-level Deliverables

- Strategic Objectives, e.g. Locality Plan
- COVID-19 response, including Outbreak Plan
- System-wide Prevention Strategy
- Reducing harm
- Intelligence Network
- Development of the Health and Care Delivery Model

4.10 Enablers

There are a number of cross cutting enablers that will be considered across all areas. The digital agenda is key. The COVID pandemic has expedited the use of technology in clinical settings across health and social care to enable consultations between patients/residents and clinicians. This work will be expanded upon in individual plans where the use of technology will be fundamental in transforming care.

4.11 Other key enabling workstreams that will be closely linked into all plans include workforce, communication and engagement, finance and estates.

4.12 Commissioning Intention Development

We have started to describe a set of high-level commissioning intentions. This section describes this very early iteration, along with expectations in relation to engagement and timescales which aims to have the final commissioning intentions approved at the Integrated Commissioning Board (ICB) on 27th October 2020.

The commissioning intentions can be grouped into two overarching headings:

- System Development and Culture
- Service Delivery and Development

4.13 System Development and Culture

- ICB and LCO Board development including:
 - System governance, including clinical governance, and decision making
 - Joint accountability to the public
 - Development of joint assurance mechanisms
- Population health embedded in everything we do focussing on:
 - Equalities and health inequalities
 - LCO Public Health Strategy
 - Commissioning cycle refresh and roll out
- Increasing our focus on community engagement, including co-design
- Development of Primary Care Networks
- Consideration of our make/buy decisions
- Increasing our focus on prevention including “Good Help”

- Development of the Local Care Organisation including understanding the LCO “form”
- Tactical commissioning to be fully defined and understood across the system including health, social care and public health
- Operating with financial probity (Best Value) including the Adult Social Care review

4.14 Service Delivery and Development

- Recovery, rebuilding and reforming as appropriate taking the learning from our COVID experience:
 - Clear data to support decision making and understand success
 - Clear and accountable plans
- Integrated Neighbourhood Teams (INT) deepening to include Mental Health, housing/ homelessness and place. The development of PCN's is closely linked to this
- Strategic commissioning to link closely with the accommodation strategy, homelessness, drugs and alcohol and people with no access to public funds (refugees and asylum seekers)
- Development of end to end pathways and programme budgets in key areas including:
 - Respiratory (inclusive of paediatrics)
 - Cardiology
 - Musculoskeletal
 - Paediatric Gastroenterology and Allergy services
- Development of the urgent care by appointment model in line with GM guidance including:
 - Clinical Assessment service
 - MDT community based response model for 2 hour response
 - Review and agree streaming and same day emergency care
 - Implementation of GM discharge to assess pathways guidance
 - Consideration of category 3 and 4 activity and potential flow for this across the sector
- Primary care
 - Review of Core plus.
 - Development of the Primary Care Networks
- Consideration of our out of hours offer – To ensure the Rochdale offer outside of core hours is comprehensive and meets the needs of the population without duplication or layering of service offers.
- Development of our cancer services across primary and secondary care. Including;
 - Maximising the development of the Rapid Diagnostic Centre Model to support the needs of our population.

- Development of the Rochdale based cancer services offer
- Supporting system recovery
- Further development of our Children’s community services and the links with the LCO
- Reconfiguration of the Learning Disabilities service offer

4.15 Engagement Plan

In order to fully describe these intentions a programme of engagement will take place which will include:

- Public – Healthwatch and CCG facilitated public engagement
- Clinicians
- Councillors
- Lay members
- LCO Board and Executive
- LA/CCG Joint Leadership
- Health, Schools and Care Overview and Scrutiny Committee
- ICB

4.16 Timescales

Further work needs to be completed to develop a detailed plan. This plan will result in the finalised commissioning intentions being presented to ICB on 27th October 2020 for approval.

4.17 Next Steps

We will continue to develop plans and define in more detail the timescales which will enable us to report on progress at a programme level. This ‘groundwork’ will also support us in building a system-wide, cross-directorate plan where we can effectively identify and take forward workstream interdependencies.

Risks have also been considered through the review process and these have been reported through the usual mechanism using the Assurance Framework and reporting to Audit Committee and Governing Body.

Work will continue to develop commissioning intentions in line with the timescales set out in this paper.

Costs and Budget Summary

5.1 There are no cost implications at this time.

Risk and Policy Implications

6.1 There are no significant risks at this time.

Consultation

7.1 This paper has been written in consultation with senior commissioners.

Background Papers	Place of Inspection
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8. There are no background papers for this report	
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