WIRRAL

HEALTH AND WELLBEING BOARD

15th DECEMBER 2021

REPORT TITLE:	**RESTORATION AND DEVELOPMENT OF NHS SERVICES AFTER COVID-19**
REPORT OF:	**SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING**

REPORT SUMMARY

The restoration and development of NHS services after COVID-19, or more accurately whilst in an operating environment where COVID-19 still poses a public health risks, is being guided by the NHS 2021/22 priorities and operational planning guidance. The guidance set out the following priorities for April 2021 to March 2022:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

The report provides an overview of the activities the NHS is being asked to undertake in each of these priority areas.

RECOMMENDATION

This report is for the information of the Health and Wellbeing Board. It is therefore recommended that the Health and Wellbeing Board notes the report and decides what further action it wishes to take.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

1.1 This report is for the information of the Health and Wellbeing Board. It is therefore recommended that the Health and Wellbeing Board notes the report and supporting documentation and decides what further action it wishes to take.

2.0 OTHER OPTIONS CONSIDERED

2.1 This is a report for information and therefore does not present options for consideration or recommendation.

3.0 BACKGROUND INFORMATION

3.1 Introduction

3.1.1 The restoration and development of NHS services after COVID-19, or more accurately whilst in an operating environment where COVID-19 still poses a public health risks, is being guided by the NHS 2021/22 priorities and operational planning guidance. The guidance set out the following priorities for April 2021 to March 2022:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
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- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities.

3.1.2 NHS planning has been split into two half years in 2021/22. The guidance for Half Year 1 (H1) was published on 25th March 2021 and covered April to September 2021. The guidance for Half Year 2 (H2), covering October 2021 to March 2022, was published on 25th September 2021.

3.1.3 The following paragraphs provide an overview of what activities the NHS is being asked to undertake in each of the priority areas. Representatives of NHS providers and other partners will also be able to provide verbal updates on progress to the Health and Wellbeing Board.

3.1.4 NHS Wirral Clinical Commissioning Group (CCG) has oversight of the progress of the Wirral system in regard to restoration and development of services following COVID-19. Regular reports are made to the NHS Wirral CCG Governing Body on

system performance, which can be found at https://www.wirralccg.nhs.uk/about-us/governing-body-meetings/ .

3.2 Supporting the health and wellbeing of staff and taking action on recruitment and retention

3.2.1 The NHS is encouraging NHS provider trusts to allow staff to carry over all unused annual leave and offer flexibility for staff to take or buyback unused leave. To support this system financial performance assessments have excluded higher accruals for annual leave in 2020/21. All staff are encouraged to take time off to recover, making use of annual leave which may be carried over from 2020/21.

3.2.2 Individual health and wellbeing conversations are a regular part of supporting all staff with an expectation that a plan is agreed at least annually and should take place over the course of first half of the year. Staff safety remains a priority and these plans should include risk assessment, flexible working, compliance with infection prevention and control policy, and testing policy, as well as drawing on the range of preventative health and wellbeing support available.

3.2.3 Occupational health and wellbeing support should be available to all staff, including rapid access to psychological and specialist support. There has been national investment to roll out mental health hubs in each Integrated Care System.

3.2.4 NHS providers have been asked to maximise the use of and potential benefits of e-rostering, giving staff better control and visibility of their working patterns, supporting service improvements and the most effective deployment of staff. Providers have been asked to show how they intend to meet the highest level of attainment as set out by our 'meaningful use standards' for e-job planning and e-rostering.

3.2.5 NHS providers have also been asked to develop and deliver a local workforce supply plan with a focus on both recruitment and retention, demonstrating effective collaboration between employers to increase overall supply, widen labour participation in the health and care system, and support economic recovery.

3.2.6 People continue to be at the heart of all plans for recovery and transformation for the second half of 2021/22. The priorities, based on the pillars of the NHS People Plan, therefore remain as set out in March 2021. Systems are being asked to continue to deliver on these commitments as well as those made in local people plans, recognising the pressures on each and every member of staff, line manager and senior leader. The way the NHS honours this commitment to look after staff and keep the 'People Promise' during the winter months will be crucial and will be remembered by them. In this context the NHS has been asked to:

- focus on the delivery of workforce plans that support elective recovery in the second half of the year and winter resilience through increasing workforce availability, and putting in place or scaling up new and more productive ways of working and transformation opportunities.
- continue to move to whole system workforce planning to support sustainable delivery against the priorities for the NHS and preparations for the transition to statutory integrated care boards (ICBs) from April 2022.

3.3 Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

3.3.1 The NHS has successfully delivered a COVID-19 vaccination programme during 2021/22. The majority of the adult population in Wirral has received two doses of an approved COVID-19 vaccination. The programme has recently been extended to off a third dose to people who are immunosuppressed and to young people aged 12-15 years old. There is also a re-vaccination programme for people aged 50 years and over, health and care staff and others who are clinically vulnerable.

3.3.2 The vaccination programme has been delivered through implementing a mixed model of vaccine delivery through vaccination centres, hospital hubs, general practice and community trust nursing capacity. The support of Wirral Council and other system partners has been invaluable in delivery this programme in Wirral and increasing uptake, particularly in under-served populations.

3.3.3 The NHS has also worked on the continued use of home oximetry which, alongside 'virtual wards', create proactive care pathways that can be delivered virtually in people's homes. These also enable safe and timelier discharge and, based on our learning, potentially have longevity in responding to other conditions or diseases.

3.3.4 NHS Wirral CCG has co-ordinated work to attract national funding to maintain dedicated Post COVID ('Long COVID') Assessment clinics across each place in Cheshire and Merseyside. Through Wirral Community Health and Care NHS Foundation Trust (WCHC), there is Wirral service for Long COVID. WHCH are providing and co-ordinating treatment as appropriate, ensuring an individualised patient focus and ensuring that individuals are referred to the right support. Citizens Advice Wirral are sub-contracted to provide the social prescribing component. Separate funding arrangements are already in place for the provision of psychology and respiratory components of the multi-disciplinary approach to long COVID.

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3.3.5 The NHS has also continued to maintain Infection Prevention and Control (IPC) standards in response to the pandemic. All NHS organisations have been required to ensure continued reliable application of the recommendations in the UK Infection Prevention and Control guidance updated by Public Health England to reflect the most up-to-date scientific understanding of how to prevent and control COVID-19 infection.

3.4 Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.

3.4.1 Maximising elective activity, taking full advantage of the opportunities to transform the delivery of services

3.4.1.1 The NHS has been working to maximise elective activity, taking full advantage of the opportunities to transform the delivery of services. The pandemic has had a significant impact on the delivery of elective care and, as a result, on the lives of many patients who are waiting for treatment. The NHS has put in place delivery

plans across elective inpatient, outpatient and diagnostic services for adults and children that:

- maximise available physical and workforce capacity across each system (including via the Independent Sector- IS).
- prioritise the clinically most urgent patients, e.g. for cancer and P1/P2 surgical treatments.
- incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk (drawing on both primary and secondary care).
- include actions to maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable.
- address the longest waiters and ensure health inequalities are tackled throughout the plan, with a particular focus on analysis of waiting times by ethnicity and deprivation.
- safeguard the health and wellbeing of staff, taking account of the need for people to recover from what they have been through.

3.4.1.2 NHS providers have also been advised to take all possible steps to avoid outpatient attendances of low clinical value and redeploy that capacity where it is needed, alongside increased mobilisation of Advice & Guidance and Patient Initiated Follow-Up services. Where outpatient attendances are clinically necessary, NHS providers have been encouraged to deliver at least 25% remotely by telephone or video consultation.

3.4.1.3 Recovery of the highest possible diagnostic activity volumes is critical to support elective recovery. Capital and revenue funding has been made available to deliver additional capacity and efficiencies through new Community Diagnostic Hubs (CDHs) and pathology and imaging networks. Work is progressing on increasing diagnostic capacity across Cheshire and Merseyside and with Wirral as a place.

3.4.1.4 During the first half of the year elective activity started to rapidly recover towards pre-pandemic levels. More recently, non-elective pressures, including a rise in COVID-19 admissions as well as workforce supply constraints due to staff needing to isolate, have slowed this progress. Children, young people and adults should continue to be treated according to clinical priority. The aim is to return to – or exceed – pre-pandemic levels of activity across the second half of the year to reduce long waits and prevent further lengthening of waiting lists. The ambition is for the NHS to:

- eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer.
- hold or where possible reduce the number of patients waiting over 52 weeks.
- stabilise waiting lists around the level seen at the end of September 2021.

3.4.2 Restore full operation of all cancer services

3.4.2.1 NHS staff have worked hard to prioritise cancer services during the pandemic, and the overwhelming majority of cancer treatment has continued. However, some people have not contacted their GP with symptoms. In Wirral we are drawing on the support, advice and analysis of the Cheshire and Merseyside Cancer Alliance to seek to ensure that there is sufficient diagnostic and treatment capacity in place to meet the needs of cancer to:

- return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and
- meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.

This also involves encouraging patients to come forward and access screening, improve access to diagnostics and ensure treatment is promptly delivered.

3.4.2.2 The number of patients seen following an urgent suspected cancer referral has been at a record high since March 2021, helping to recover some, but not all, of the shortfalls seen during the pandemic. However:

- there remain a significant number of patients who we would have expected to have started treatment during the pandemic, but who have not yet come forward.
- diagnostic and treatment volumes are not keeping up with restored levels of demand at a national level, meaning more patients are waiting longer.

The priorities for cancer recovery therefore remain the same as in the first half of the year, with a particular focus on:

- continuing to maximise all available capacity, including by extending hub models and ensuring all system plans reflect the independent sector capacity needed to meet demand for cancer care.
- ensuring sufficient diagnostic and treatment capacity to meet the increased level of referrals and treatment required to address the shortfall in number of first treatments, by March 2022. Breast cancer screening accounts for around a quarter of this shortfall and remains a specific priority.
- accelerating the development of rapid diagnostic centre (RDC) pathways for those cancer pathways which have been most challenged by COVID-19. Cancer Alliances have been asked to should accelerate current RDC implementation to achieve 50% population coverage for non-site-specific RDCs and work with colleagues to ensure Cancer Diagnostic Hubs (CDHs) support and meet the needs of the RDC programme and patients with suspected cancer.

And the objectives to:

- return the number of people waiting for longer than 62 days to the level we saw in February 2020 (based on the overall national average) by March 2022
- meet the Faster Diagnosis Standard (FDS) from Q3, ensuring at least 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing. Where the lower GI pathway is a barrier to achieving FDS, full implementation of faecal immunochemical tests and, where 10 | 2021/22 priorities and operational planning guidance: October 2021 to March 2022 appropriate, colon capsule endoscopy is expected (to reduce colonoscopy demand and shorten the pathway).

3.4.3 Expand and improve mental health services and services for people with a learning disability and/or autism

3.4.3.1 Our mental health workforce has continued to provide people with the support they need during the pandemic. We know, however, that COVID-19 has not only affected the delivery of services but is also likely to cause an increase in demand. Our key delivery partner in addressing these challenges in Wirral is Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

3.4.3.2 The ambitions set out in the Mental Health Implementation Plan 2019/20–2023/24, which expand and transform services, remain the foundation for our mental health response to COVID-19, enabling local systems to expand capacity, improve quality and tackle the treatment gap.

3.4.3.3 In 2021/22 the NHS has been focusing upon:

- Delivering the mental health ambitions outlined in the Long Term Plan, expanding and transforming core mental health services. This includes:
    - Continuing to increase children and young people's access to NHS-funded community mental health services.
    - Delivery of physical health checks for people with Serious Mental Illness (SMI).
    - Investing fully in community mental health, including new co-funding requirements for embedded additional Primary Care Network (PCN) posts.
- Maintaining the transformations and beneficial changes made as part of COVID-19, where clinically appropriate, including 24/7 open access, freephone all age crisis lines and staff wellbeing hubs.
- Maintaining a focus on improving equalities across all programmes, noting the actions and resources identified in the Advancing Mental Health Equalities Strategy
- Through CCGs, as a minimum, investing in mental health services to meet the Mental Health Investment Standard.

3.4.3.4 The NHS is also committed to keeping our commitments for people with a learning disability, autism or both. The NHS is making progress on the consistent delivery of annual health checks for people with a learning disability. Work is also ongoing in regard to improving the accuracy of GP Learning Disability Registers to make sure the identification and coding of patients is complete, in particular for under-represented groups such as children and young people and people from Black, Asian and Minority Ethnic backgrounds.

3.4.3.5 There also remains a strong commitment to reducing reliance on inpatient care for both adults and children with a learning disability, autism or both. This is being supported by improved community capacity to enable more people to receive personalised care, closer to home. Pilots and early adopter sites for keyworkers for children and young people with the most complex needs will continue, with remaining areas preparing for delivery in 2022/23.

3.4.3.6 To tackle the inequalities experienced by people with a learning disability

highlighted and exacerbated by the pandemic, the NHS is also implementing the actions that have come from the Learning from Life and Death Reviews (LeDeR) programme. The NHS is also introducing a new system for delivering LeDeR, capturing learning and making improvements.

3.4.3.7 For the second half of the year the NHS has been asked to continue to deliver on the 2021/22 Mental Health plan, with a specific focus on:

- delivery against in-year workforce plans, making full use of new roles, and development of a multi-year mental health workforce plan.
- accelerating the recovery of face-to-face care in community mental health services and submitting the re-categorisation of community mental health spend over autumn.
- reducing out-of-area placements, long lengths of stay and long waits in EDs for mental health patient
- continuing to increase access to: – children and young people's NHS-funded community mental health services, including eating disorders, crisis and school-based mental health support teams – NHS-funded talking therapies, individual placement and support (IPS) and specialist perinatal mental health services
- advancing equalities, including delivering against the target for physical health checks for people with severe mental illness (SMI) and recovering the dementia diagnosis rate
- delivering actions to enable whole pathway commissioning for provider collaborative front runners from April 2022
- ensuring that digital capabilities are in place across mental health services to drive interoperability and improvements in patient safety. Systems are encouraged to use resources, developed jointly by NHSX and NHS England, to support digitally enabled pathway redesign and the use of digital services to improve access and personalisation in mental health care.

Systems are also asked to continue to make progress on the NHS Long Term Plan commitments for children, young people and adults with a learning disability, autism or both.

3.4.4 Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review

3.4.4.1 The Ockenden review challenged everyone who works in maternity services to redouble efforts to continue to improve outcomes and patient experience and to reduce unwarranted variation. All providers of maternity services, including Wirral University Teaching Hospitals NHS Foundation Trust (WUTH), have responded to the seven immediate and essential actions from the Ockenden report.

3.4.4.2 Local maternity systems (LMSs) are taking on greater responsibility for ensuring that maternity services are safe for all who access them. As part of their work to make maternity care safer, more personalised and more equitable, LMSs have an oversight of local trust actions to implement the actions arising from the Ockenden report.

3.4.4.3 The NHS is expected to continue delivery of the maternity transformation measures

set out in the Long Term Plan, including offering every woman a personalised care and support plan, implementing all elements of the Saving Babies' Lives care bundle, and making progress towards the implementation of the continuity of carer model of midwifery.

3.5 Expanding primary care capacity to improve access, local health outcomes and address health inequalities

3.5.1 General practice is the bedrock of the NHS. The NHS has always relied on its resilience. Its importance and value have once again been demonstrated during the pandemic response. Our GP surgeries, through primary care networks (PCNs), have shouldered the lion's share of the COVID-19 vaccination programme alongside their existing workload. This financial year, they have also provided more appointments for patients than in the equivalent period before the pandemic. Recent GP appointments activity data comparison between September 2019 and September 2021 shows a cumulative increase of approximately 114,000 more appointments for the same period (April to September 2021).

3.5.2 Practices are still coping with the additional demand and constraints of the pandemic. The release of pent-up demand, accumulated during the pandemic when people were less likely to consult their practice or seek specialist care, as well as general practice needing to catch up on the backlog of care for patients on its registered list who have ongoing conditions, to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital admissions or even premature mortality.

3.5.3 The majority of practices have been able to adapt and innovate during the pandemic, maintaining and improving access, including using remote appointments. For many patients, remote consultations can often be more convenient. The response to COVID-19 in spring 2020 saw an impressive almost overnight adoption of remote consultations and triage-first pathways to ensure care could continue during the first wave of the pandemic. Many of these changes offer long-term benefits for patients and practices.

3.5.4 Even before the pandemic, thousands of patients were being assessed effectively and safely in general practice every day via remote consultations, whether over the telephone or online. For many this was the best option for them, so they did not have to take time out of their day to attend the surgery, while others preferred a face-to-face consultation in person. Online triage models will continue to improve and become easier for patients to navigate. Patients' input into this choice should be sought and practices should respect preferences for face-to- face care unless there are good clinical reasons to the contrary.

3.5.5 All practices are currently grappling with the emergent challenge of working out the optimal blend of face-to-face appointments alongside remote appointments, wherever these are clinically warranted and taking account of patient preferences. There are limited evidence-based professional standards or guidance to help show what constitutes good practice or what is likely to be an unacceptable standard of care. Practices are working out the answers for themselves and their patients. Many are doing so brilliantly – often with much improved satisfaction – and not through a simplistic reversion back to pre-pandemic ways of working.

3.5.6 The UK Health Security Agency is recommending a more flexible approach to patient consultations in primary care and general practice after reviewing the current infection prevention and control guidance on patient consultations in primary care. At the same time, it is true that patients' ability to access primary care has not been as good as it should be. Concerns and complaints, typically about appointment availability, waiting times, and in particular, the ability to see a GP, and specifically face-to-face, have been raised and are address directly with each practice.

3.5.7 A new national £250m Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences for face to face appointments, rather than attending hospital for non-emergency needs. A number of Wirral PCNs have submitted proposals totalling approximately £1.1m for increasing the number of overall appointments and the proportion of face to face appointments across November 2021 to March 2022.

3.5.8 All Primary Care Networks continue to recruit new roles into primary care under the Additional Roles Reimbursement Scheme; roles such as Pharmacists, Paramedics, Physiotherapists, Physician's Associates continue to be added to the wide-ranging skill mix available at practices, which in turn provides increased capacity to meet patients' demand. This multi-skilled offer at practices helps the triage approach to ensure the right healthcare professional is helping the right patient for the right care outcome.

3.5.9 Alongside new roles into primary care the new national Community Pharmacist Consultation Service (CPCS) can help alleviate pressure on GP appointments by harnessing the skills and knowledge of community pharmacists to treat a range of minor illnesses. Using the service gives a patient a same-day appointment in a community pharmacy and helps improve patient experience, as well as directing demand to the most appropriate setting.

3.5.10 For dental services, the focus is on maximising clinically appropriate activity in the face of ongoing infection prevention control measures, and targeting capacity to minimise deterioration in oral health and reduce health inequalities. NHS England/Improvement (NHSE/I) offers support dental teams to deliver as comprehensive a service as possible.

3.5.11 COVID-19 has highlighted the correlation between poorer health outcomes and ethnicity and deprivation, specifically. The NHS is increasingly adopting population health management techniques as part of targeted recovery strategies, aiming for equitable access, excellent experience and optimal outcomes for all groups. NHS England and NHS Improvement will continue to work with systems to develop the real-time data tools and techniques being used so effectively by the COVID vaccination programme, at a granular local level. It also includes the use of person-centred segmentation and risk stratification to identify at-risk groups, those with the greatest health inequalities or the most complex needs, and those awaiting multiple appointments.

3.5.12 The NHS Long Term Plan sets out a path for improvements for people with conditions such as diabetes, Cardiovascular Disease (CVD) and obesity. These are

even more important given we now know the clear association with poorer outcomes with COVID-19. Actions in these areas include supporting the expansion of smoking cessation services, improving uptake of the NHS diabetes prevention programme and CVD prevention. The NHS digital weight management services are also being made more widely available. There is also ongoing work on actions to support stroke, cardiac and respiratory care provision.

3.5.13 The delivery of the NHS Comprehensive Model for Personalised Care remains a priority in 2021/22. Personalised care gives people more control over their own health, it also underpins efforts to recover services and address health inequalities. The NHS is continuing to accelerate the delivery of existing requirements, including personal health budgets, social prescribing referrals and personalised care and support plans. Implementation is supported by recruitment to three additional roles in primary care: Social Prescribing Link Workers, Health and Wellbeing Coaches, and Care Coordinators.

3.6 Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay

3.6.1 The NHS is accelerating the rollout of the 2-hour crisis community health response at home to provide consistent cover (8am-8pm, seven days a week) by April 2022. This is designed to prevent inappropriate attendance at emergency departments (ED). Work also continues to deliver timely and appropriate discharge from hospital inpatient settings with the aim of improving average length of stay with a particular focus on stays of more than 14 and 21 days. Together, these actions will enable more patients to be cared in the optimal setting and will reduce the pressure on our hospitals by improving flow through the emergency pathway and freeing up capacity to support the restoration of elective care.

3.6.2 Work is also progressing through the NHS 111 First and Same Day Emergency Care (SDEC) programmes. This involves:

- promoting the use of NHS 111 as a primary route into all urgent care services.
- maximising the use of booked time slots in A&E with an expectation that at least 70% of all patients referred to an emergency department by NHS 111 receive a booked time slot to attend.
- maximising the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services
- adopting a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department to avoid unnecessary hospital admissions.

3.6.3 The Government has confirmed that it will continue to fund the first four weeks of post-discharge recovery and support services that are provided on or before 31st March 2022 for those with new and additional care needs. The scheme will end on 31st March 2022 and will not fund care delivered after this date - consequently no costs for care delivered in 2022/23 will be funded by this scheme. Working together, health and social care systems are asked to ensure that the Hospital Discharge and

Community Support policy and operating model are fully implemented. This will ensure that more people are discharged home and that the length of stay for people in acute care (particularly over 21 days) is reduced.

3.6.4 Joint planning is already taking place across clinical commissioning groups (CCGs), local authorities and providers within the Better Care Fund. The focus on improving people's outcomes following a period of rehabilitation and recovery, reducing the need for long-term care and reducing the time spent in hospital is key. As a place, Wirral will be planning to implement hospital discharge arrangements that are sustainable and affordable from core NHS and local authority expenditure into April 2022.

3.6.5 There has been sustained pressure on Urgent and Emergency Care (UEC) services throughout the summer because of increasing demand and capacity constraints within non-elective pathways. Seasonal pressures over the second half of the year are likely to be exacerbated by the ongoing impact of the COVID-19 pandemic with the potential for a significant number of COVID hospital admissions. Health and social care organisations have been asked to embed the actions in the UEC Action Plan to support recovery of services. In particular, systems have been asked to take immediate action that will:

- reduce the number and duration of ambulance to hospital handover delays within the system – keeping ambulances on the road is key to ensuring that patients needing an urgent 999 response are seen within national Ambulance Response standards
- eliminate 12-hour waits in EDs – flow out of EDs ensures that expert clinical resource can be directed to those most in need
- ensure safe and timely discharge of those patients without clinical criteria to reside in an acute hospital, especially individuals on Pathway 0. This should be done in partnership with system colleagues, including community and social care, to ensure a focus on Pathway 1-3 discharges.

In Wirral we have developed a whole system, integrated operational delivery plan that is underpinned by the UEC Action Plan. This plan is designed to ensure that there are robust and effective assurance and escalation processes to rapidly identify and mitigate against bottlenecks and risks from across the system that may add pressure to UEC services.

3.6.6 Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces, particularly if infection waves from both viruses coincide. The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021/22 are currently unknown, but mathematical modelling indicates the 2021/22 influenza season in the UK could be up to 50% larger than typically seen and it may start earlier than usual. The uptake ambitions for this coming season set out in the national flu letter reflect the importance of protecting people against flu this winter and should be regarded as the minimum level to achieve.

3.6.7 Since the lifting of non-pharmaceutical interventions to prevent the spread of COVID-19 in the summer, we have seen earlier than usual increases in a range of

respiratory illnesses in children, including respiratory syncytial virus (RSV). Wirral has put in place paediatric acute care plans to prepare for a rise in demand. We will continue to oversee these plans and put in place mitigations as appropriate.

3.7 Working collaboratively across systems to deliver on these priorities

3.7.1 Integrated Care Systems (ICSs) are required to progress their development and preparation for the statutory establishment of integrated care boards (ICBs), drawing on the guidance on the NHS England website and the ICS Guidance collaboration platform. This guidance includes the ICS design framework and the ICB 'readiness to operate' checklist and assurance process. Designate ICB CEOs and regional directors will be asked to sign a readiness to operate statement in March 2022, confirming that all relevant preparations and due diligence have been carried out to enable the ICB to fulfil its statutory functions from 1st April 2022.

3.7.2 The H2 financial arrangements are broadly consistent with a continuation of the H1 framework. This means that systems will continue to receive a fixed system funding envelope based on the H1 2021/22 envelopes adjusted for additional known pressures, such as the impact of the pay award. H2 envelopes include an increased efficiency requirement from H1 and where systems are able to go further, in preparation for 2022/23, they should take action with any savings re-invested in supporting non-recurrent recovery initiatives. Block payment arrangements will remain in place for relationships between NHS commissioners (comprising NHS England and CCGs) and NHS providers (comprising NHS foundation trusts and NHS trusts). Signed contracts between NHS commissioners and NHS providers are not required for the 2021/22 financial year.

4.0 FINANCIAL IMPLICATIONS

4.1 None as a direct result of this report.

5.0 LEGAL IMPLICATIONS

5.1 None as a direct result of this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 None as a result of this report.

7.0 RELEVANT RISKS

7.1 None as a result of this report. Risk registers are produced to cover this activity and appropriate mitigations have been taken against any relevant risks.

8.0 ENGAGEMENT/CONSULTATION

8.1 None as a result of this report.

9.0 EQUALITY IMPLICATIONS

9.1 NHS organisations and Wirral Council have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. These will be taken into account in this work.

This report is for information and no EIA is required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The NHS takes its responsibilities to the environment very seriously. It undertakes a range of measures that are mindful of the future environment, these include:

- Recycling paper and plastics
- Use of motion operated lighting and hence when rooms are not utilised, lights automatically switch off
- Staff are actively encouraged to turn off their laptops when not in use
- All procurements require potential bidders to describe their approach to sustainability
- Using tablet computers and laptops for staff who frequently attend meetings
- Storing scanned documents electronically where legally appropriate

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The NHS in Wirral is a key contributor to an economy that benefits all of our residents and one which keeps money within Wirral; a prosperous, inclusive economy where local people can get good jobs and achieve their aspirations.

Examples of this include:

- Local Employment – creation of local employment and training opportunities, the NHS is one of the biggest employers in the borough.
- Maximising the Wirral Pound – buying locally where possible to reduce unemployment and raise local skills.
- Community development - development of resilient local community and community support organisations, especially in those areas and communities with the greatest need, as demonstrated in our work with local communities and partnerships with the voluntary, community, social enterprise and faith sectors.
- Good Employer - support for staff development and welfare within our employment policies and practices.
- Green and Sustainable: protecting the environment, minimising waste and energy consumption and using other resources efficiently.

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APPENDICES

There are no appendices.

BACKGROUND PAPERS

- NHS Operational Planning and Contracting Guidance, https://www.england.nhs.uk/operational-planning-and-contracting/
- NHS Wirral CCG Governing Body Papers - https://www.wirralccg.nhs.uk/about-us/governing-body-meetings/