

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 9 June 2020	Paper No: 20/25
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Title of Paper: COVID-19 Update
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Paper is for: (please delete tick as appropriate)	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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Conflicts of Interest (please delete tick as appropriate)	
	<input type="checkbox"/>
No conflict identified	<input checked="" type="checkbox"/>
Conflict noted: conflicted party can participate in discussion and decision	<input type="checkbox"/>
Conflict noted, conflicted party can participate in discussion but not decision	<input type="checkbox"/>
Conflict noted, conflicted party can remain but not participate in discussion	<input type="checkbox"/>
Conflicted party is excluded from discussion	<input type="checkbox"/>

Purpose and Executive Summary: The paper outlines some of the ways in which services and CCG staff have responded to the declaration by NHSEI of a Level 4 incident for the COVID-19 pandemic.
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Engagement: clinical, stakeholder and public/patient: OCCG staff have been working closely with all parts of the local NHS and Local Authorities during response.

Financial Implications of Paper: Additional costs for responding to COVID-19 can be reclaimed.
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Action Required: The Board is asked to note the information in the paper.

OCCG Priorities Supported (please delete tick as appropriate)	
<input checked="" type="checkbox"/>	Operational Delivery
<input checked="" type="checkbox"/>	Transforming Health and Care

✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

Not undertaken.

Link to Risk:

AF 35 There is a risk the Oxfordshire healthcare system may be unable to balance the resources available for COVID -19 and non COVID-19 population to deliver safe and effective care which may lead to patient harm

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COVID-19 UPDATE

1. Introduction

COVID-19 was declared a Level 4 incident by NHSE England/Improvement (NHSE/I). This is an incident that requires NHS England National Command and Control to support the NHS response. NHSE/I coordinates the NHS response in collaboration with local commissioners at the tactical level. Since this declaration the CCGs' management and clinical team have been working with colleagues from the NHS and multi-agency partners (especially the Local Authorities) at place and Buckinghamshire Oxfordshire and Berkshire West Integrated Care System (BOB ICS) levels. This was to ensure that we are coordinated to respond to the increasing and changing demands on our services. This also ensured escalation routes on key issues into the regional and national structures. This has been undertaken through a range of regular (virtual) meetings.

The response of the CCG has been in line with NHS guidance outlined in the following three letters:

Next Steps on NHS Response TO COVID-19 (17 March 2020) available [here](#)
Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic (28 March 2020) available [here](#)
Second Phase of NHS response to COVID-19 (29 April 2020) available [here](#)

This paper will outline some of the ways in which services and CCG staff have responded. The Performance Report (Paper 20/22) and Risk report (Paper 20/23) also include relevant information.

2. Service response

OCCG has been working close with all NHS providers and the Local Authorities; as part of this we have sent weekly Stakeholder updates summarising how we have responded to the challenges and how this has changed the way we all work. The briefings are available [here](#). The breadth and depth of system partnership working over this period has strengthened our ability to respond to benefit the local population.

Response

Over March and April the NHS refocused capacity to ensure that patients with COVID-19 could be cared for; supporting discharge of all medically fit patients; increasing critical care capacity; establishing separate wards; developing a primary and community service response that separated potential COVID-19 patients from other patients; establishment of a 24/7 mental health helpline. In addition all parts of the NHS rapidly implemented remote consultations either via phone or video wherever possible; this is now widespread in mental health and learning disability services; primary care and hospital outpatient services. The changes were implemented rapidly on the basis of the national modelling that predicted a peak in

demand over early April; the introduction of the lock-down led to a much lower, flatter and longer peak.

Throughout this period the hospitals were actively planning for predicted numbers of ITU beds and these have always been available at a higher level than presenting demand and have plans in place in Oxfordshire and across BOB to manage future predicted demand. The CCG commissioned extra capacity in care homes and hospice beds that has not needed to be drawn upon.

The Director of Public Health is regularly reviewing figures on rate of infections and outcomes.

People with other illnesses

Whilst the NHS remained open throughout (albeit in a different way) locally as well as nationally we saw a decrease in attendances at A&E, emergency admissions and referrals for cancer, mental health and other conditions needing urgent attention. We have worked together across Oxfordshire, to support the national 'Help us help you' messaging to ensure that the public continue to seek medical help when they need it during the COVID-19 pandemic. Over the coming weeks, this communications campaign will be covering topics such as cancer, immunisations, maternity, stroke, mental health, heart attacks, learning disabilities, elective care, children and young people, changes in primary care and care for shielded groups. This is all available [here](#) on the CCG website.

The CCG is working with other partners on the resumption of elective services. This is being undertaken in the context of needing to ensure that supplies of PPE and clinical consumables are sufficient for supporting COVID-19 services and any additional elective care services.

Supporting care homes

Supporting care homes to provide high quality care to some of our most vulnerable residents during the COVID-19 pandemic has been essential. Health and social care partners across Oxfordshire worked closely with care home providers to develop and deliver a support plan for homes, their staff and residents. The focus of the work included preventative and proactive support for all care homes to ensure that education and understanding regarding care for residents, in line with national guidance, is in place; and focused support work with care homes that may have experienced outbreaks or particular challenges. The themes addressed included:

- Testing
- PPE and Infection Control including provision of training and support
- Staffing: Oxfordshire County Council leads on issues relating to staffing in care homes to ensure safe staffing levels are maintained during COVID-19.
- Primary care support with a named clinical lead for every care home and provision of weekly reviews.
- Safeguarding: This remains a high priority as all care home residents are vulnerable adults.

In many ways Oxfordshire was ahead of other areas having commissioned a Care Home Support Service (CHSS) with OHFT for many years. The CHSS already had a linked named Nurse to all Care Homes.

Clinical Support to Care Homes throughout the COVID-19 pandemic has been supported through the already established scheme providing enhanced care to Care Homes. This includes a named clinical lead, responsible for overall clinical oversight of residents including, but not limited to advanced care planning, access to secondary care and overall treatment plans. Guidance regarding care for residents during this time has been written specifically for care homes with input from Care Home representatives. This has been circulated to all Care Homes along with other guidance as it has emerged.

Impact on patients and the public

The need to respond so quickly has radically altered the way patients access services; this may be through new routes (phone first/total triage and virtual consultations) or needing to attend in different locations as COVID and non-COVID patients are kept separate. It was clear that there was a reduction in patients accessing primary care so we have been promoting the change of services at GP practices and offering reassurance to the public that their local GP is still there for them should they have any healthcare concerns and that if they do need to have a face-to-face appointment there are precautions in place to make this as safe as possible. This has also included promoting clinics within the community to care for patients with coronavirus symptoms who might need to seek medical advice for another matter.

Some of the changes, such as the use of total triage and virtual consultation are programmes of work we had been planning to introduce as part of delivery of the NHS Long Term. As we plan for recovery we will seek the views of patients and the wider public to understand their experience of these services to ensure that any permanent changes are informed by this.

We all have a crucial role to play in containing the spread of the virus through social distancing and self-isolation. The Oxfordshire health and care system are have reinforced the need for social distancing, explaining what it means in practice and repeating the key messages about how to stay safe. Since the beginning of the pandemic we have continued to support the national campaigns and promote advice including the importance of handwashing and how to socially distance. This is ongoing, and continues to be important as the lockdown begins to get lifted. This has been promoted both online and offline through the media, social media, key community contacts and information has been made available in different languages.

Working together and supporting each other

The much strengthened partnership work across Oxfordshire and BOB ICS has supported us all and helped protect patients, provided mutual aid and shared learning. Examples of this include:

- Working closely with the Local Authorities (County, Districts and City) to ensure shielded and other vulnerable residents had access to the services and support they needed
- Working across the BOB ICS and with the Local Resilience Forum to manage PPE so that health and care providers had access to the stock they needed. This often required mutual aid and sharing across providers
- The local Trusts enabled access to testing for staff across the health and care system as soon as they had capacity to do this. This was then supplemented by the national testing site at Thornhill Park and Ride and the mobile testing units.
- Primary, community and hospital clinicians worked closely together to develop pathways, enable separation of COVID and non-COVID patients and respond to a rapidly changing situation. Through a CCG hosted webinar clinicians from across the system shared learning to increase understanding and share emerging findings about a new disease.
- Test and Trace was launched across England last Thursday (28 May). The service is designed to help identify, contain and control coronavirus, reduce the spread of the virus and save lives. It forms a central part of the Government's COVID-19 recovery strategy, which seeks to return life to as close to normal as possible, for as many people as possible, in a way that is safe and protects the NHS and social care. There are responsibilities placed upon public health authorities to work with Public Health England and with local district, city and health system partners to investigate and control outbreaks and to support the community to ensure safe and effective self-isolation. Discussions are currently taking place across the Oxfordshire system about the development of a local outbreak control plan.

3. CCG staff and functions

As the Board is aware (and is outlined in Paper 20/26) we adapted our governance framework to ensure the CCG could continue to deliver its statutory functions during this period. This has meant that all meetings need to be undertaken virtually and some changes to the numbers and detail in reports that are presented.

CCG staff have responded well to the changes that have occurred rapidly. In line with government guidance staff have worked at home from 25 March and we have ensured we have put in mechanisms to support them; this includes individual support; team check-ins; continuation of staff and team meetings; virtual health and well-being activities and ensuring that all the national staff support offers are made available. Through the Staff Partnership Forum we have received some feedback on staff experience of home working; this highlighted some areas where the CCG could provide some additional support.

Over the last two months the communications team have focused almost entirely on supporting the local response and working across the CCG and wider system supported production of daily briefings for Primary Care, weekly stakeholder briefings and twice weekly staff updates.

Some staff have been redeployed to support our COVID-19 response both internally (for example managing the occg.emergencycontrol@nhs.net inbox) and in support of the county response (for example releasing clinical staff to our Trusts and supporting the Oxfordshire work streams). For some areas of work this included a need to cover weekends and bank holidays. The Directors would like to put on record their thanks to all our staff who have demonstrated their willingness to adapt quickly and support priorities for the health and care system.