

# Agenda Item 10

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Community Health Services NHS Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>23 June 2021</b>
Subject:	<b>Restoration and Recovery of Services Provided by Lincolnshire Community Health Services NHS Trust following the COVID-19 Pandemic.</b>

## Summary

For this meeting Lincolnshire Community Health Services NHS Trust (LCHS) was asked to focus on Restoration and Recovery of Services following the Covid-19 pandemic (including integrated urgent care after the report received by the Committee in November 2020) and the impact of the mass vaccination programme within Lincolnshire led by LCHS.

## Action Requested

For the Health Scrutiny Committee to consider the information presented by Lincolnshire Community Health Services NHS Trust on the restoration and recovery of services.

## Introduction

Since the peak of Covid-19 demand in late January 2021, the NHS has seen the overall cases of Covid-19 in England steadily decline, with a resultant reduction in both pressures on bed occupancy and acute and critical care services. At the NHS England public board meeting on the 25 March 2021 NHS Chief Executive, Sir Simon Stevens, announced that the national incident level for the NHS Covid-19 response would be reduced from level 4 to level 3, which was effective immediately.

This means that whilst there will be a maintenance of the national incident infrastructure, there was a shift in the management of the incident from nationally co-ordinated to a regional co-ordination level, this mirrored how systems operated during the summer of 2020. This change to a level 3 incident, and associated changes to expectations on reporting and sharing of data, is intended to support systems to increasingly focus on individual, organisational and service recovery. It is anticipated that Covid-19 will be endemic for some time to come. Therefore, the focus is on how local systems and networks continue to identify and implement learning from the response to date to build resilience ahead of potential demand on services and in advance of next winter.

## Restoration and Recovery of LCHS Services

### Integrated Urgent Care Services

The integrated urgent care services provided by LCHS have been a fundamental part of the LCHS response to Covid-19. As part of the restore programme, both Gainsborough Minor Injuries Unit (MIU) and Spalding MIU have been restored as Urgent Treatment Centres (UTCs), which means that the population of Lincolnshire will have full coverage of the comprehensive range of urgent care services. Louth and Skegness UTCs have also been restored to their pre-Covid-19 operating hours, as 24/7 UTCs walk in services, as well as providing booked appointments.

Both sites at Louth and Skegness are undergoing some capital investment which was in train prior to the Covid-19 pandemic, but these plans have been reviewed to ensure that they are in line with Covid-19 requirements from infection prevention and control, and social distancing perspective.

Pre-Covid-19 10% of Louth and Skegness attendances occurred overnight (between the hours of 10pm to 8am). During Covid-19 activity fell at these sites by 51%, from an average of 160 attendances per day to 78. Post service restoration the average daily attendances have risen again averaging across the two sites at 123, with 7% of these occurring overnight. The recovery of overnight attendances is happening faster at Skegness than Louth – 9% of attendances are overnight at Skegness, whilst 6% of Louth activity is overnight. The attendance profile for Louth and Skegness is detailed below, showing peak activity times and also the split between presentations that are minor illness and minor injury:

### Louth UTC

Date	0	1	2	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	Total	
14/06/21	2	1	1	1	2	4	8	10	7	10	5	10	9	5	7	7	9	2	1			101	
Illness	2	1	1		1	2	2	7	5	7	1	8	3	2	4	5	1	1					53
Injury					1	1	2	6	3	2	3	4	2	6	3	3	2	8	1	1			48
15/06/21	2				1	2	5	6	5	5	4	4	5	8	8	5	7	1	4	4	4		80
Illness	2					1	3	4	1	3	1	3	3	5	4	5	4	1	1	2	1		44
Injury					1	1	2	2	4	2	3	1	2	3	4		3		3	2	3		36
Total	2	2	1	1	2	4	9	14	15	12	14	9	15	17	13	12	14	10	6	5	4		181

## Skegness UTC

Date	0	2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
14/06/21	1	2	1	1	7	14	17	6	9	8	8	6	7	4	6	2	4	3					106
Illness	1	2	1	1	2	8	11	5	3	5	4	3	6	3	5	4	3						67
Injury					4	6	6	1	6	2	1	1	1	1	1	2							32
Other					1					1	3	2											7
15/06/21	1	1	1	2	2	6	8	5	12	6	7	3	4	4	8	5	3	2	3	1	5	3	92
Illness	1	1	2	2	5	4	2	5	1	5	1	4	3	3	5	2	1	3	1	5	3		59
Injury		1		1	3	2	6	5	2	2				5	1	1							29
Other					1	1	1						1										4
Total	2	1	3	3	2	7	15	19	29	12	16	11	12	10	15	9	9	4	7	4	5	3	198

For both sites the activity profiles demonstrate the peak activity times are from 9am to 5pm with smaller numbers of patients attending overnight. The workforce profile for overnight is two practitioners working in the base, with medical support provided through an on-call system, if required.

Spalding MIU was closed from April 2020 and the staff resource was redirected to the main UTC sites. Spalding has been restored as an Urgent Treatment Centre (UTC) from 1 April 2021. Activity was seen through Boston UTC / 111 & CAS [Clinical Assessment Service] into bookable appointments. The average daily attendance number to Spalding pre-Covid-19 was 59. Since restoration the site is now a UTC and attendance numbers are recovering well, averaging at 36 per day and rising. The table below shows the number of patients presenting to each site from PE11 (Spalding). It can clearly be seen that when Spalding closed a lot of patients chose to go to Boston instead, and restoration of this site will also have a positive impact on patients travelling and the activity seen at Boston UTC.

Site	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020
Boston	165	137	95	145	228	263	310	278	301
Grantham								7	8
Lincoln	2	1				2		3	2
Louth			1				1	2	1
Peterborough	10	17	13	7	17	14	35	26	32
Skegness	1	3		1		2	1	5	
Spalding	580	494	387	42					
Total	758	652	496	195	245	281	347	321	344

Gainsborough MIU was closed from March 2020 and the staff resource was redirected to the main UTC sites. Gainsborough has been restored as an Urgent Treatment Centre (UTC) from October 2020. Activity was seen through Lincoln UTC / 111 & CAS into bookable appointments.

Lincoln UTC did not change the model throughout the Covid-19 response but has seen as part of restoration a new build. The new build has ten consultation rooms, and provides the initial assessment processes for all patient who walk in, this means that Lincoln UTC is the front door of Urgent Care for the Lincoln Hospital site and its sites in front of the Emergency Department (ED). This new environment has made a positive impact on patient experience and flow within the department. Activity on the Lincoln site remains the highest of all UTCs and currently rising.

EMAS [East Midlands Ambulance Service] Crew on Scene - This scheme where EMAS clinicians have direct access to our Clinical Assessment Service (CAS). The focus is on providing support, advice and access into a wider number of community pathways to maintain patients at home, and only convey to hospital if absolutely necessary.

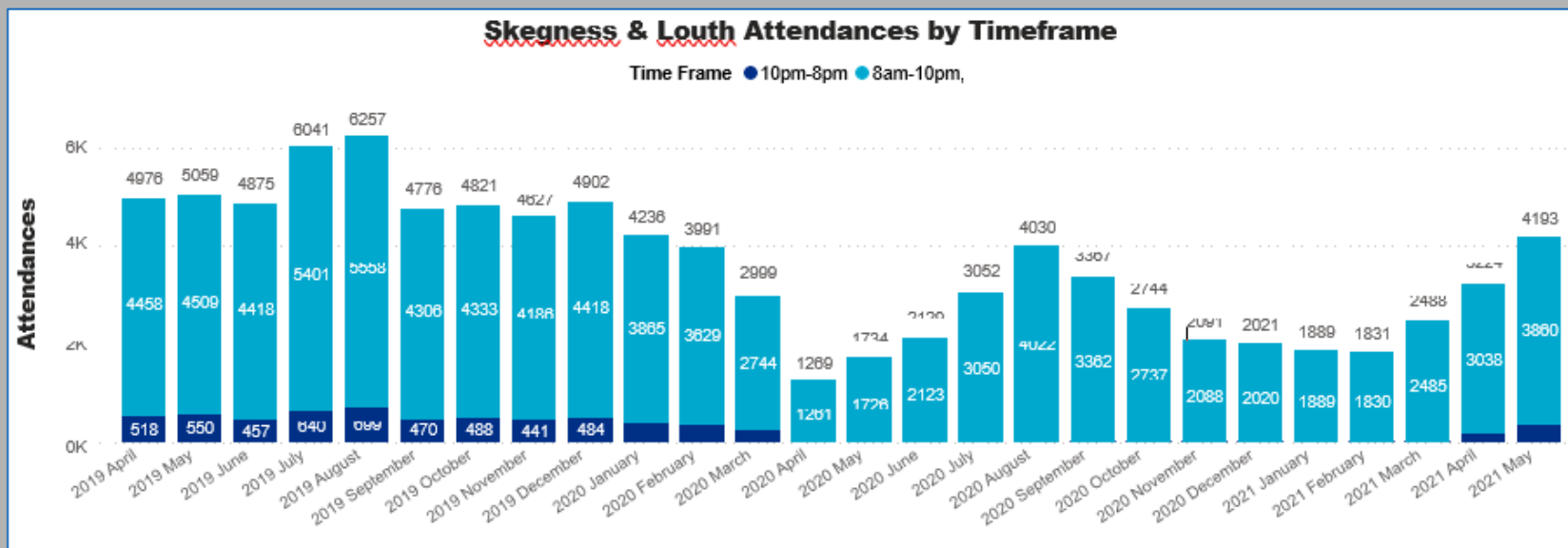
date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
15/05/21											1	1					1		1	1			2		7
16/05/21		1			2		1	1		1	1				1	1	1	2	2	3		1	1		19
17/05/21	1	2		2	1																		2	1	9
18/05/21																							4	2	6
19/05/21								1						1						2	2			1	7
20/05/21			2		1								1									3		1	8
21/05/21	1											1								1	1			1	5
22/05/21		1	1		1		1	1	1	1	1	3			1	1	2			1	2	1			18
23/05/21					3		2		1	5						1				2		3		3	20
24/05/21		2	1								1				1					1			1	1	9
25/05/21	1	1																	1	1					4
26/05/21				1				1									1	2			1	1	2		9
27/05/21		1																		1		2	2	1	7
28/05/21		1	1					1											1	1		1			6
29/05/21	1		1			2	2	3	2		1				1		1	1					1		16
30/05/21	1				1		3	1	1	2	1	1	1	1			1					1	1		15
31/05/21			1					3	1	3	1		1	1		2							1		13
01/06/21		1	1													1								1	4
02/06/21	1										1									1	1		2	6	
03/06/21			1	1	1												1	1			2	1	1		9
04/06/21					1																3			1	5
05/06/21	1							2	1	2	1	1	1	1						1			1	1	12
06/06/21		1	1	1	1						2					1	2						1		10
07/06/21								1														1	1	1	3
08/06/21			1					1												1		2		1	6
09/06/21				1																2	2				5
10/06/21			1	1																2					4
11/06/21	2	1	1					1													1	1	1	1	9
12/06/21		1				1		1	1			2	1	1		1	1	1			1		1	1	12
13/06/21	1		1		1	1	1	1		1	2	1	3	1	1	1	1	1	1	1		1	1	1	20
Total	10	7	8	13	7	12	1	10	16	7	14	20	10	5	9	6	12	8	13	25	19	18	24	9	283

Same Day Primary Care Appointments

LCHS is currently working with system partners on a short-term proof of concept to support two identified GP surgeries; in Gainsborough and Lincoln. This is a proof of concept to provide immediate system support but also understand the impact this scheme has with a view of a larger pilot or wider rollout. Same day appointments are offered on a first come first serve basis for patients who are unable to be seen the same day by primary care. Patients will call their GP practice as usual and if suitable will be referred into CAS for a Health Professional referral and if required they will be booked directly to an appointment within Lincoln or Gainsborough Urgent Treatment Centre. The service will operate 08:00 – 18:00, Monday – Friday. Outside of these operating hours patients are still able to access services using NHS 111.

Activity is rising across all our UTCs and the Skegness activity is continuing to increase as we have seen in previous years however our biggest demand is from 8am to 10pm with minimal activity overnight. Our Lincoln and Boston sites have exceeded activity from pre pandemic, and a significant proportion of these patients previously would have been seen in the Emergency Department.

# LOUTH & SKEGNESS UTC RESTORATION & RECOVERY



## Pre-COVID

**% Overnight Attends**

10%

**Average Daily Attends**

160

## During COVID

**Drop in Average Daily Attends**

51%

**Average Daily Attends**

78

## Post Restoration

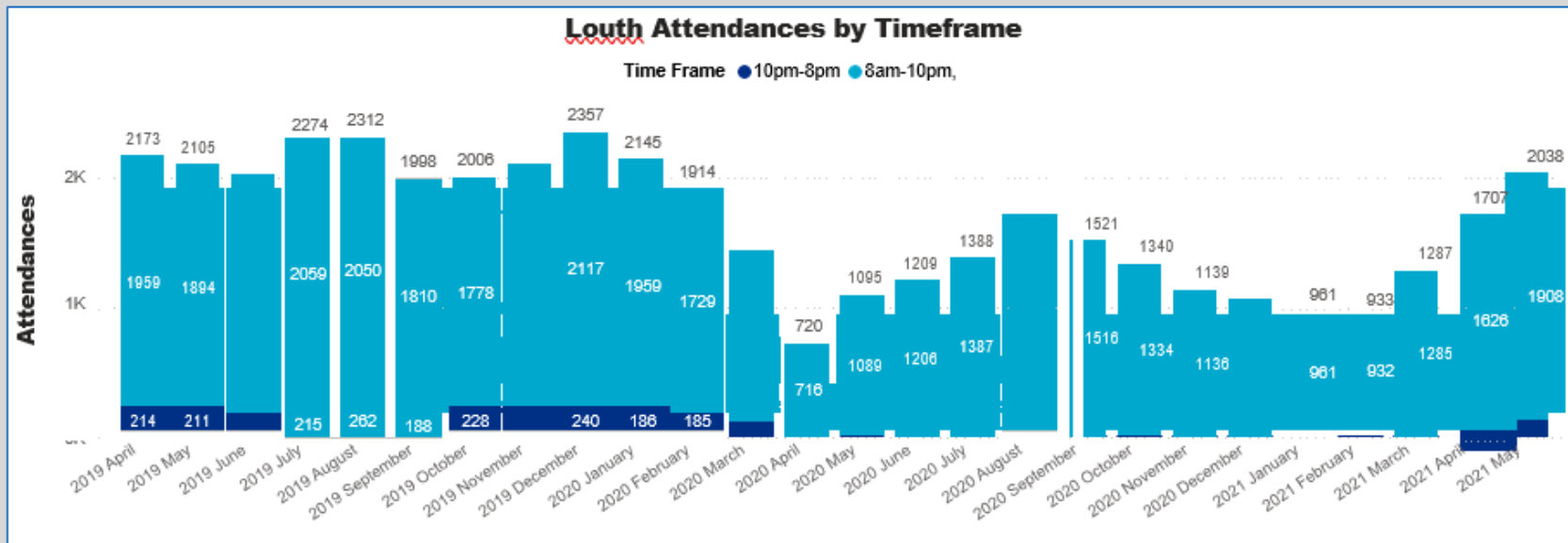
**% Overnight Attends**

7%

**Average Daily Attends**

123

## LOUTH UTC RESTORATION & RECOVERY

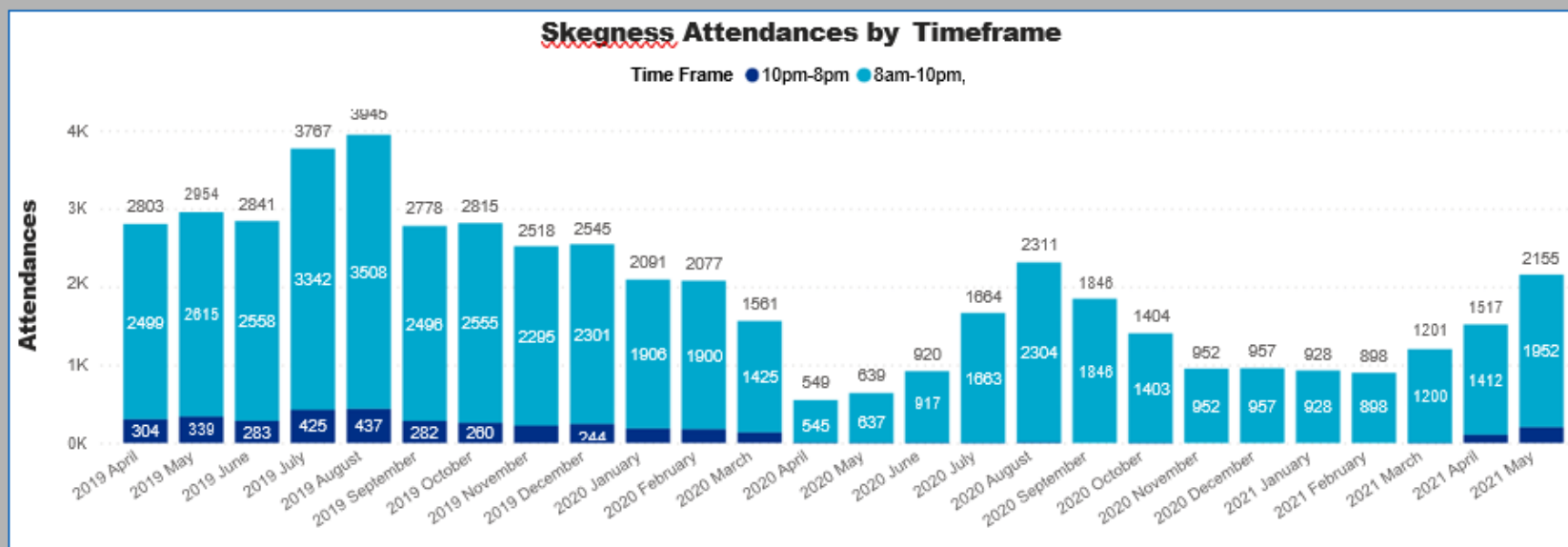


Pre-COVID	
<b>% Overnight Attends</b>	<b>Average Daily Attends</b>
10%	69

During COVID	
<b>Drop in Average Daily Attends</b>	<b>Average Daily Attends</b>
43%	39

Post Restoration	
<b>% Overnight Attends</b>	<b>Average Daily Attends</b>
6%	61

## SKEGNESS UTC RESTORATION & RECOVERY



### Pre-COVID

<b>% Overnight Attends</b>	<b>Average Daily Attends</b>
10%	91

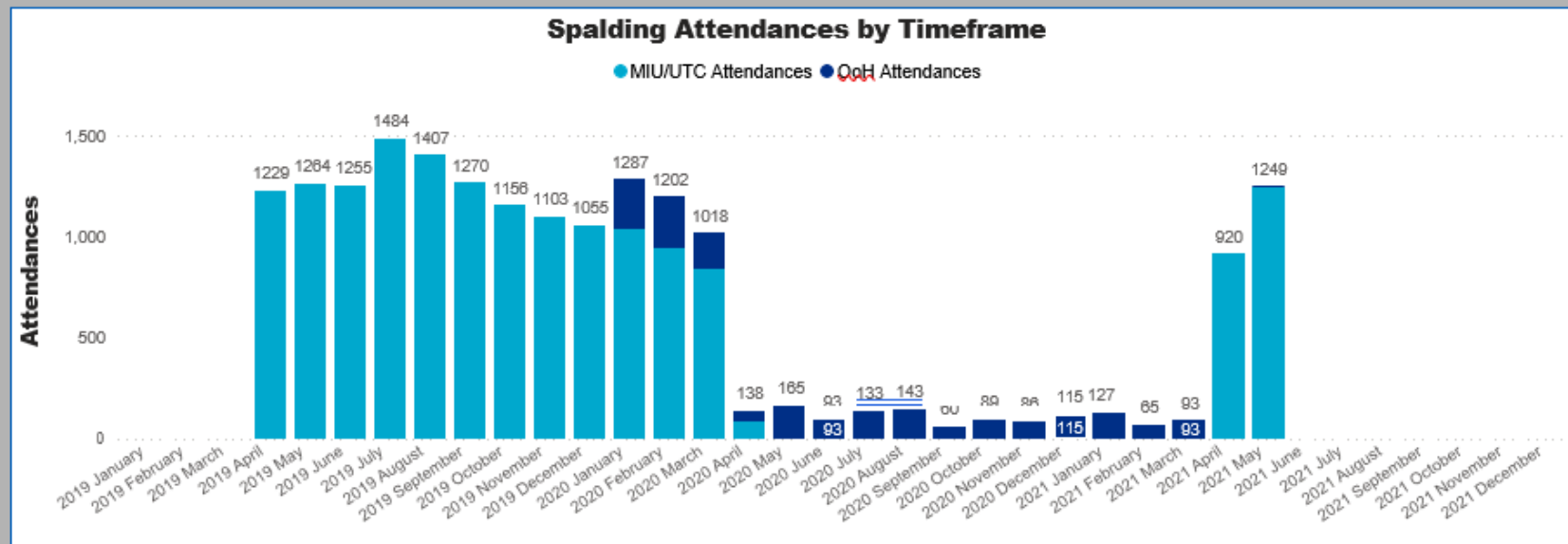
### During COVID

<b>Drop in Average Daily Attends</b>	<b>Average Daily Attends</b>
57%	39

### Post Restoration

<b>% Overnight Attends</b>	<b>Average Daily Attends</b>
9%	61

# SPALDING UTC RESTORATION & RECOVERY



### Pre-COVID

<b>Average Daily MIU Attends</b>	<b>Average Daily OoH Attends</b>
39	20

### During COVID

<b>Drop in Average Daily Attends</b>	<b>Average Daily Attends</b>
84%	9

### Post Restoration

<b>Average Daily Attends</b>
36



## Community Hospitals

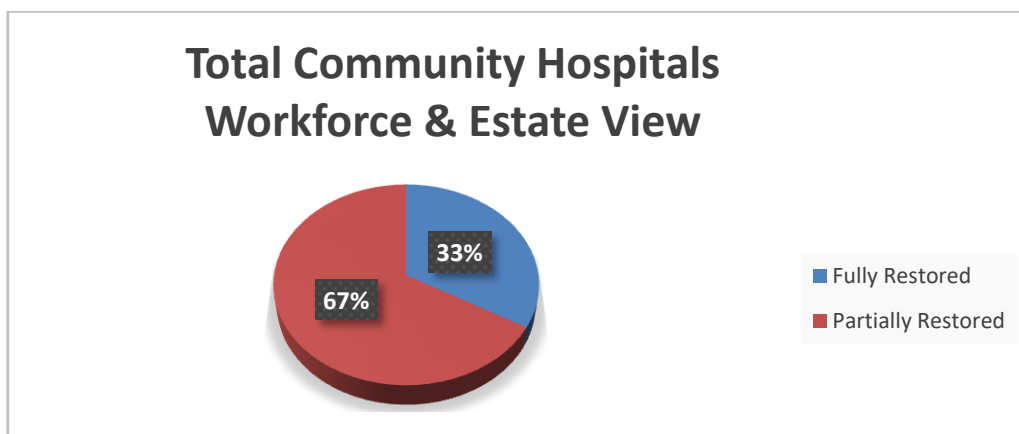
Community hospitals play a significant part of the Lincolnshire response to Covid-19. There are four pathways into community hospital and transitional care beds, including:

- step up from the community, as an avoidance for an admission into an acute provider
- step down from the acute, as part of a rehabilitation pathway
- direct admissions from EMAS to avoid an admission to the acute provider, and
- admission for palliative and end of life care services.

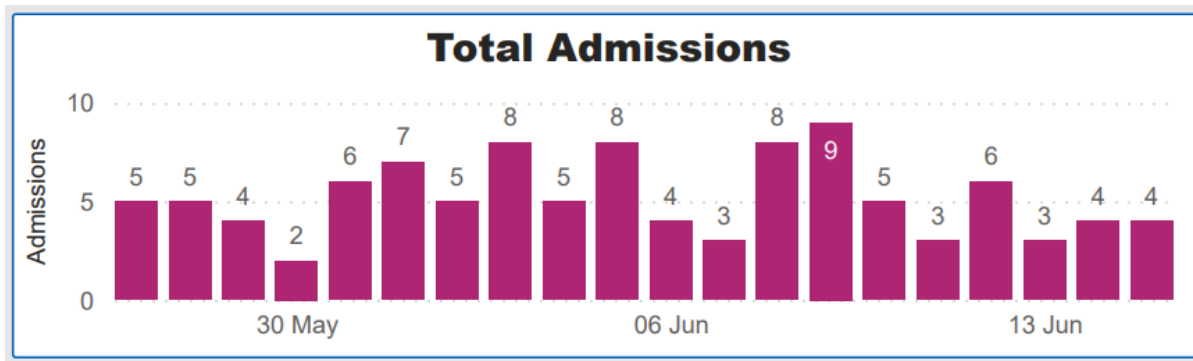
The community hospital bed base has flexed over the course of the pandemic adapting to the needs of the Lincolnshire system. At the peak of the second wave 35% of the community hospital bed base has patients who were Covid-19 positive, this meant that environments were adapted to ensure the appropriate infection prevention and control measures were in place, as well as ensuring the wider environment was adapted to ensure staff areas met the infection prevention and control and social distancing guidance. At the time of writing this report there had been no Covid-19 positive patients in community hospitals since 15 April 2021.

As part of the restore programme a number of development have been identified, including the piloting of an e observation platform, the further development of the direct admission pathways for community hospitals, as well as review of the workforce models for community hospitals to support the wider out of hospital programmes of care.

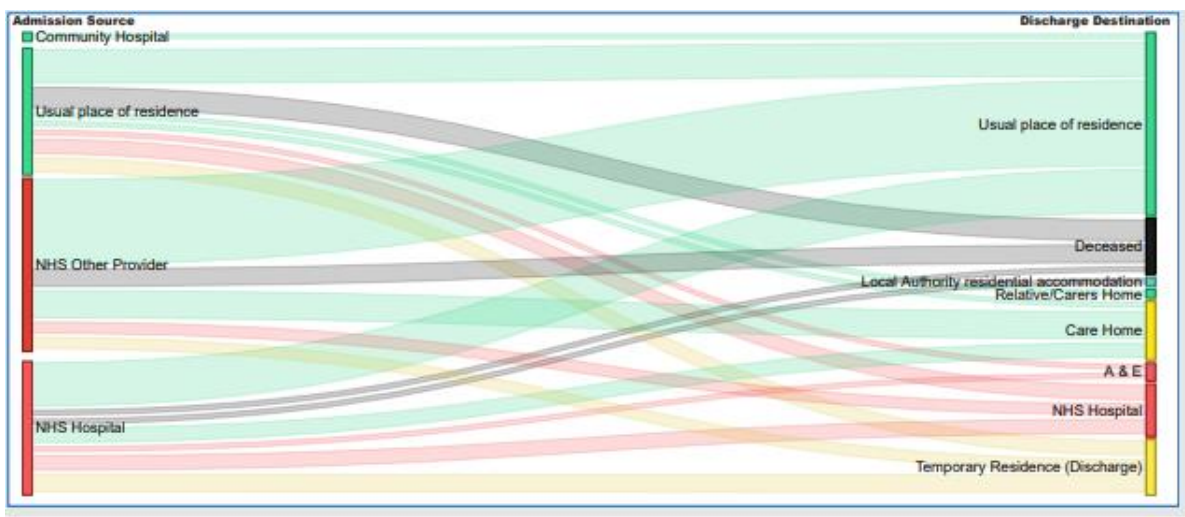
The current restore programme is detailed as at 33% fully restored, the partial restore of 67% relates to the continued flexible use of the bed base across community hospitals, the frailty service at Louth which currently is not operating in the pre-Covid-19 model.



## Community Hospital Admissions



## Community Hospital Admission and Discharge Destinations



## LCHS Outpatient Services

Outpatient activity during the pandemic ceased. The teams have since restored the activity they have direct control of as well as working alongside United Lincolnshire Hospitals NHS Trust in restoring their outpatient activity which LCHS support with clinical staffing. These outpatient clinics are expected to be restore on the LCHS sites (Skegness, Gainsborough and Skegness) from June and July 2021.

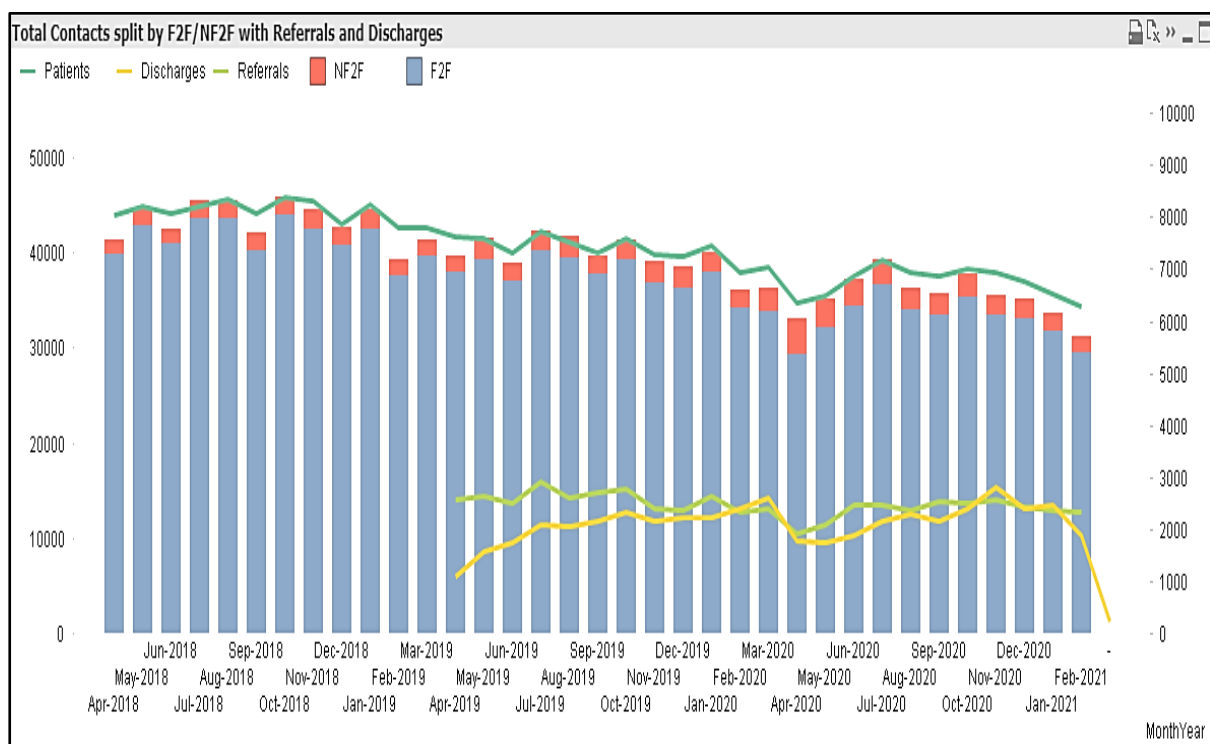
## Butterfly Hospice

During the first wave of the Covid-19 pandemic Butterfly Hospice temporarily closed, the service was restored on the 4 January 2021. Since this restoration, the service has provided a significant contribution to the palliative and end of life pathway for patients with the Boston and surrounding areas.

## Community Nursing

Community nursing has been a foundation of the LCHS response to Covid-19, with staff working flexibly to ensure that the needs of the Lincolnshire population has been met. An ongoing programme of recruitment has continued throughout the pandemic, as the organisation moves to the workforce model agreed pre-Covid-19.

The community nursing service is fully restored. Work is now ongoing in relation to embedding the new pathways of care, as well as supporting the increased number of patients with complex needs being care for in the community. The above graph shows that referrals have remained fairly static over the course of the pandemic, however, this does not reflect the increased complexity of these referrals.



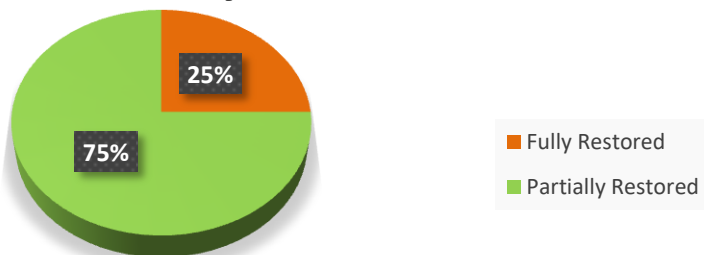
## Allied Health Professionals and Children's Services

During the first wave of Covid-19 many of the Allied Health Professional (AHP) services were stepped down in line with national policy, and staff redeployed to support the wider organisational response. Whilst this was not the case in the second surge, there have been challenges to fully restoring the services due to this factor. All services are monitoring their waiting lists, and risk assessing patients to ensure urgent referrals are managed effectively. There is a detailed programme of work that focuses on activity, workforce, estate and waiting list management across AHP and Children's Services. Currently the services are demonstrating the following:

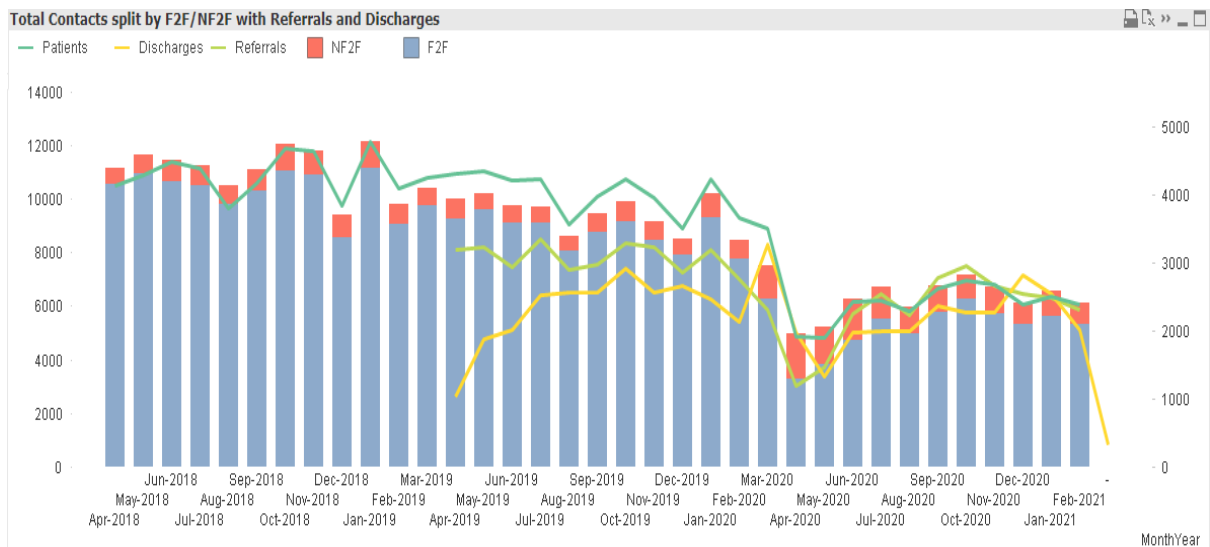
## Total AHP & Children's Services Workforce & Estate View



## Total AHP & Children's Services Activity View



One of the key factors effecting restoration is the changes in the children centre provision where a significant amount of activity for children’s services were delivered. There has been an increase in none face to face activity to support restoration and provision of effective service models.



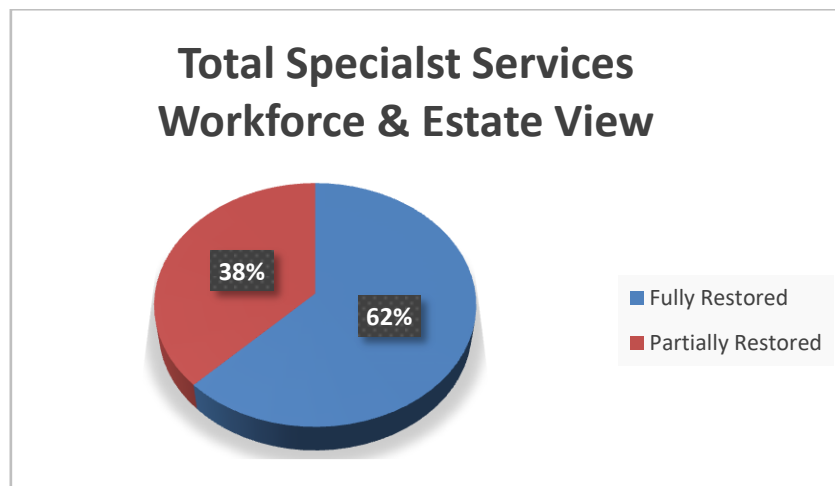
## Transitional Care

Assertive in Reach (AIR) teams and the Transitional Care procured beds continued through Covid-19 response. The AIR teams played a significant role in discharging as many medically fit patients as possible to free up the acute beds in readiness for Covid-19 activity and continues to do so throughout, as well as streaming at the front door to ensure patients were not admitted if they did not need to be and care for in the community with the wrap around support required through other LCHS services and wider system.

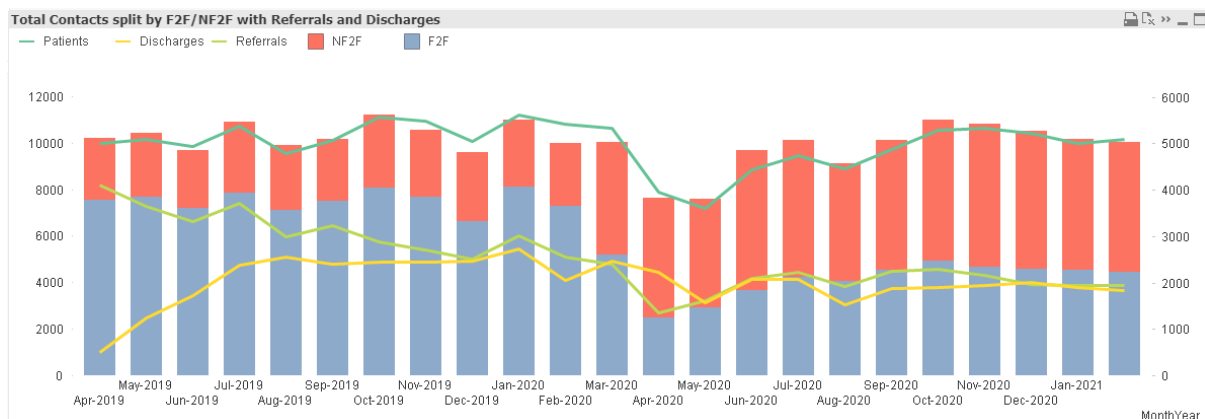
The Transitional care beds continued throughout Covid-19 response with the input of therapy from Integrated adult Therapy. At times the available beds were reduced where outbreaks were being managed in the care / nursing homes.

## Specialist Services

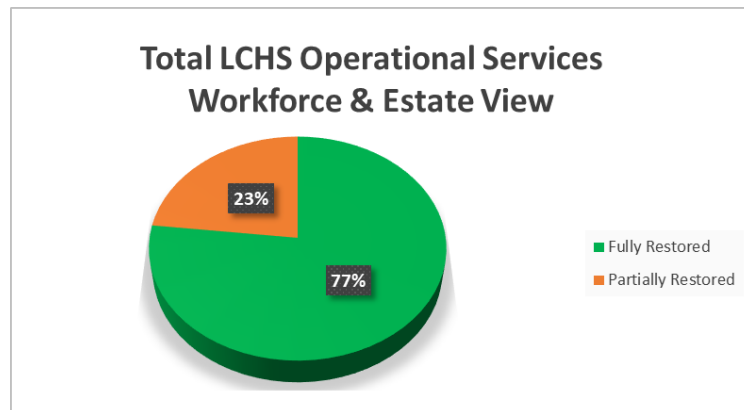
In the first wave of Covid-19 many of the specialist services were stepped down in line with the national directive at this time, so whilst they have continued to deliver services in the second surge some services have taken some time to fully restore due to this factor.



The above table demonstrates that 62% of specialist services are fully restored, with more activity now taking place non face to face through virtual mechanisms to support ongoing patient care. This is represented in the following table:



From an organisational level view of operational services this demonstrates that recovery of services continues to be a key priority for all areas of the organisation. The workforce and estates are comparable to pre-Covid-19 levels. External factors are determining the full restoration of estates and increases in workforce establishments, as a result of changes in service delivery models are the predominant factor in the workforce variation.



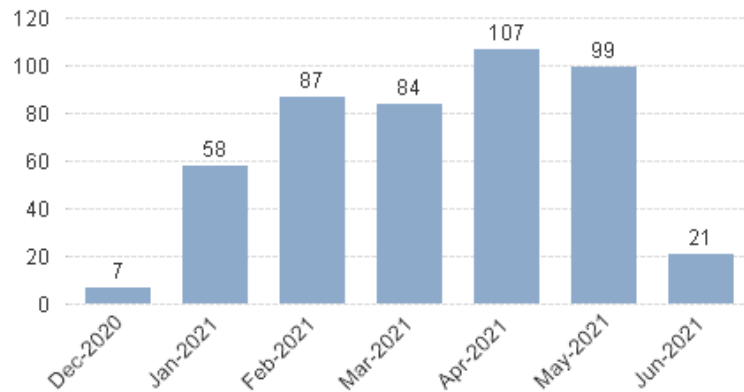
Although there are still some variations in service availability and delivery there were no operational service provisions that remain closed down or not operating, although there have been changes made to how these services operate as a result of Covid-19 and the infection prevention and control, and service model requirements. Services that were stopped have been restored and full recovery remains variable at this stage due to a range of factors. The dominant factors include; external prohibitors in children services referrals and access, staffing availability and social distancing in community hospitals, reduction in the numbers of patients seen in clinics or bases due to the additional time of cleaning in-between contacts.

#### Post-Covid Syndrome Service

Following the first wave, a clinical picture of physiological, psychological and cognitive symptoms persisting several weeks after the onset of Covid-19 were recognised. Nationally the ask was to set up a post Covid-19 service to the system population. A post-Covid-19 service clinic requires a multi-disciplinary approach and whilst the guidance is not prescriptive a minimum requirement is to have clinical representation which includes a Clinical lead, Occupational therapy, Physiotherapy, Mental Health and links into the wider community resource, for example Voluntary Centre Services. Whilst a system approach is required for the development and delivery, LCHS has been identified as the lead provider for Lincolnshire. In Lincolnshire since the commissioning decision that LCHS will be the lead provider for the clinics the development has moved at pace.

Since the commencement of this service, there have been 438 referrals, with 312 open referrals now and 126 patients discharged from the service. The profile of monthly referrals is detailed below.

Referrals received



### **Covid-19 Vaccination Programme**

The aim of the Covid19 vaccination programme is to protect those who are most at risk of serious illness or death should they develop Covid19, and reduce transmission of the infection, thereby contributing to the protection of vulnerable individuals who may have a suboptimal response to their own immunisation.

Delivery models have been developed to safely, rapidly and efficiently vaccinate eligible cohorts. The model for Lincolnshire included hospital hubs led by United Lincolnshire Hospitals Trust (ULHT), Primary Care Network sites (PCNs) and roving teams led by Primary Care Networks and the mass vaccination centres (MVCs). The two MVCs for Lincolnshire led by LCHS, working with the Lincolnshire CCG, are located at the Princess Royal Sports Arena Boston (PRSA) and the Lincoln Showground Exo Hall.

Lincolnshire Community Health Services holds the contract with NHSE/I for Lead Provider for the MVC and includes Care Quality Commission registration.

The services are being delivered by the Lincolnshire CCG with pharmacy services provided by ULHT as agreed by all partners on 15 January 2021. A Memorandum of Understanding (MOU) outlines the roles, responsibilities and expectations of each partner in the collaborative delivery of the MVCs for the Lincolnshire system.

The Boston venue opened on 18 January 2021 and the Lincoln venue opened successfully on 2 February 2021. Both sites are now fully operational and in the past month have successfully delivered services in line with the national provider and operational specifications.

The priority order of Lincolnshire patient cohorts remains aligned to the national Joint Committee on Vaccination and Immunisation (JCVI). Each site has a competent and senior leader and leadership team holding day to day operational and clinical accountability for the site.

Both sites are currently delivering services under an articulated medic-led model, with a doctor available on site each day accountable for emergency medical cover for patient safety and the prescribing of the emergency medicines available on site. A decision was taken to open the MVCs with a medic-led model in order to ensure maximum patient safety in a venue, which is not near or co-located with a hospital or GP surgery.

The MVCs are both well established and open to the public. Both sites are delivering a vaccination service which is effective and safe. At the time of writing this report the MVCs have delivered 494,194 first doses and 375,973 second doses to the population of Lincolnshire.

## **5. Consultation**

This is not a direct consultation item.

## **6. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

This report supports the objectives of the Lincolnshire Joint Health and Wellbeing Strategy.

## **7. Conclusion**

The Committee is requested to consider the information received on services delivered by Lincolnshire Community Health Services NHS Trust.

## **8. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.