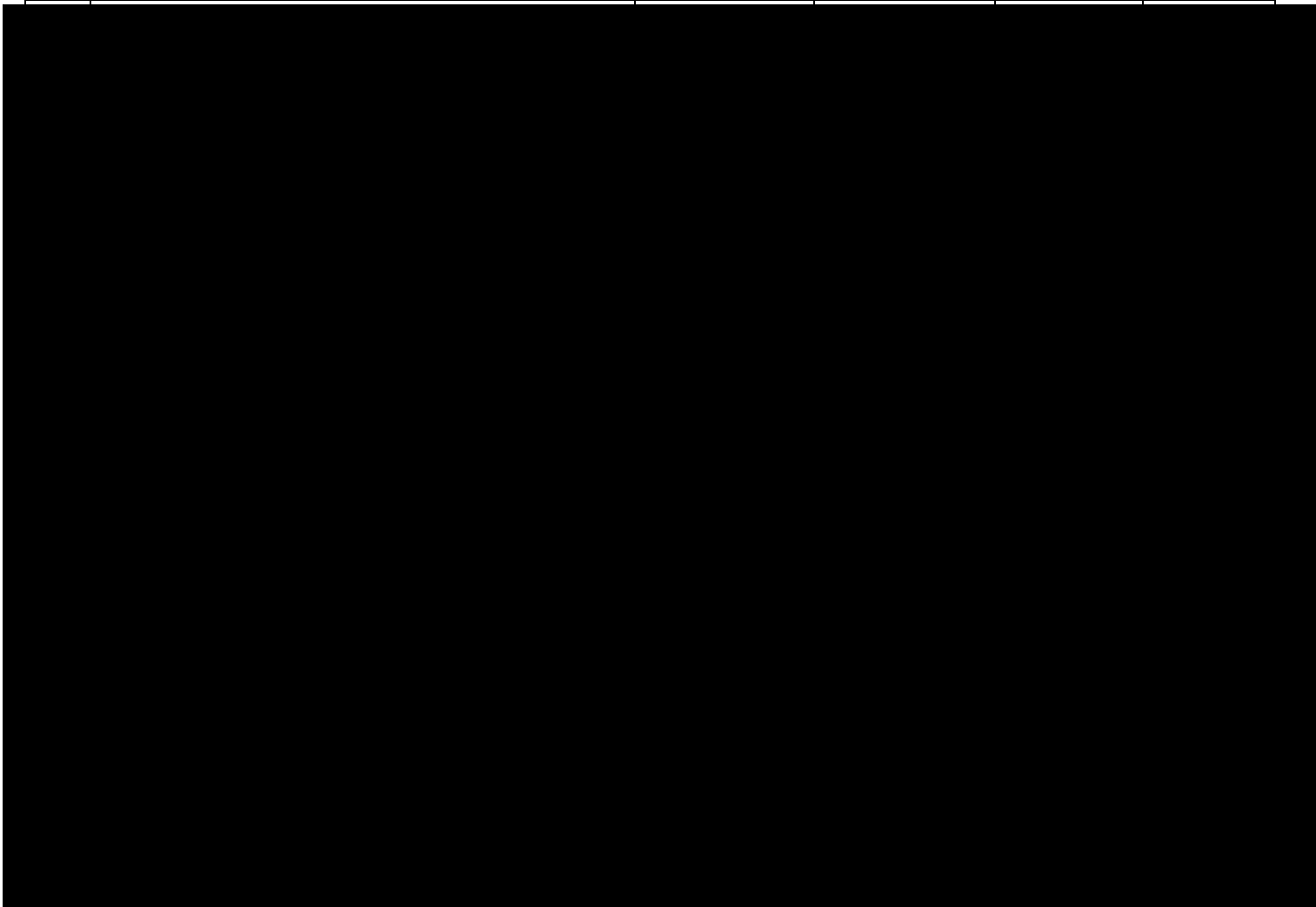




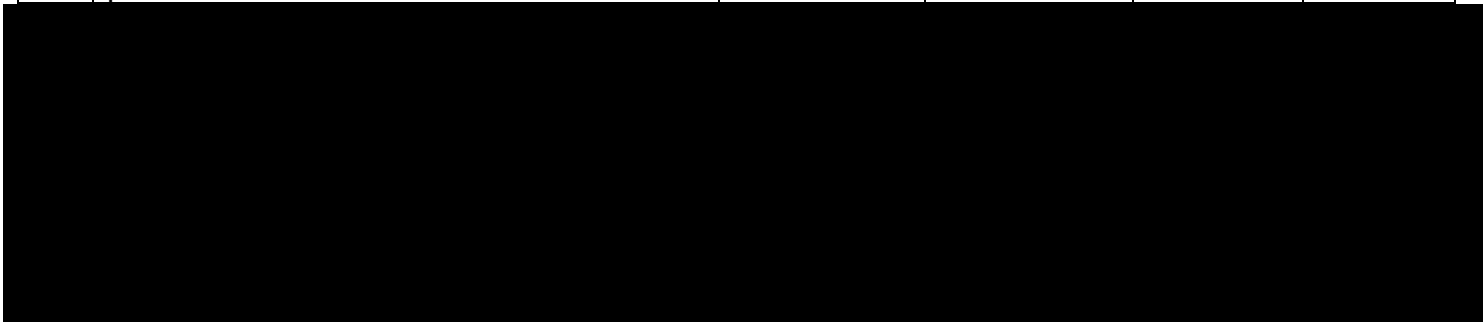
ICB Executive Meeting
Tuesday 05 December 2023, 09.00 – 11.30
Coniston Room, County Hall

AGENDA

| No. | Item | Lead | Purpose | Format | Timing |
|-----|------|------|---------|--------|--------|
| | | | | | |

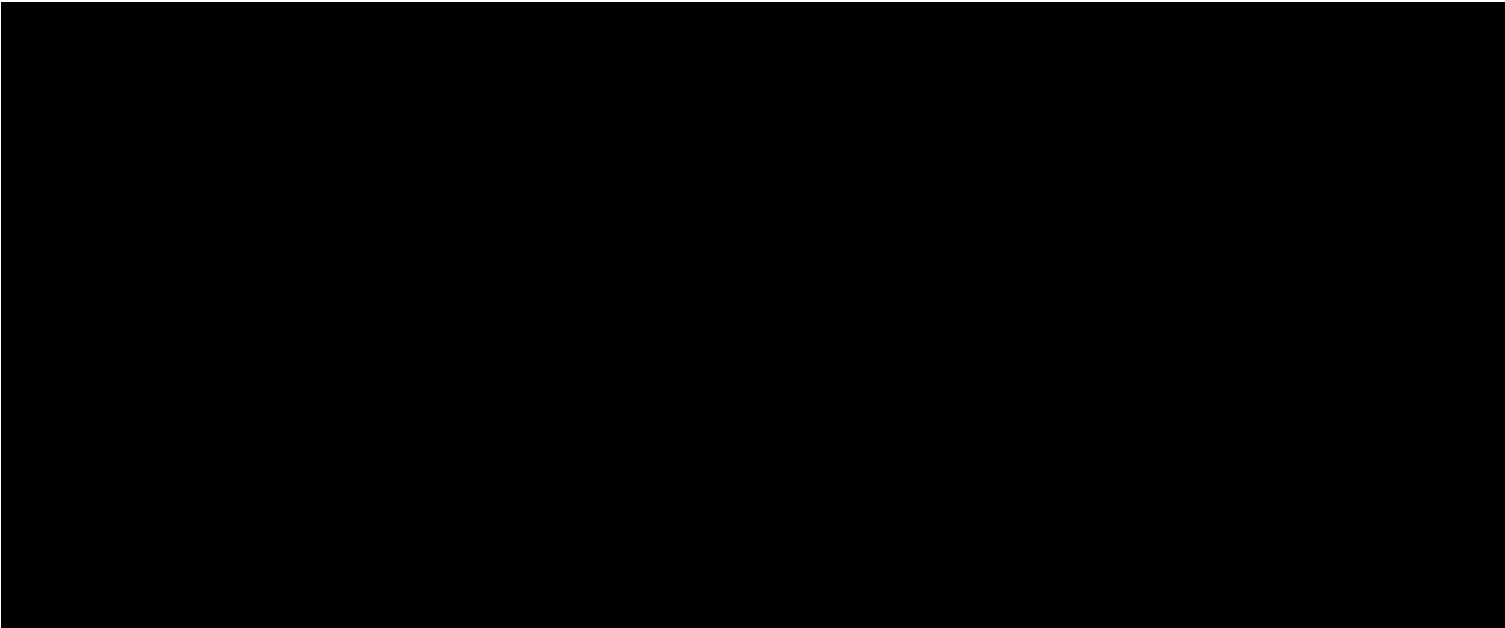


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|-----|--|--------------|----------|----------|--|
| 10. | Update regarding Long COVID service position | Craig Harris | Approval | Attached | |
|-----|--|--------------|----------|----------|--|





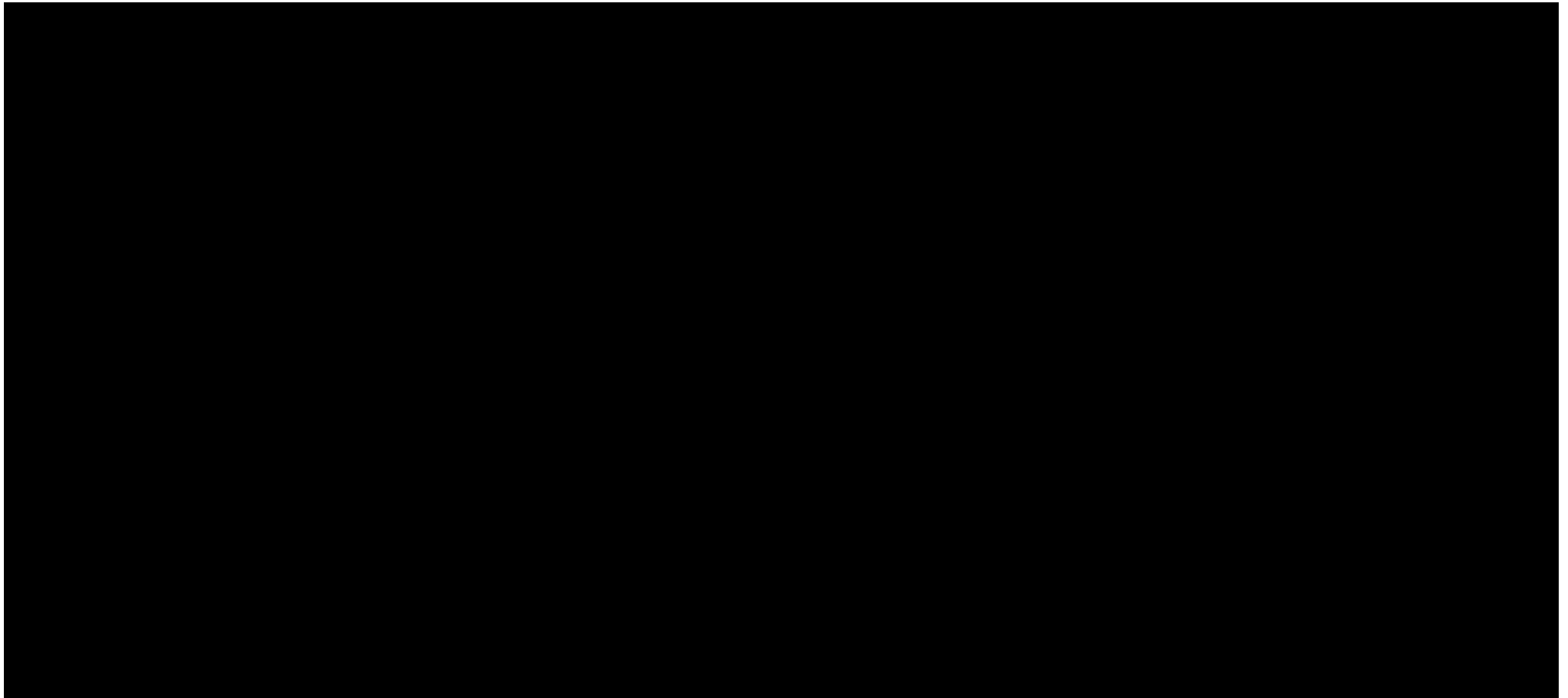
**Lancashire and
South Cumbria**
Integrated Care Board



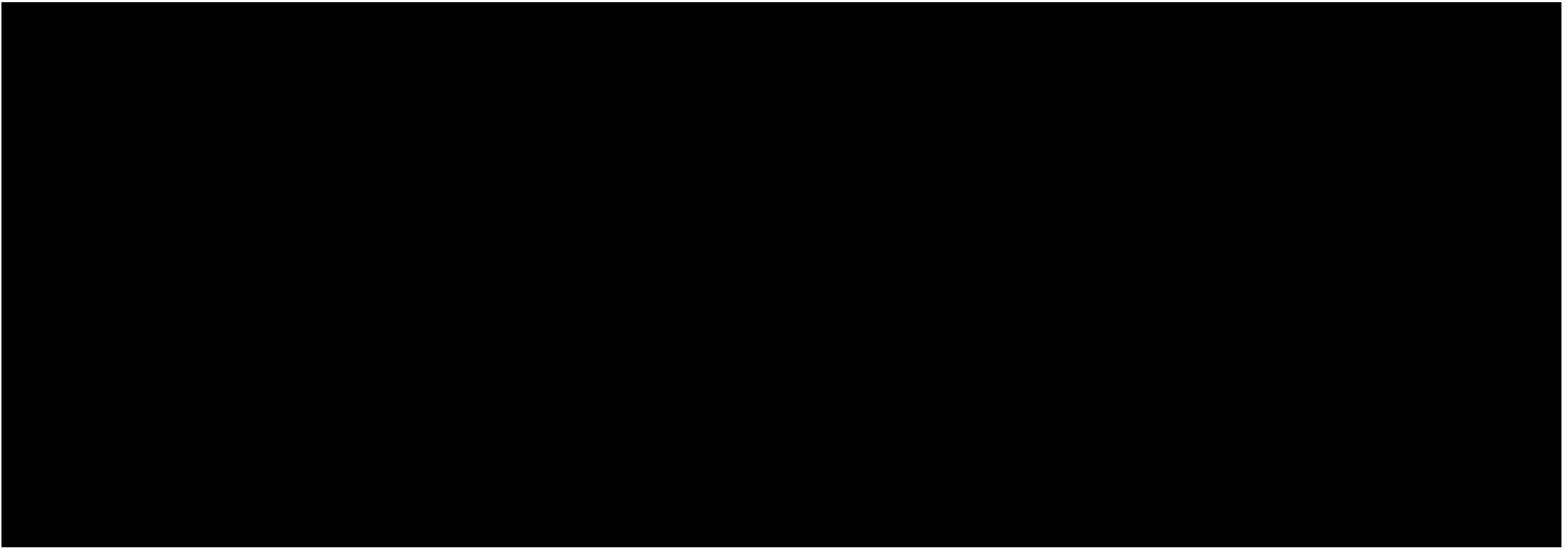
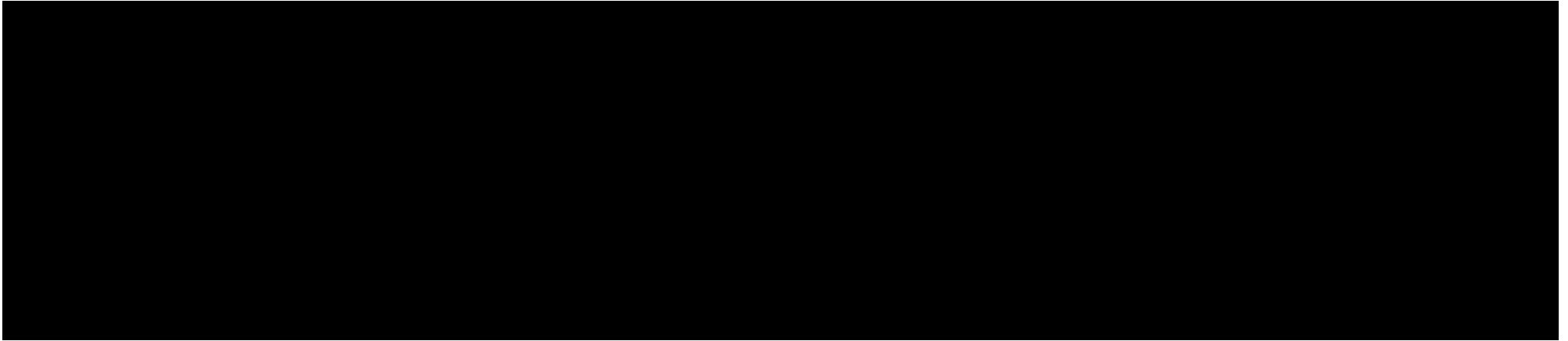
ICB Executive Team Meeting Action Log

RAG Rating Key

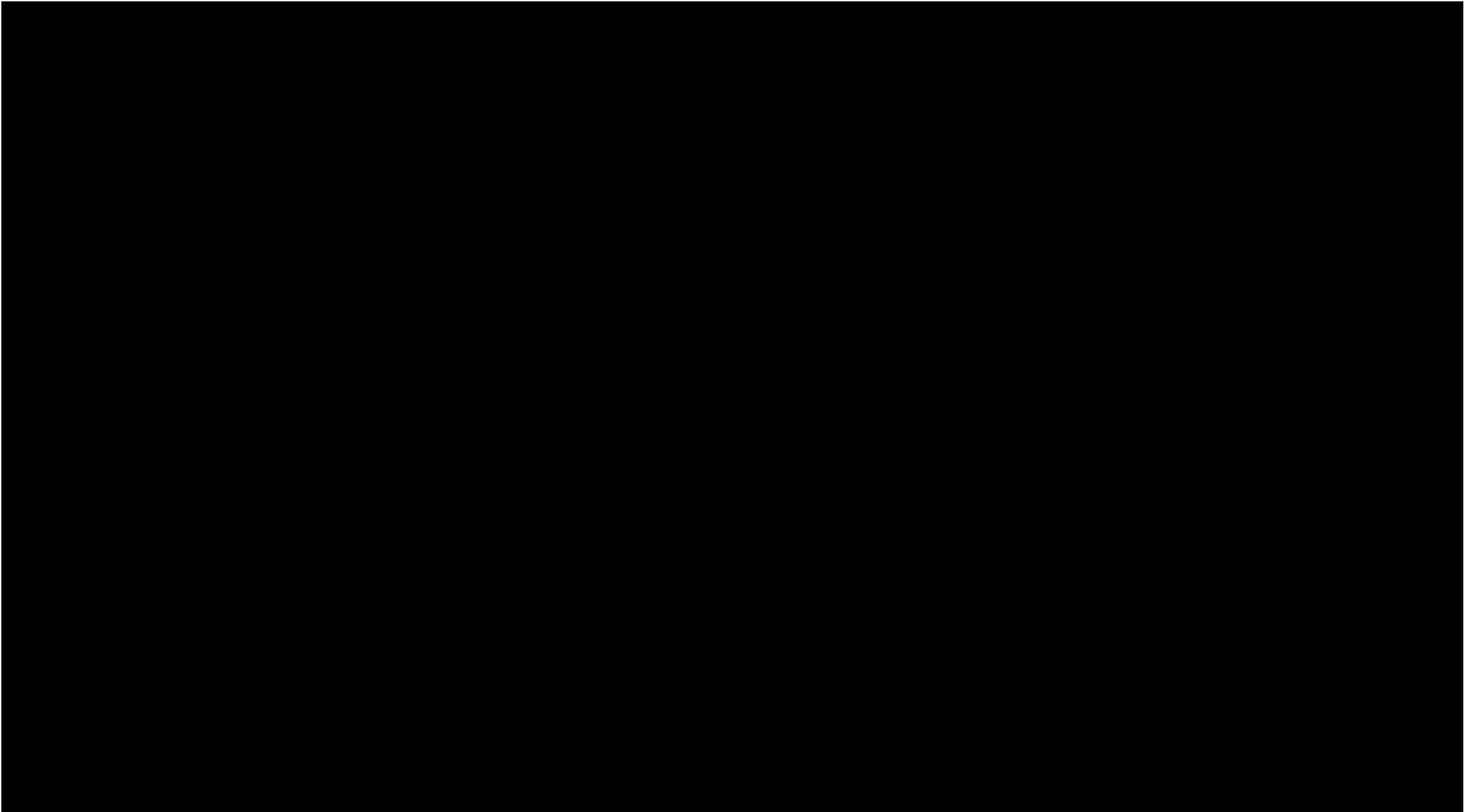
| | |
|---|---|
| Not started | Not started |
| In progress - no issues/delays | In progress - no issues/delays |
| In progress - minor issues/delays | In progress - minor issues/delays |
| In progress - significant issues/delays | In progress - significant issues/delays |
| Completed – propose closing action | Completed – propose closing action |



ICB Executive Team Meeting Action Log

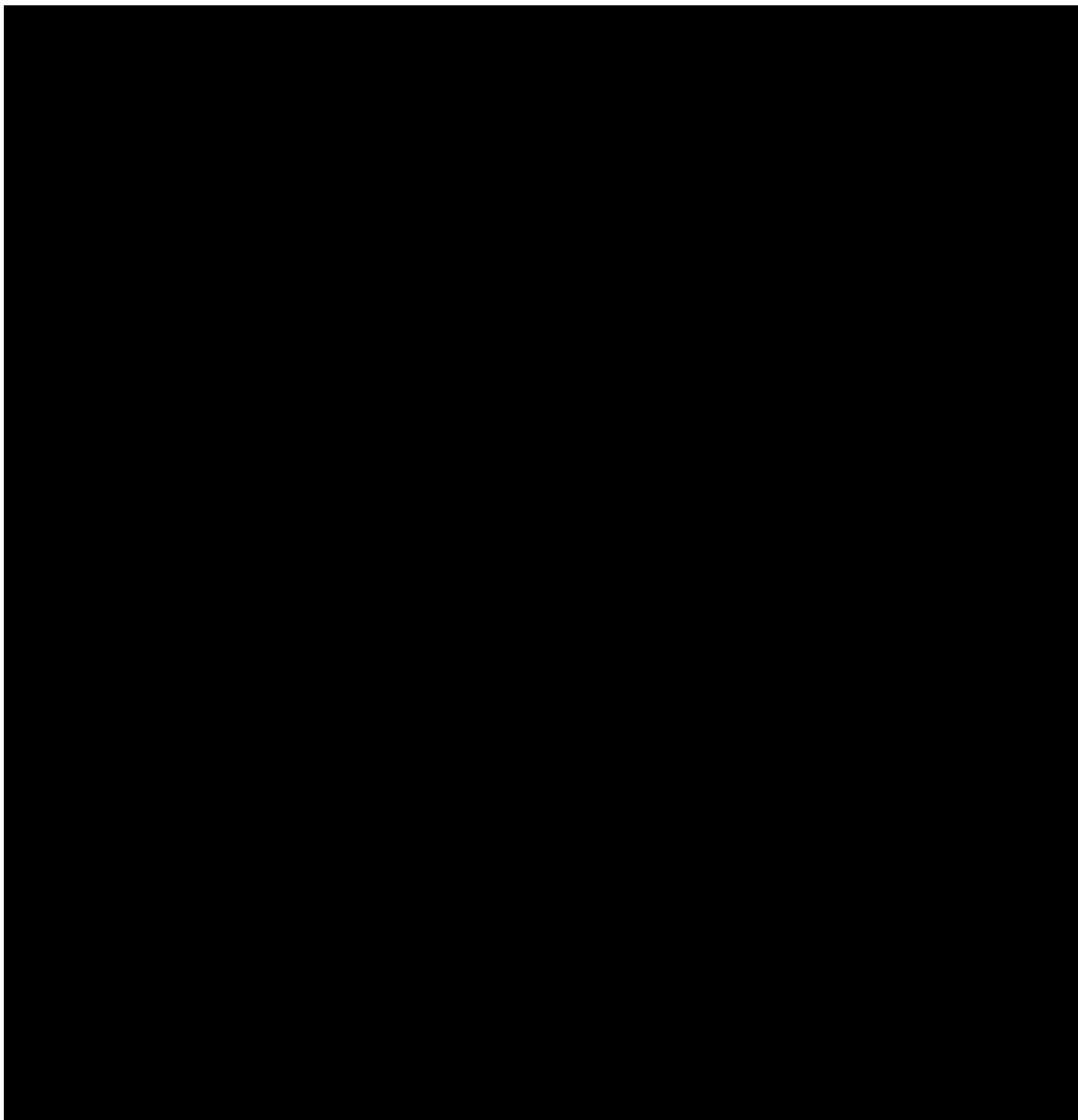


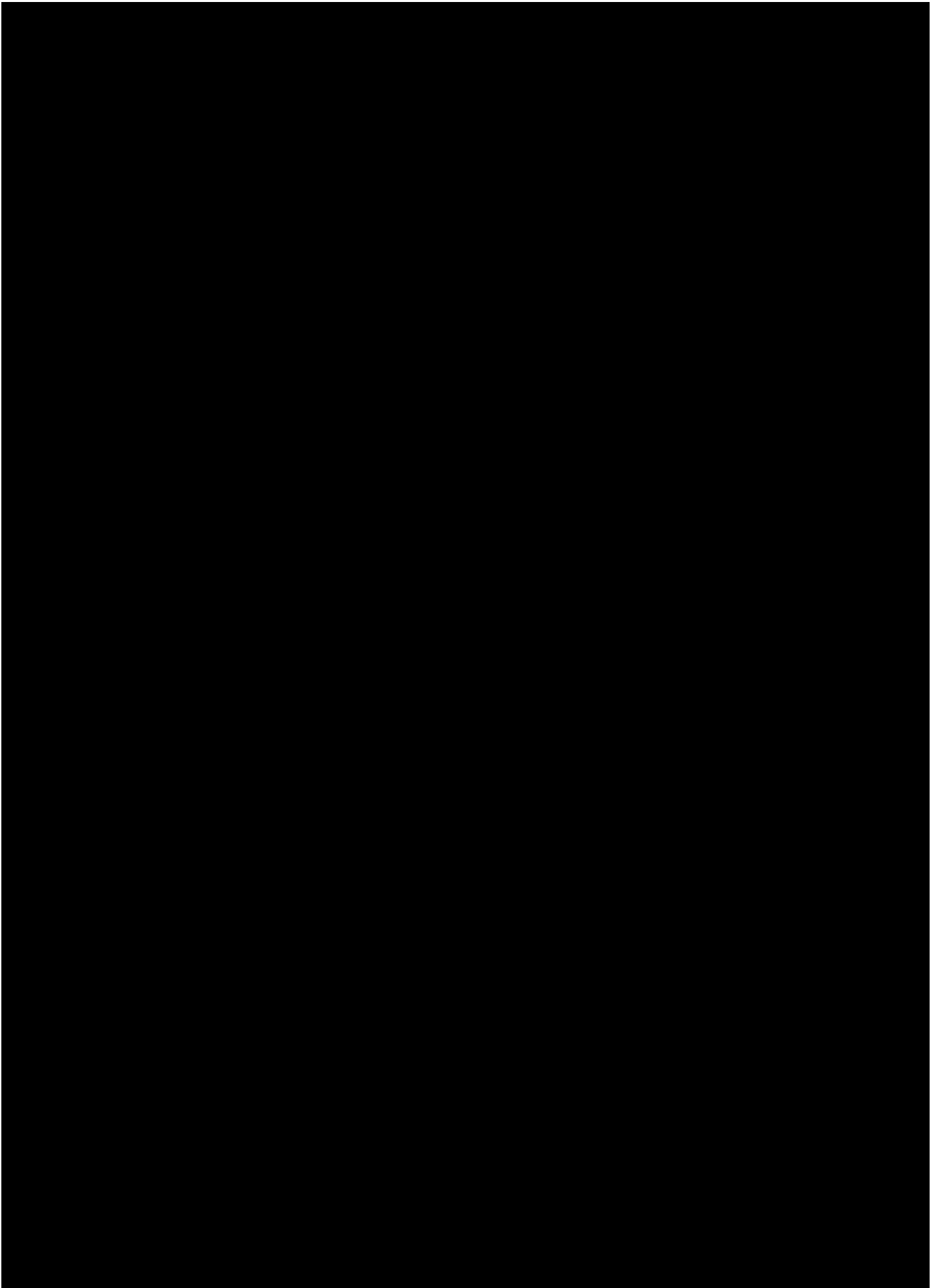
ICB Executive Team Meeting Action Log

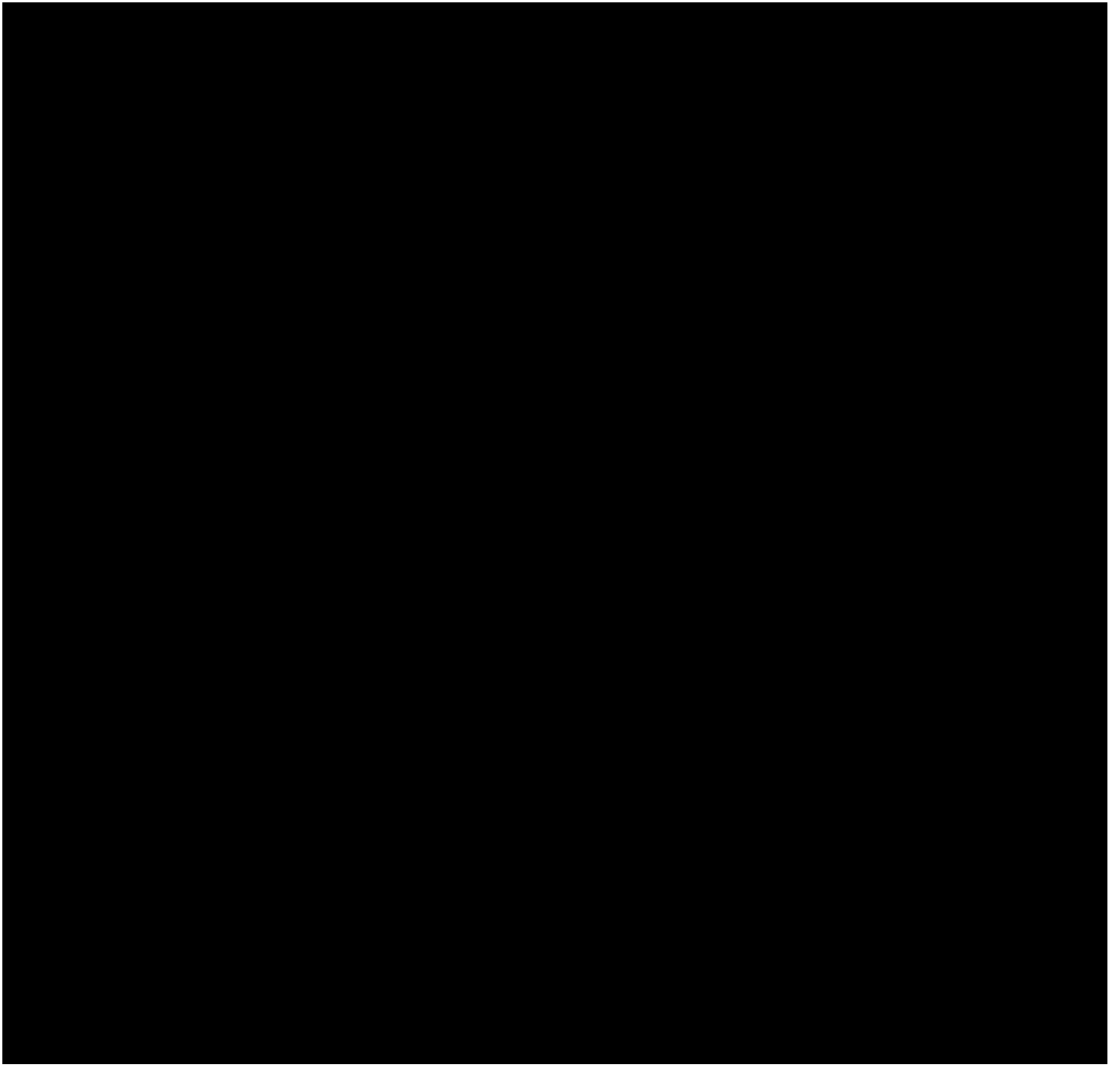


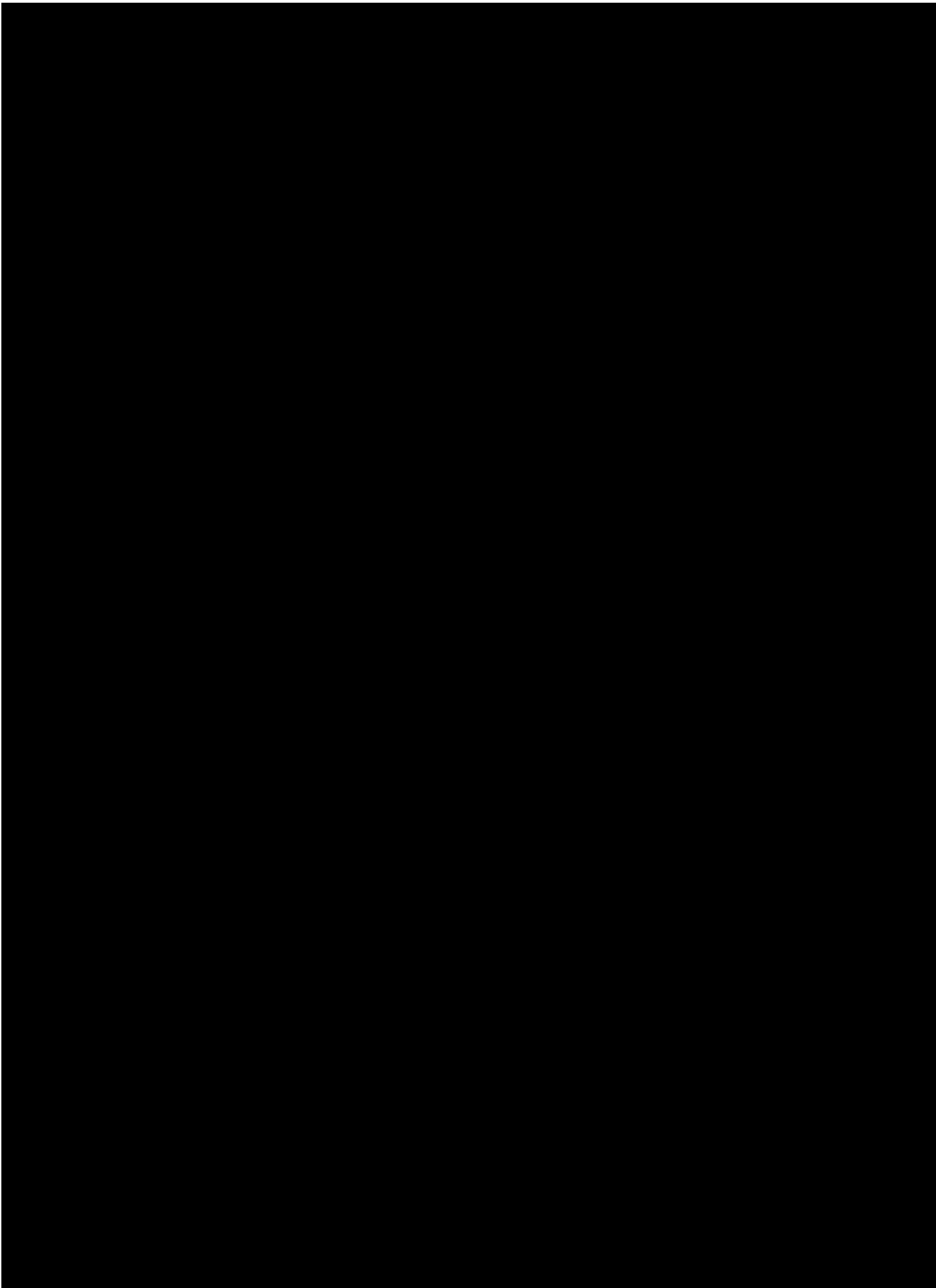


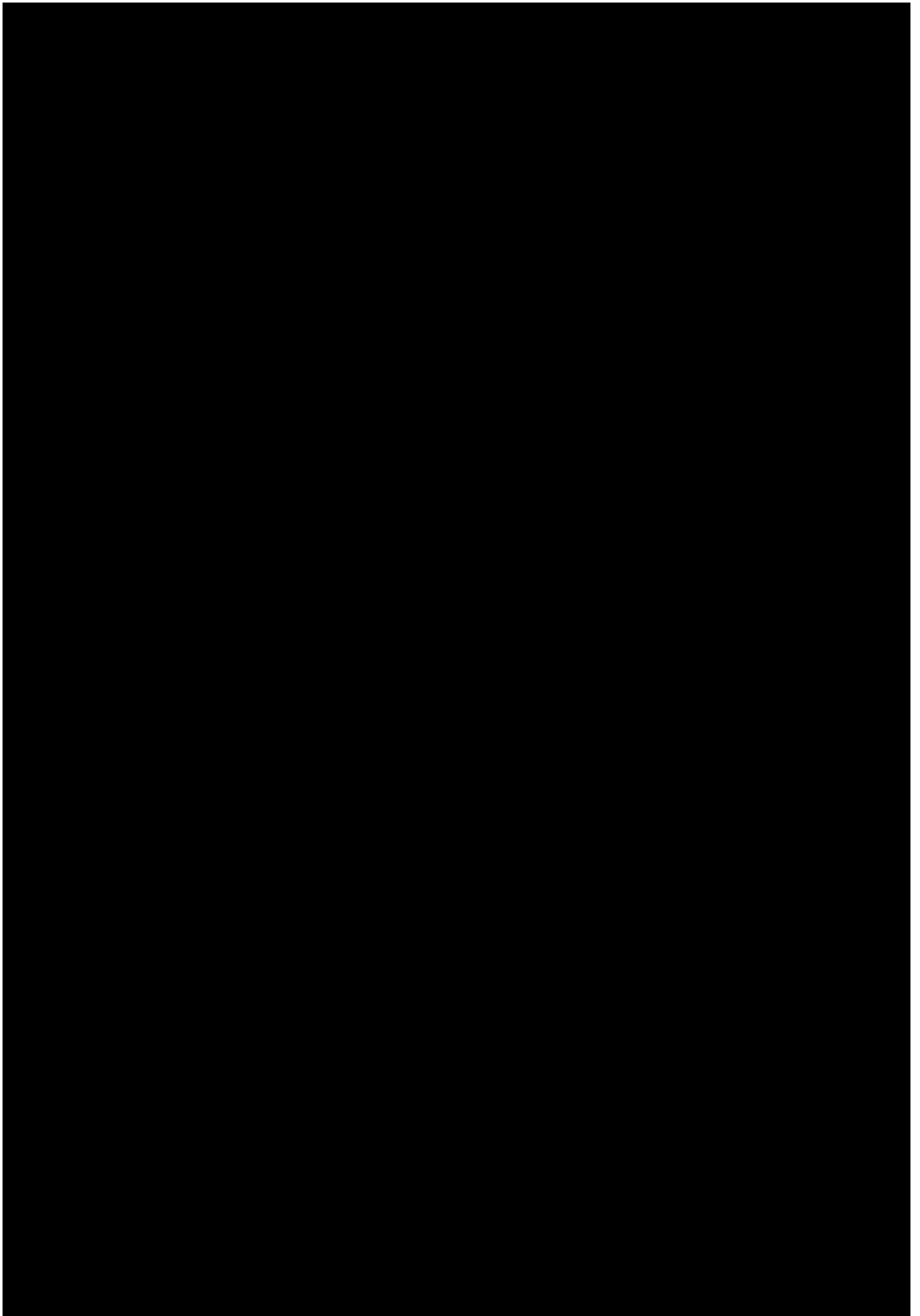
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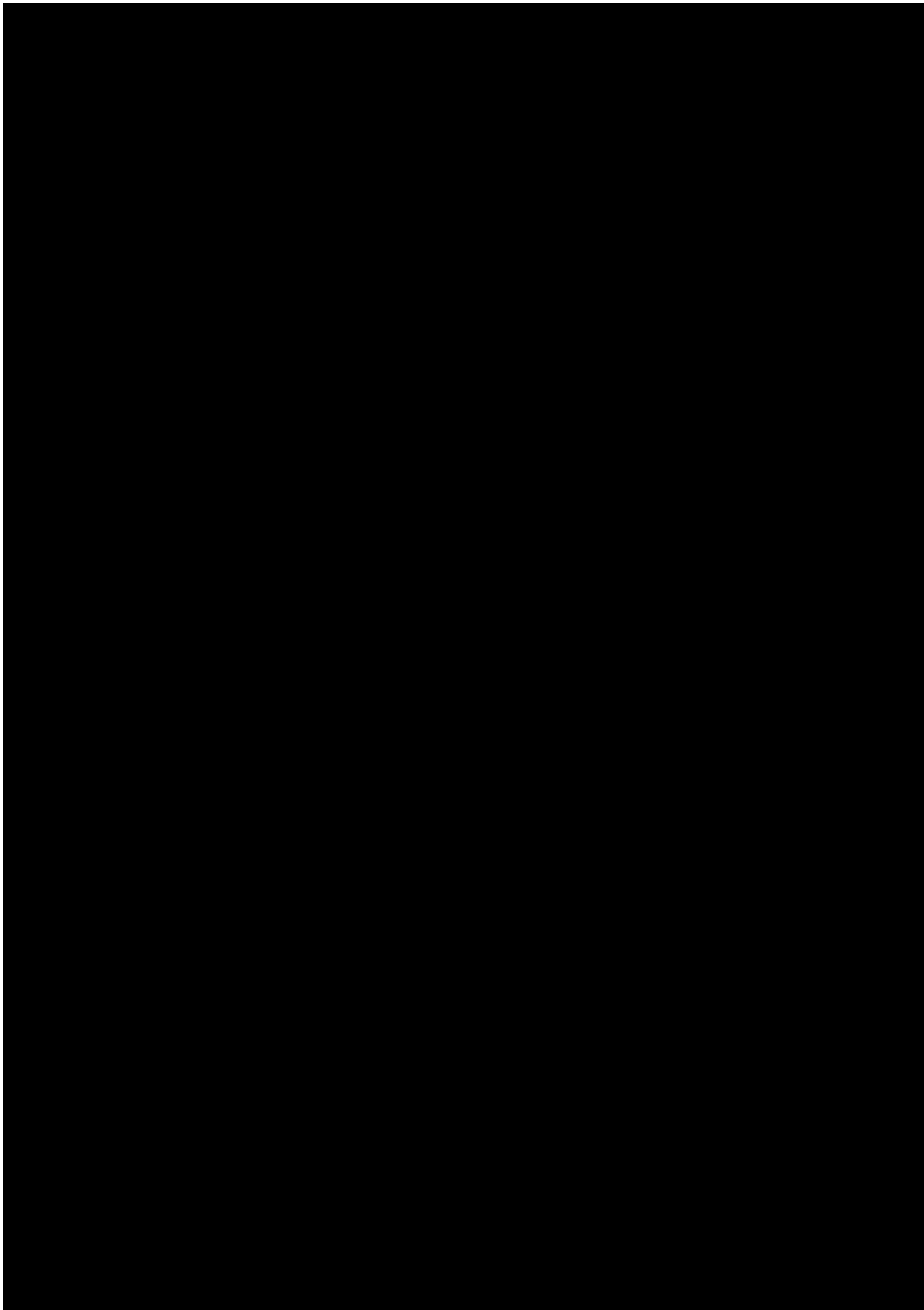


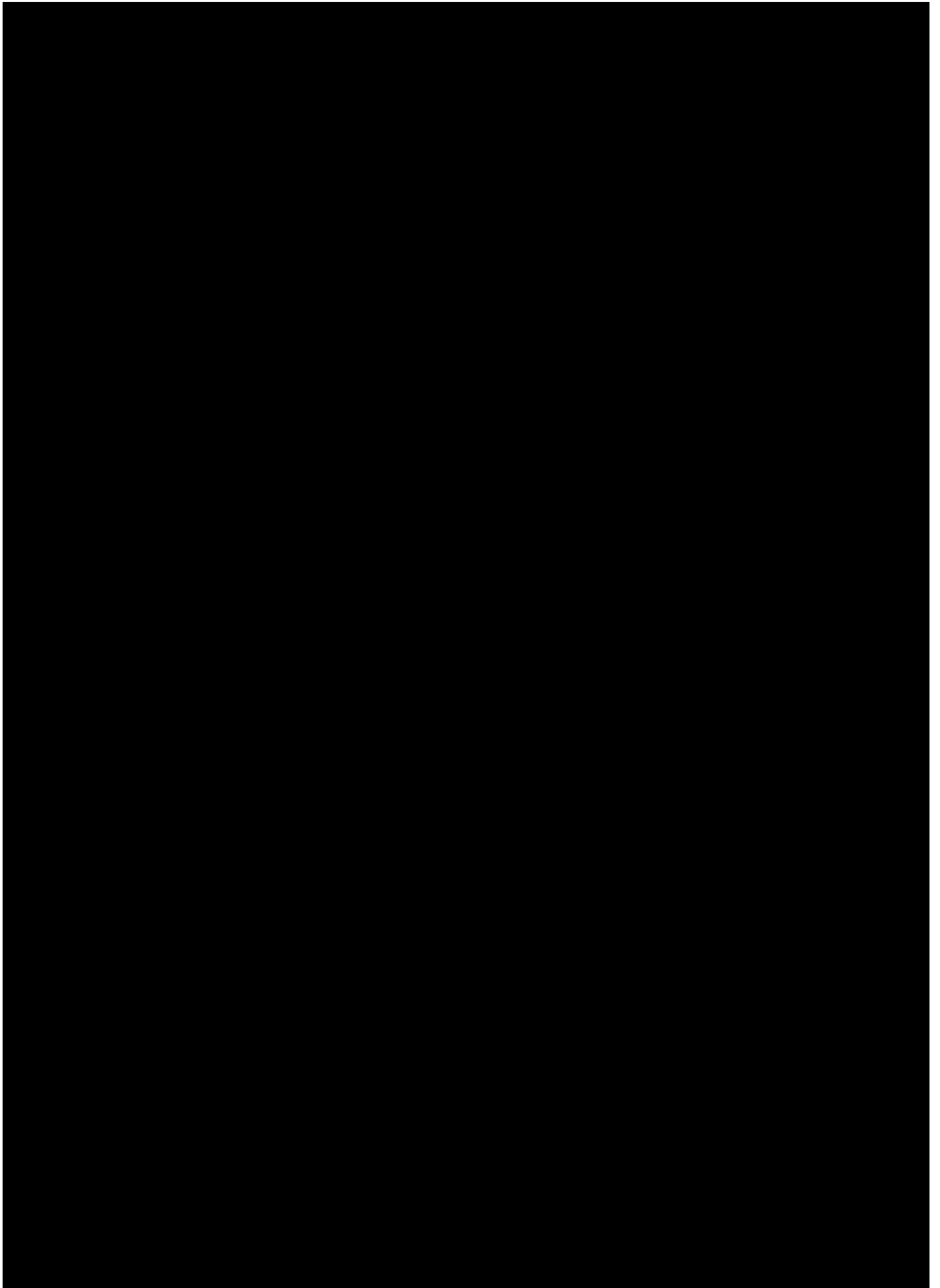


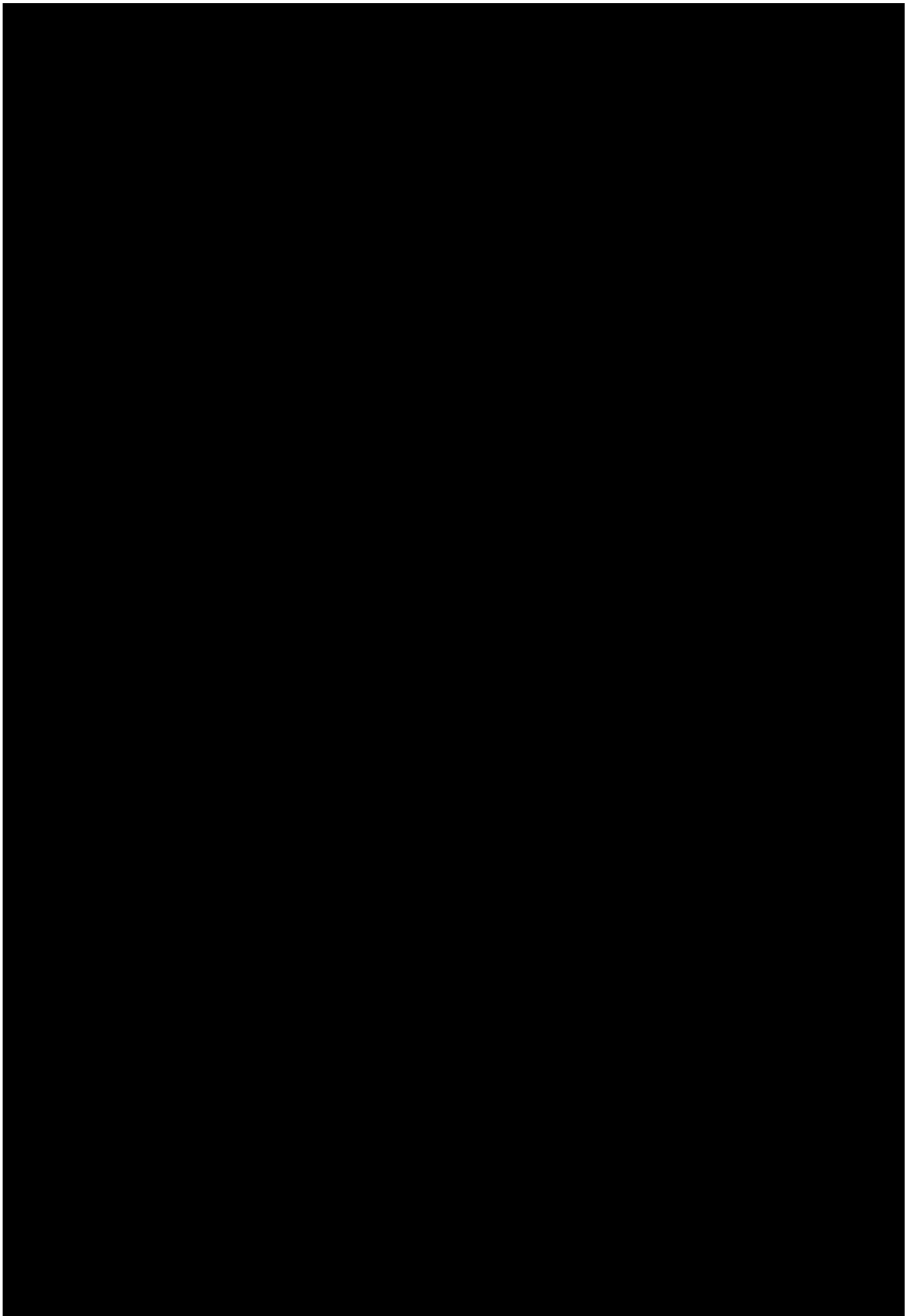


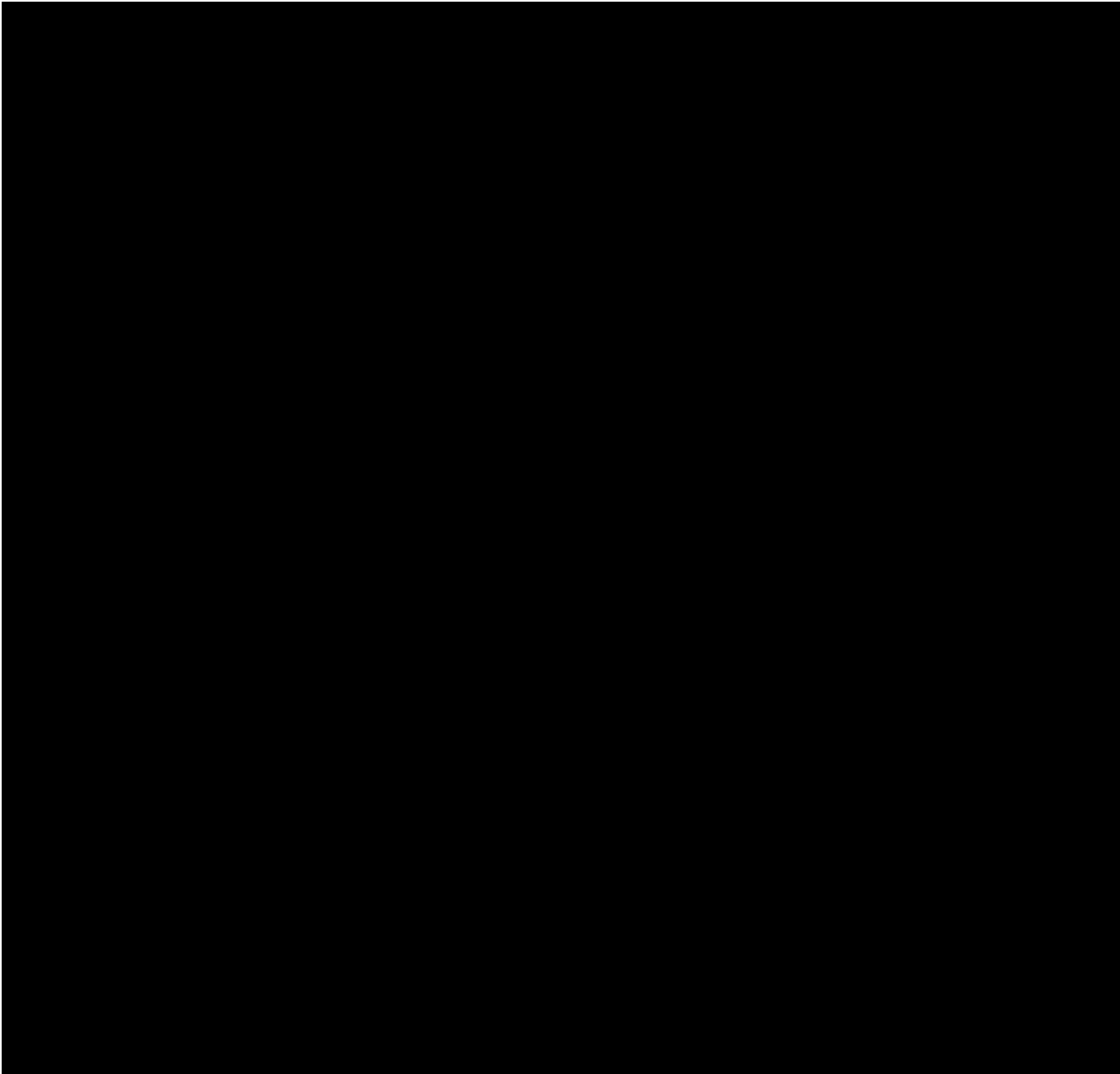


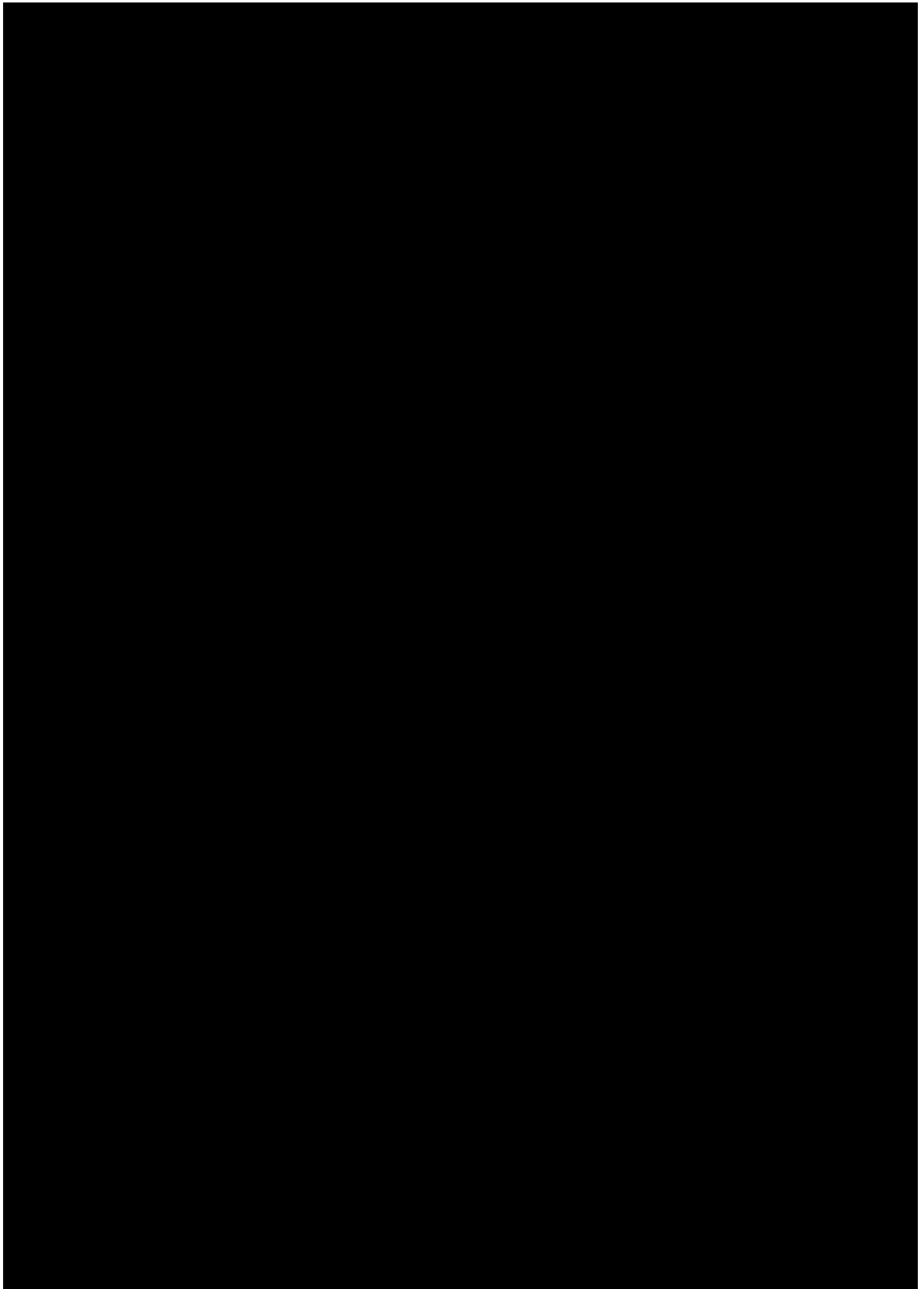


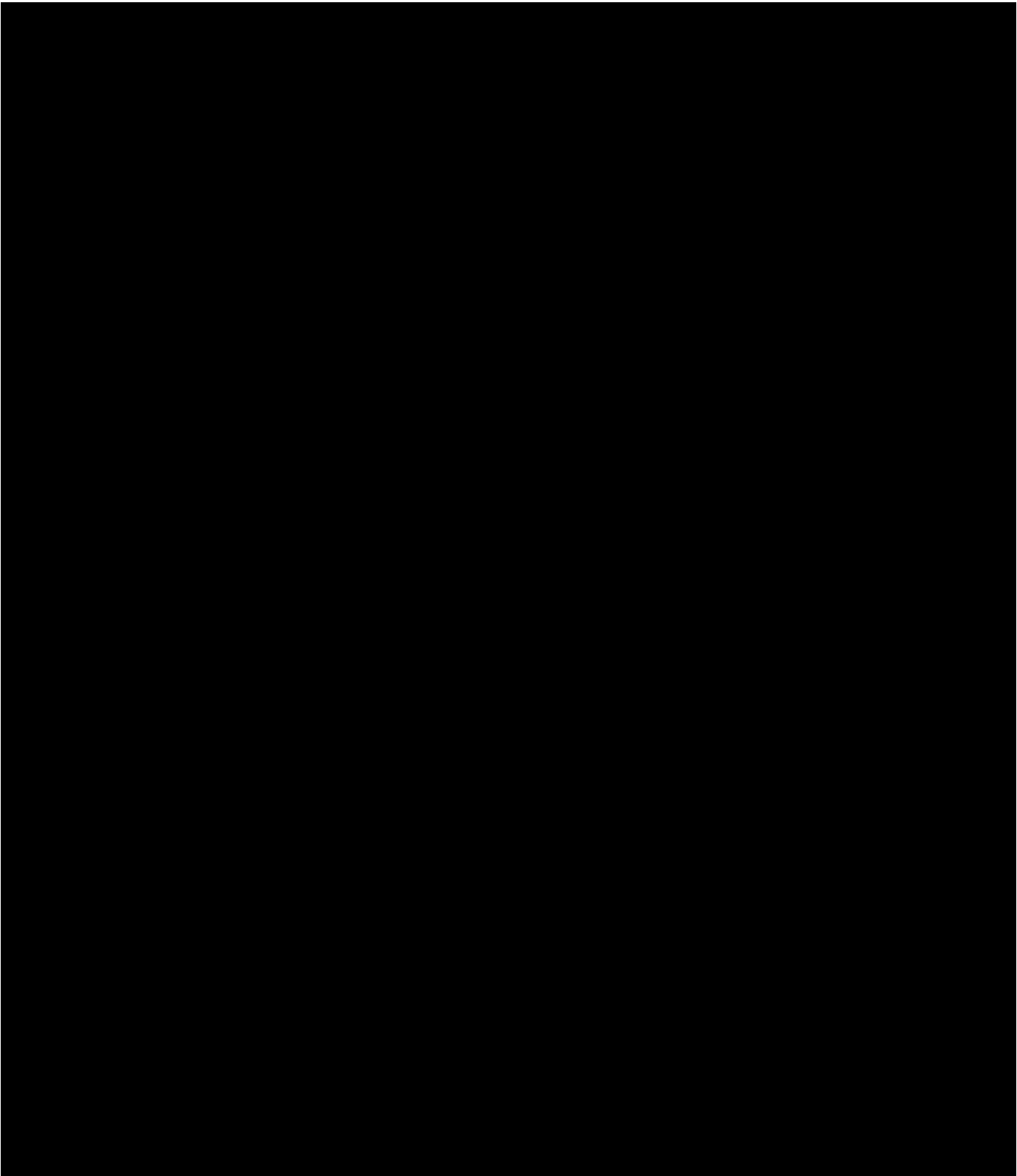


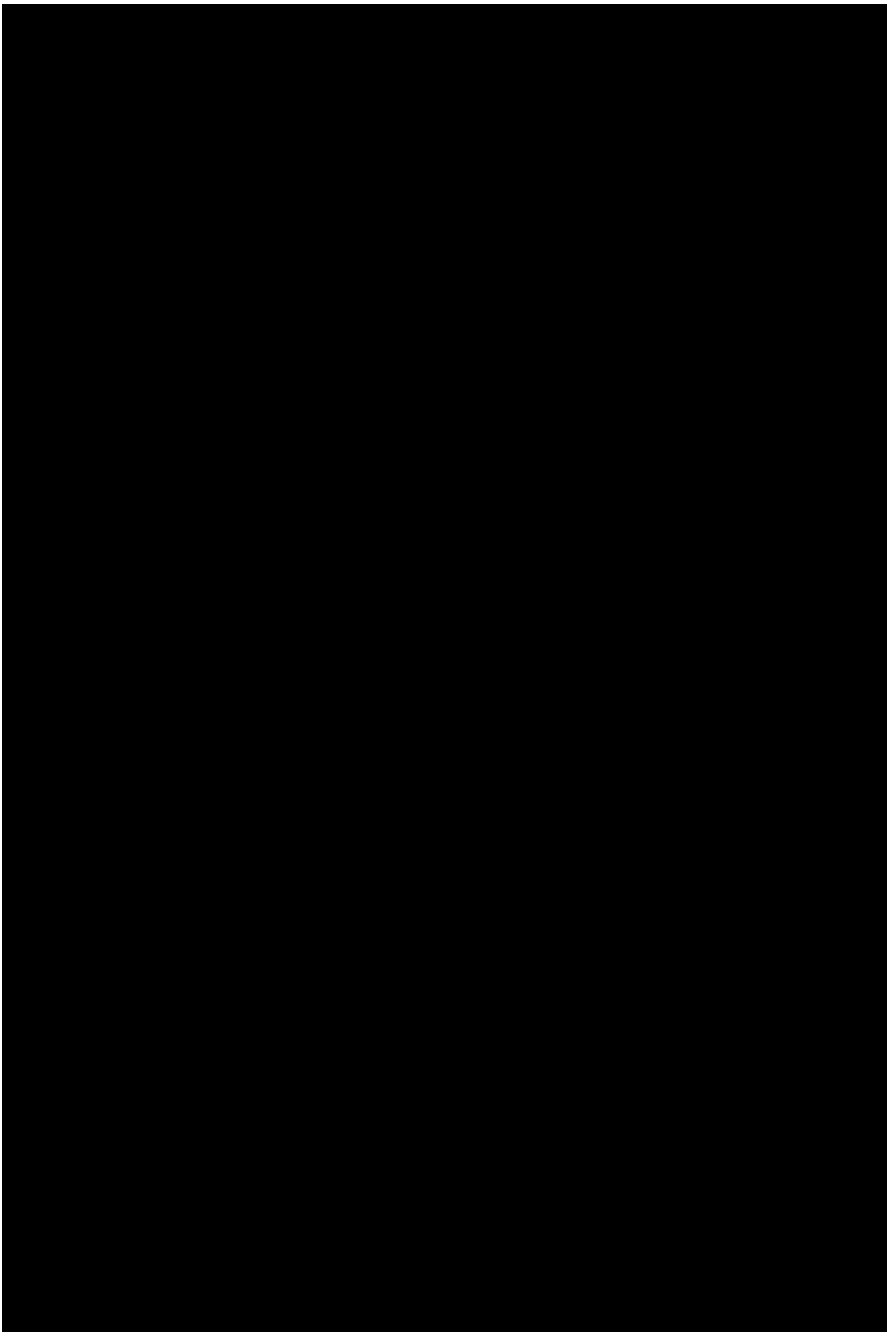


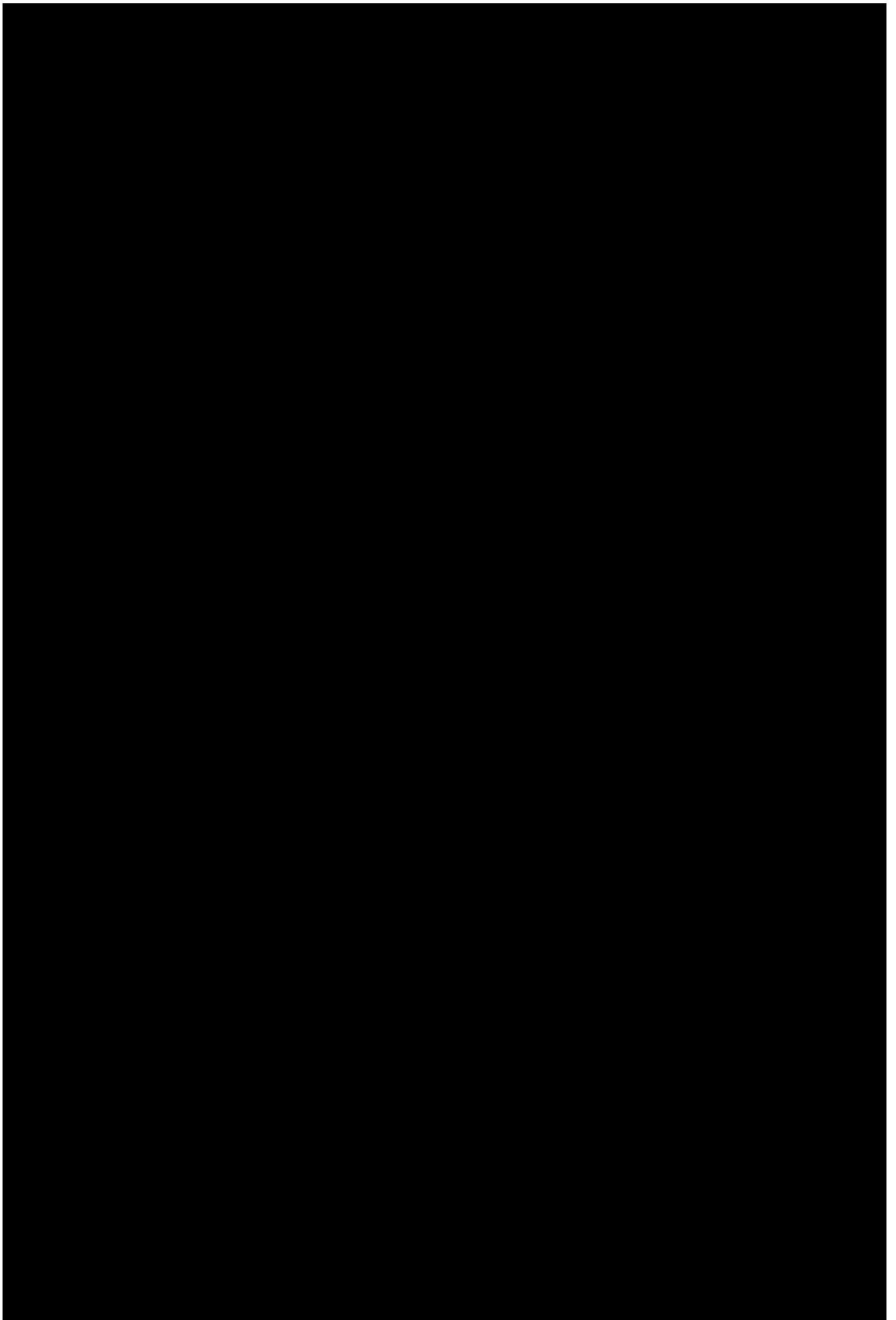


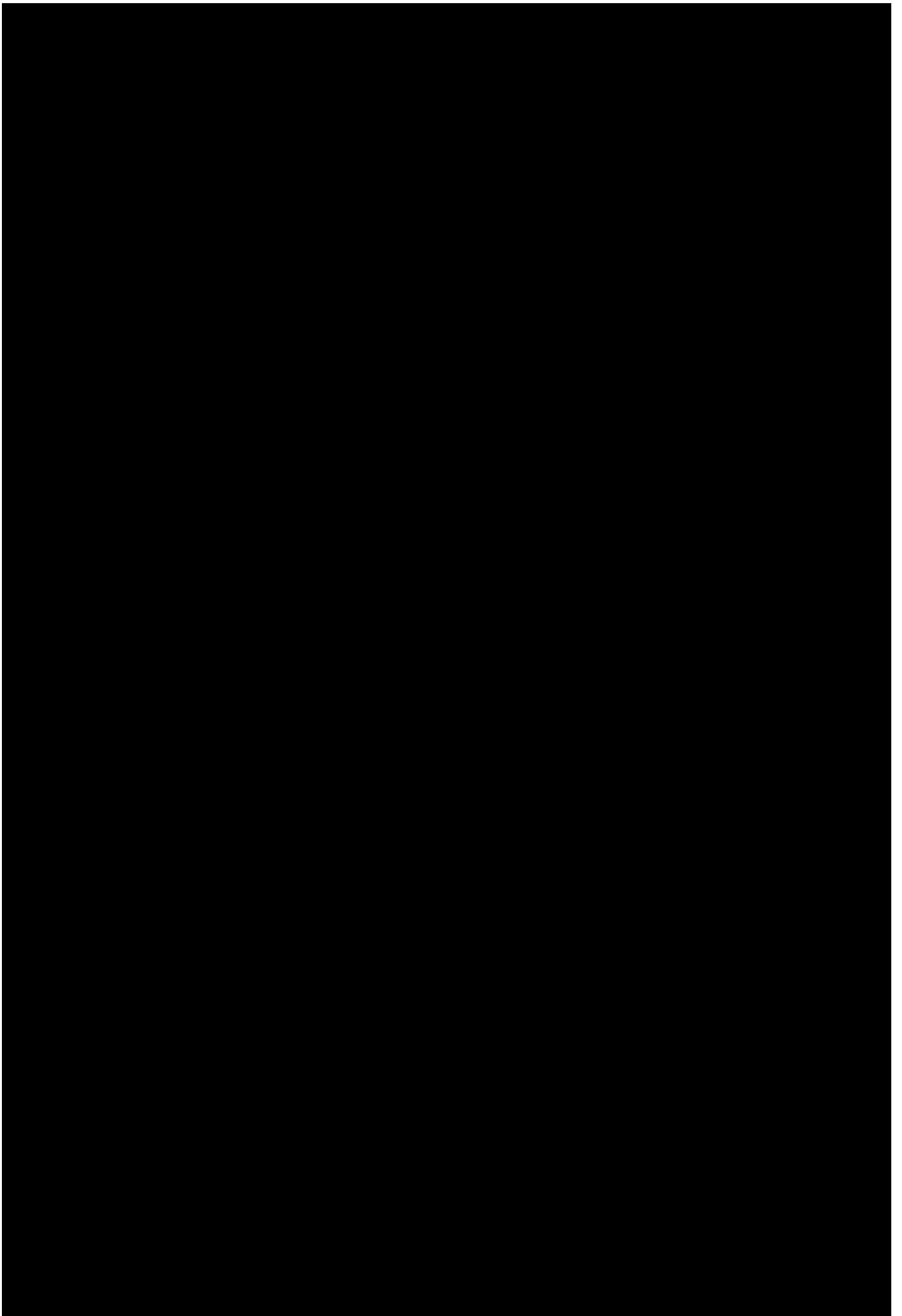


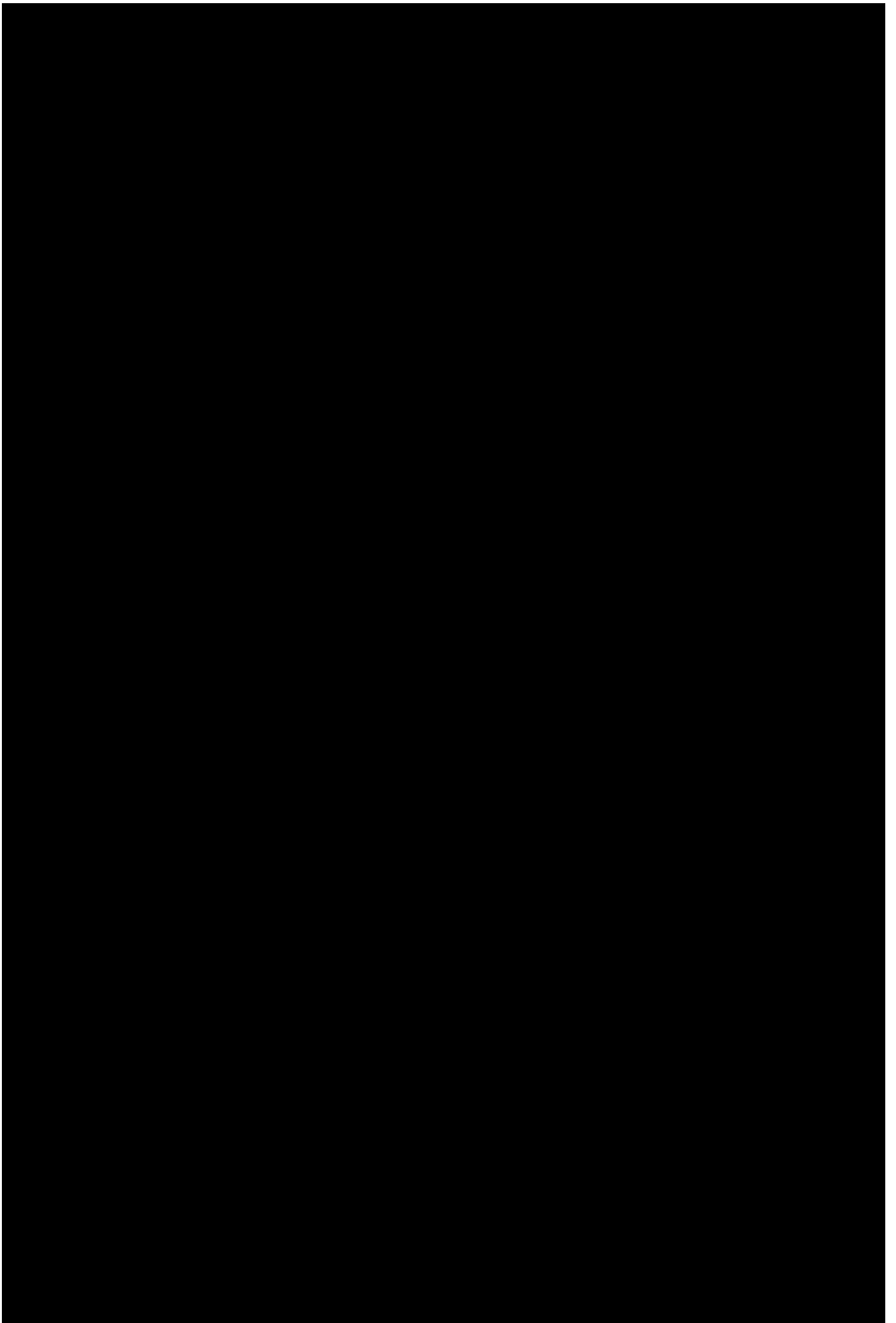


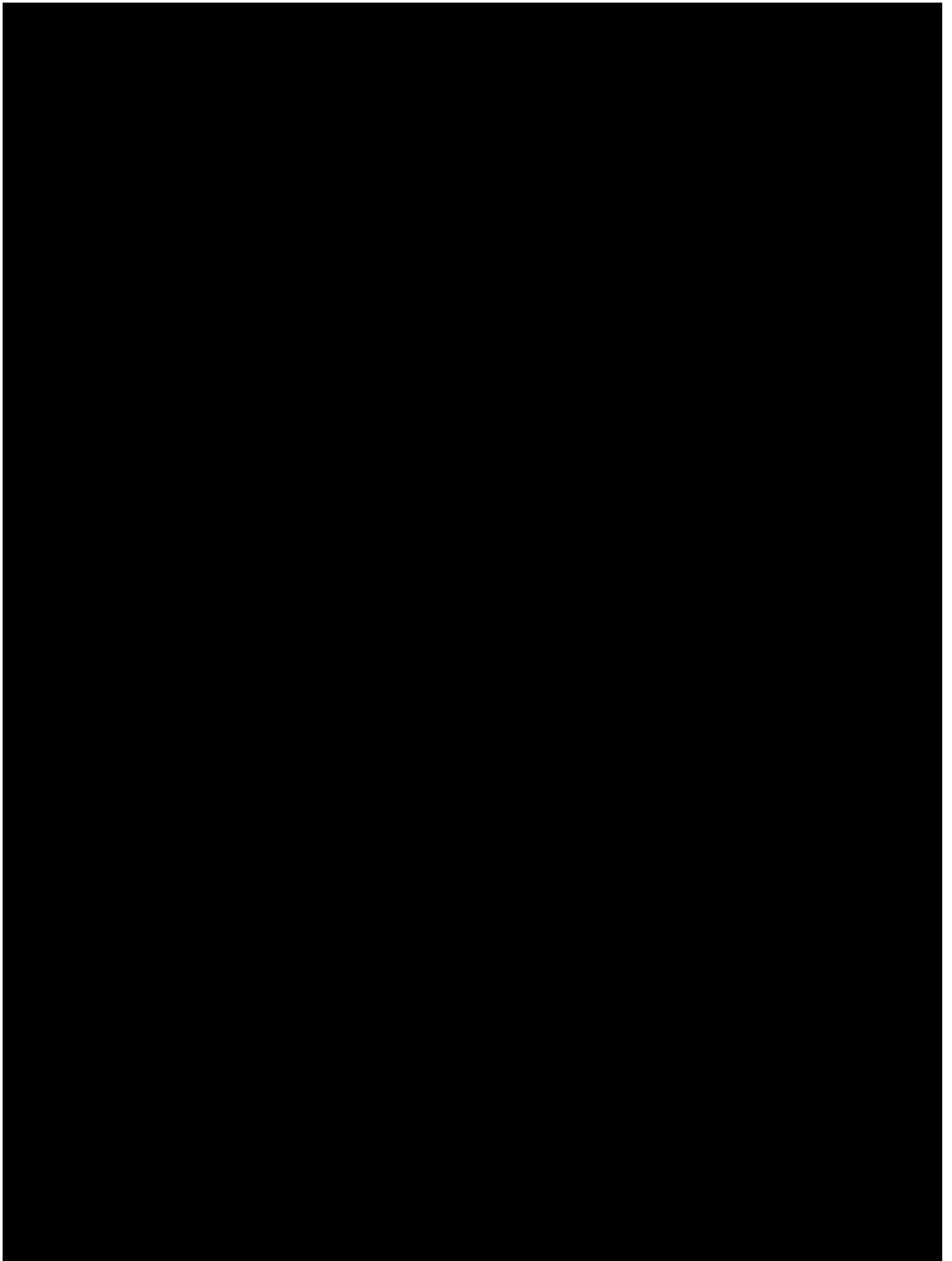


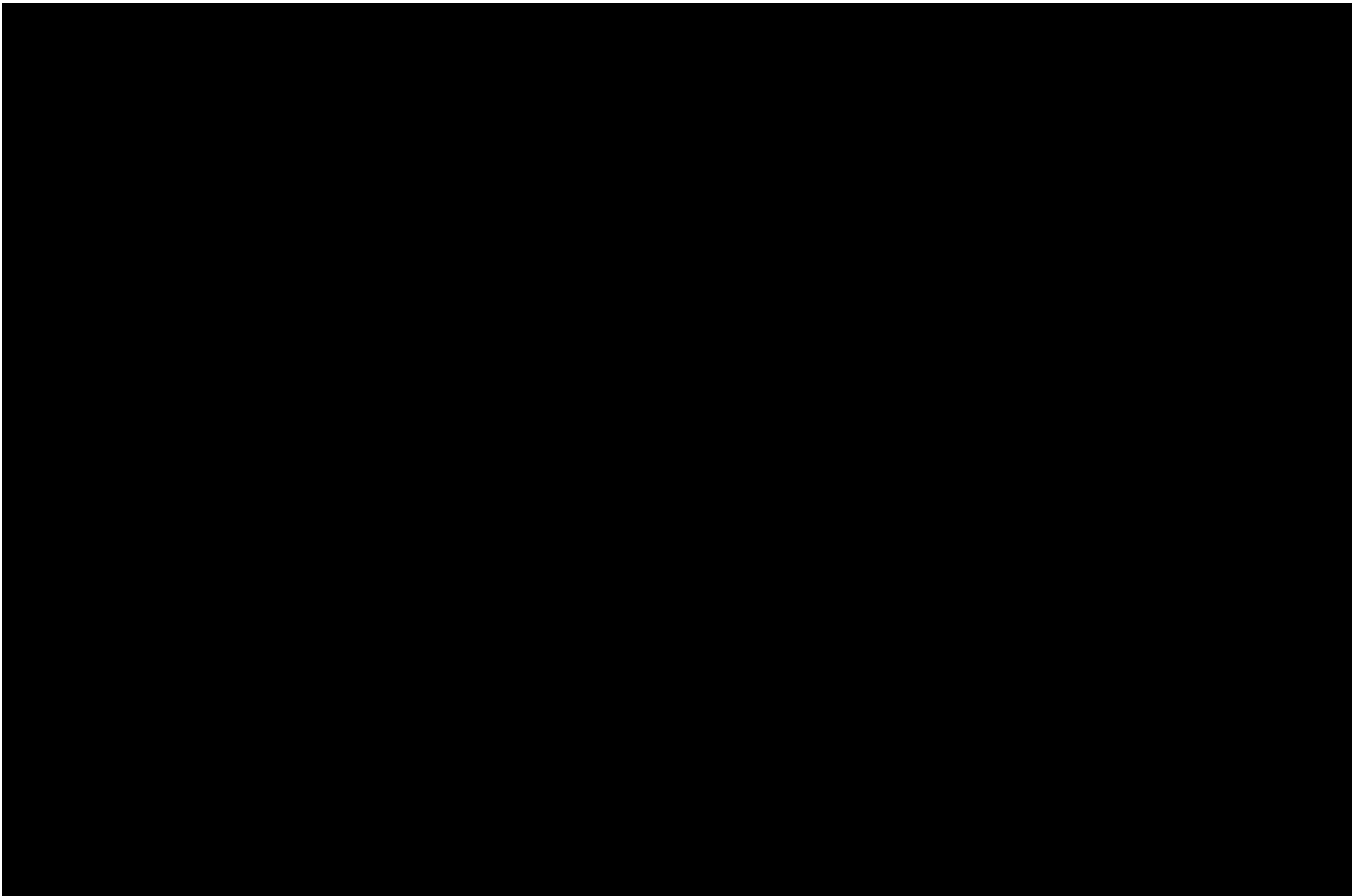


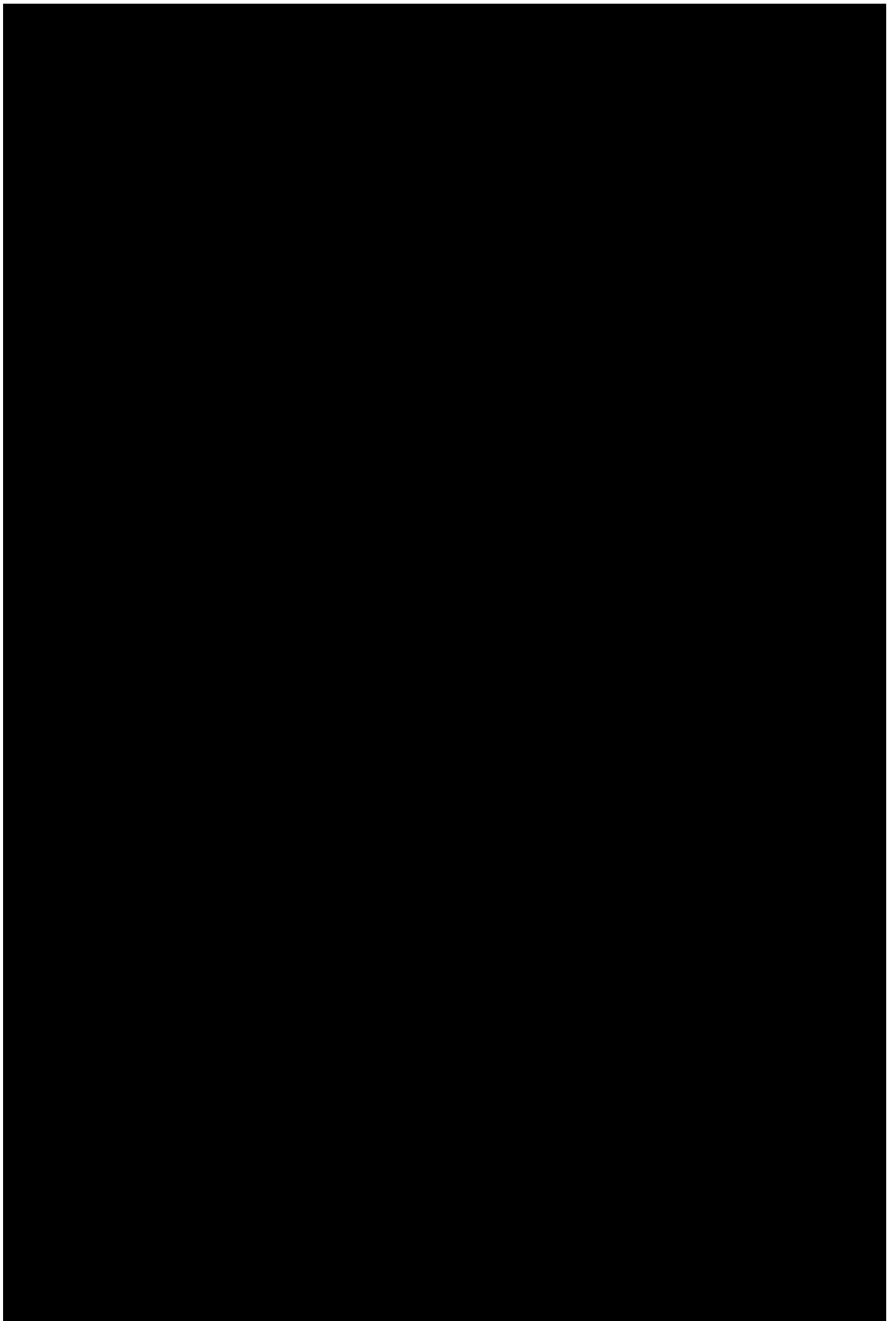


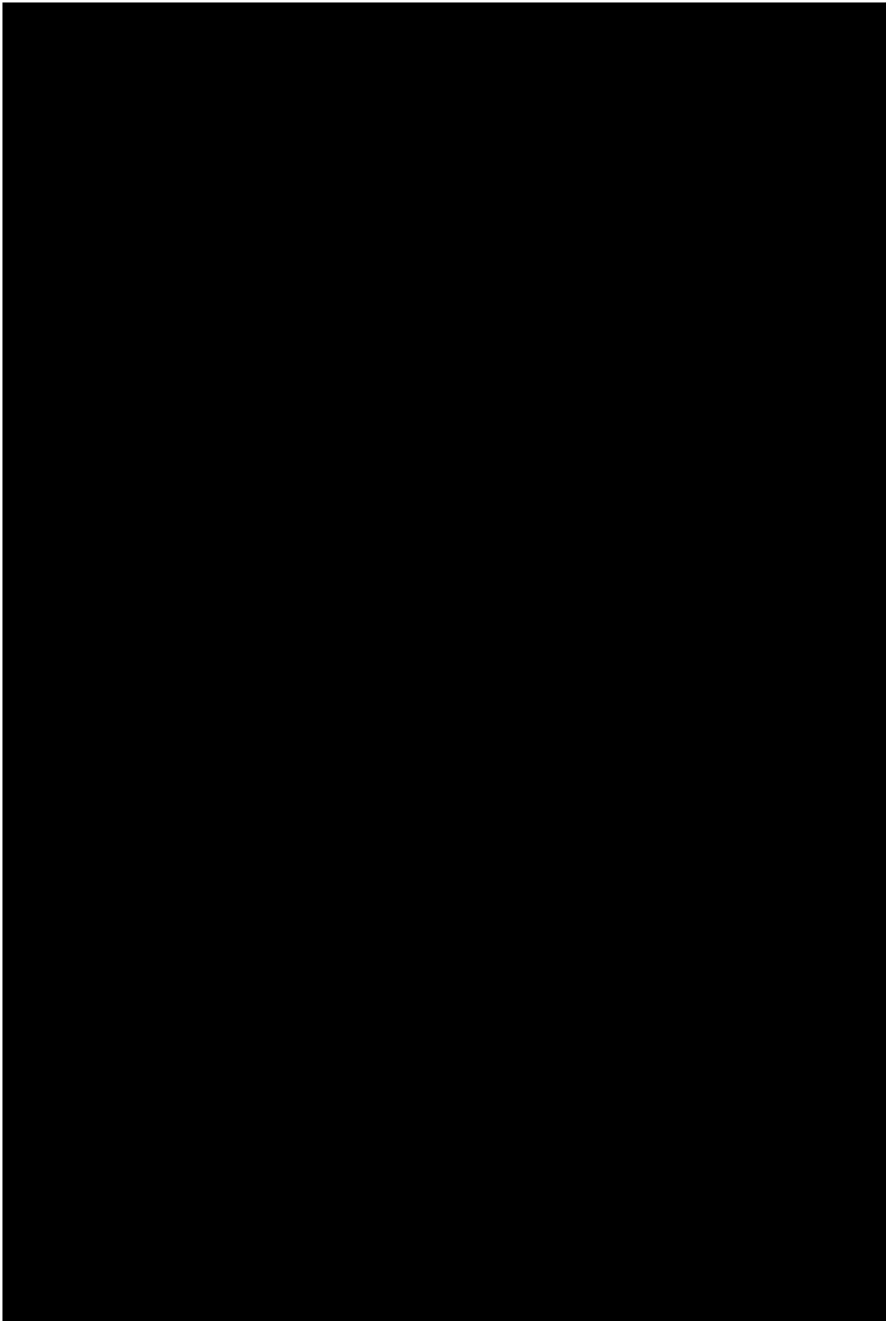


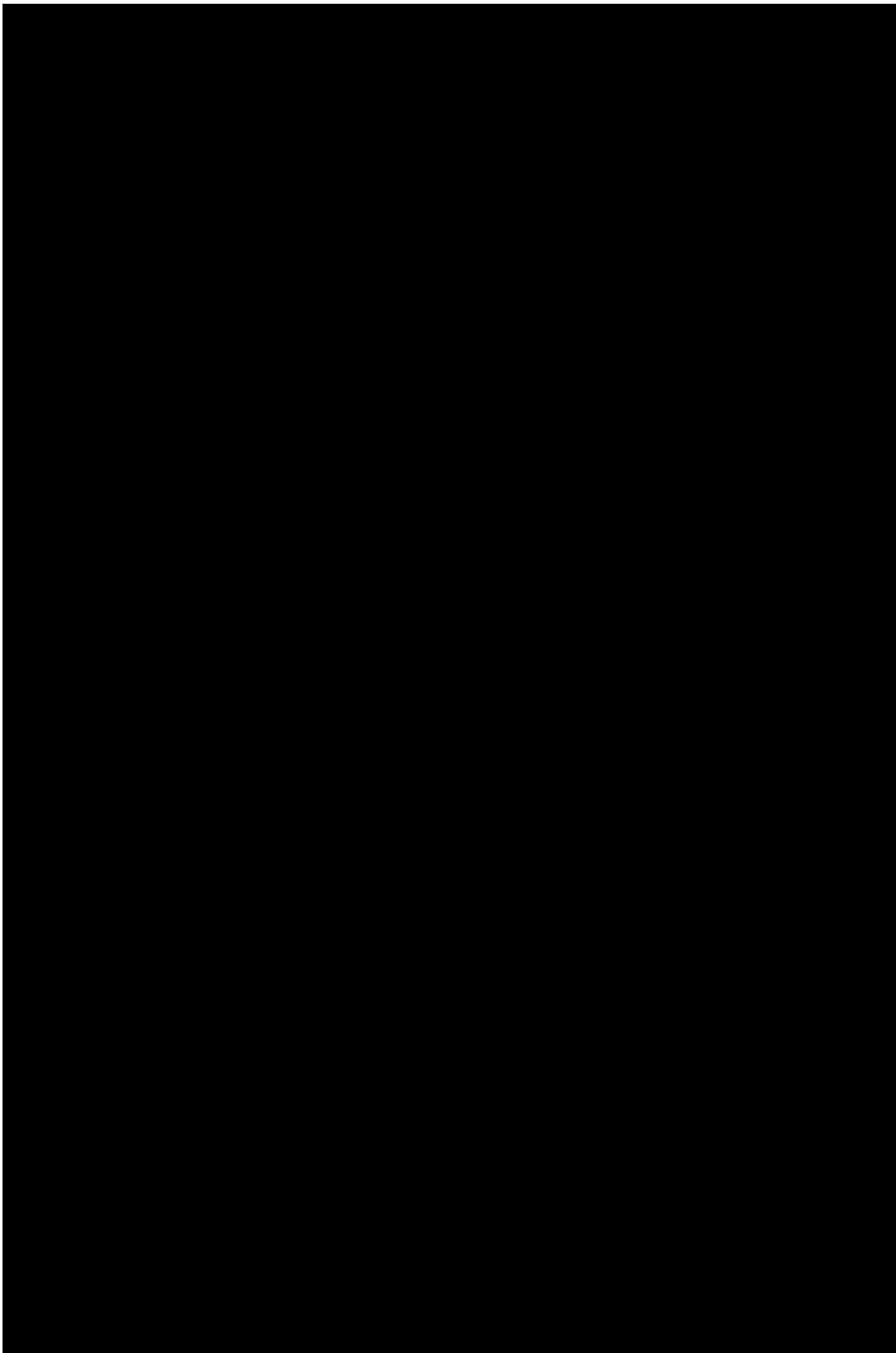


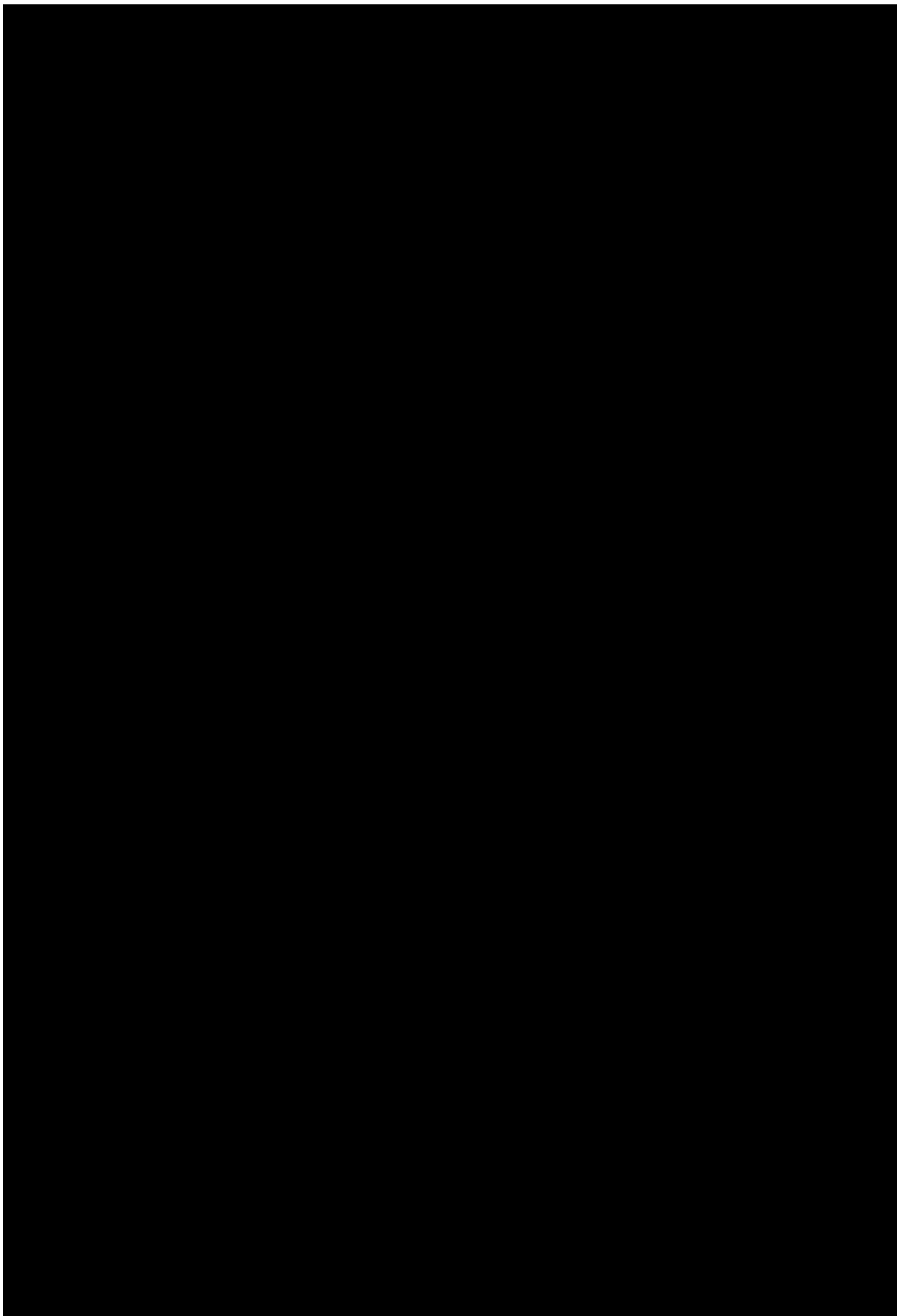


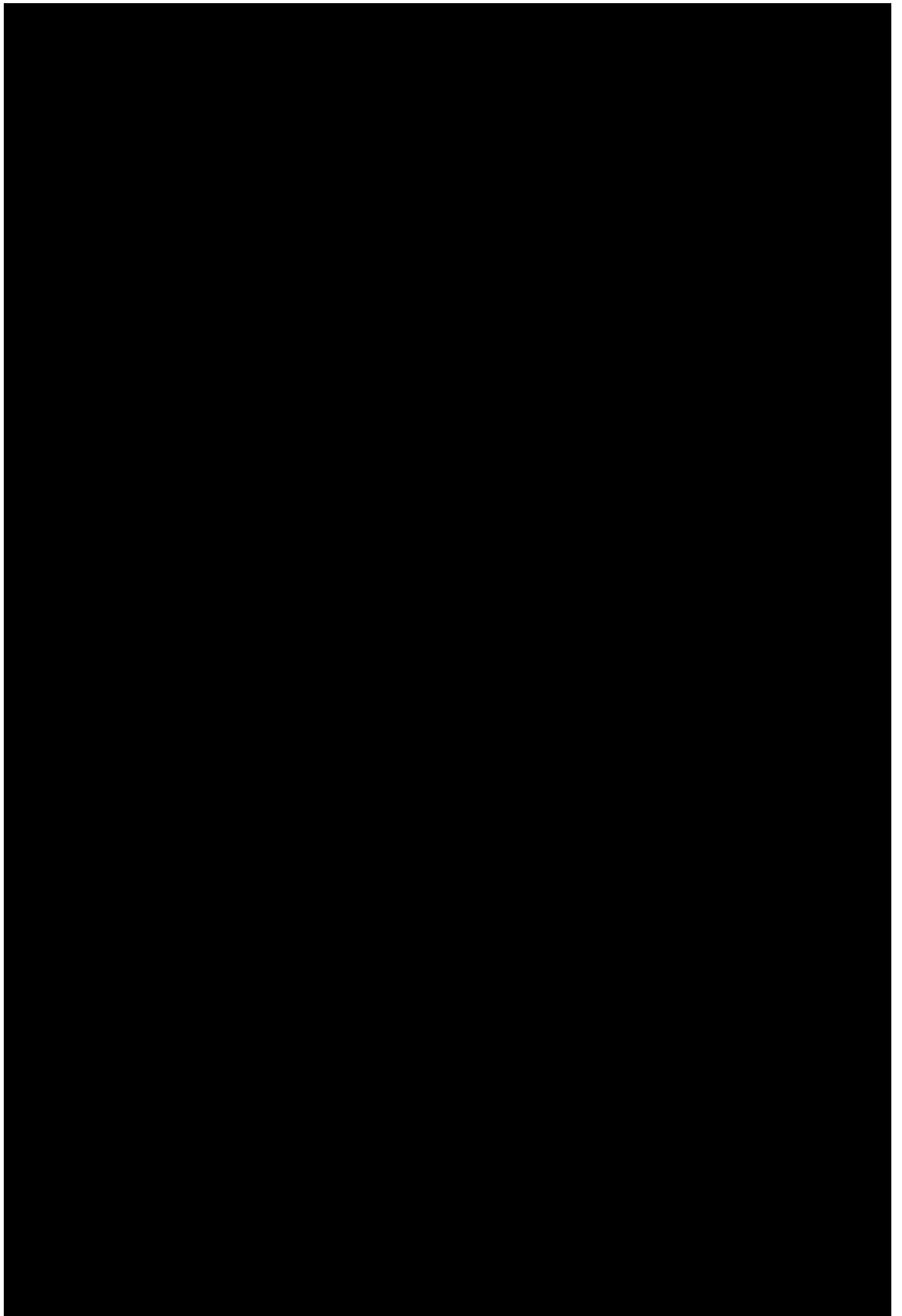


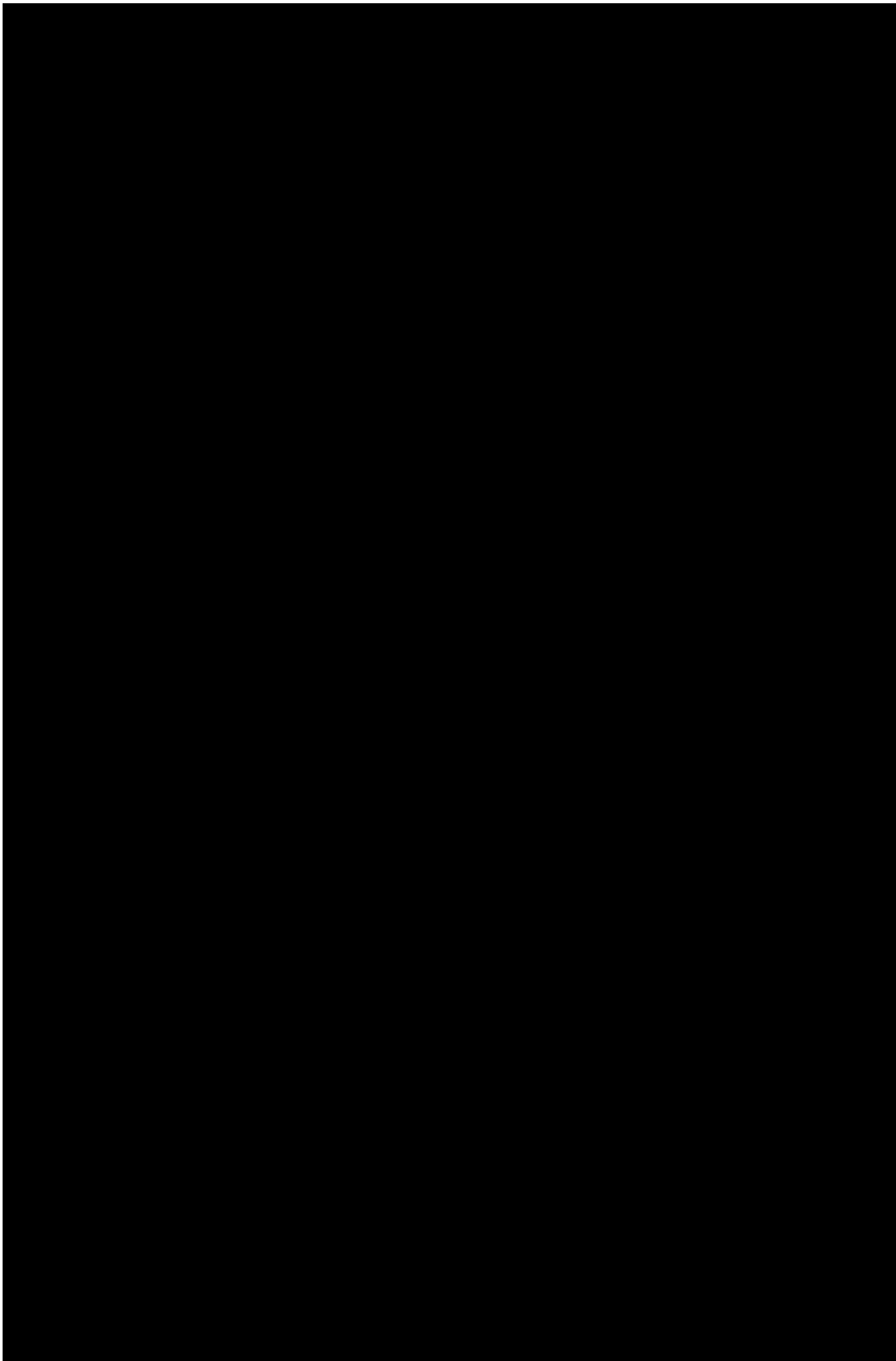


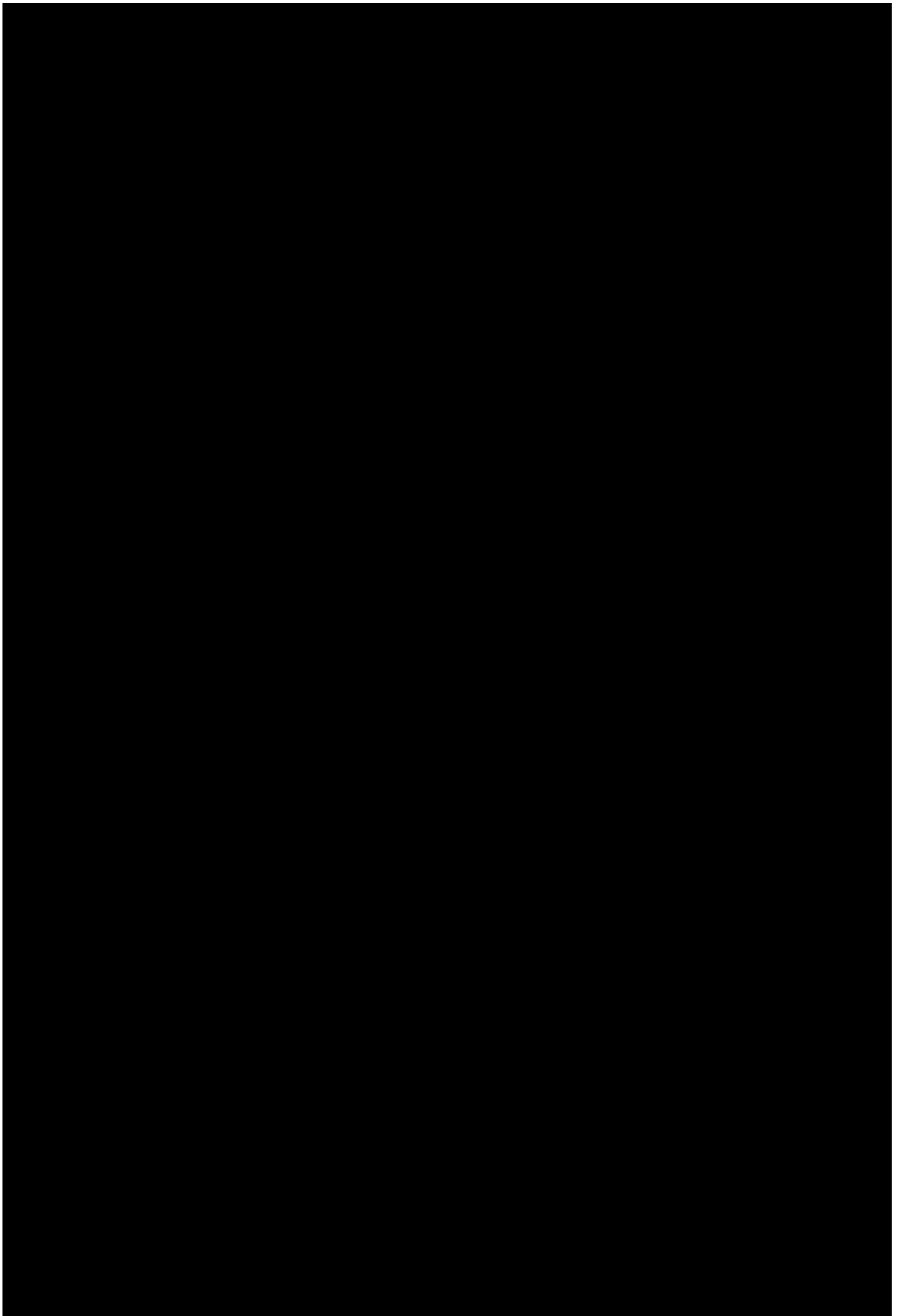


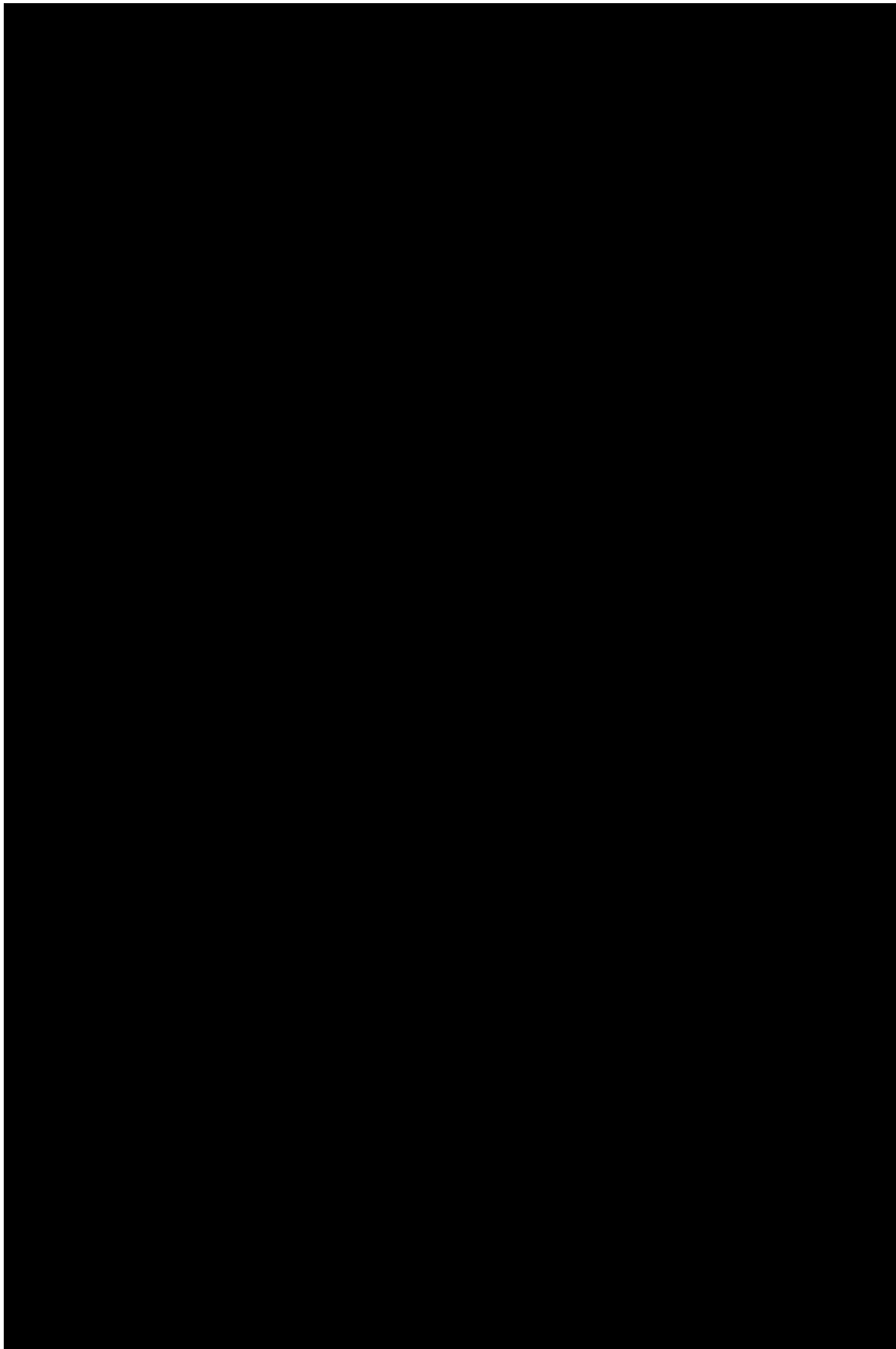


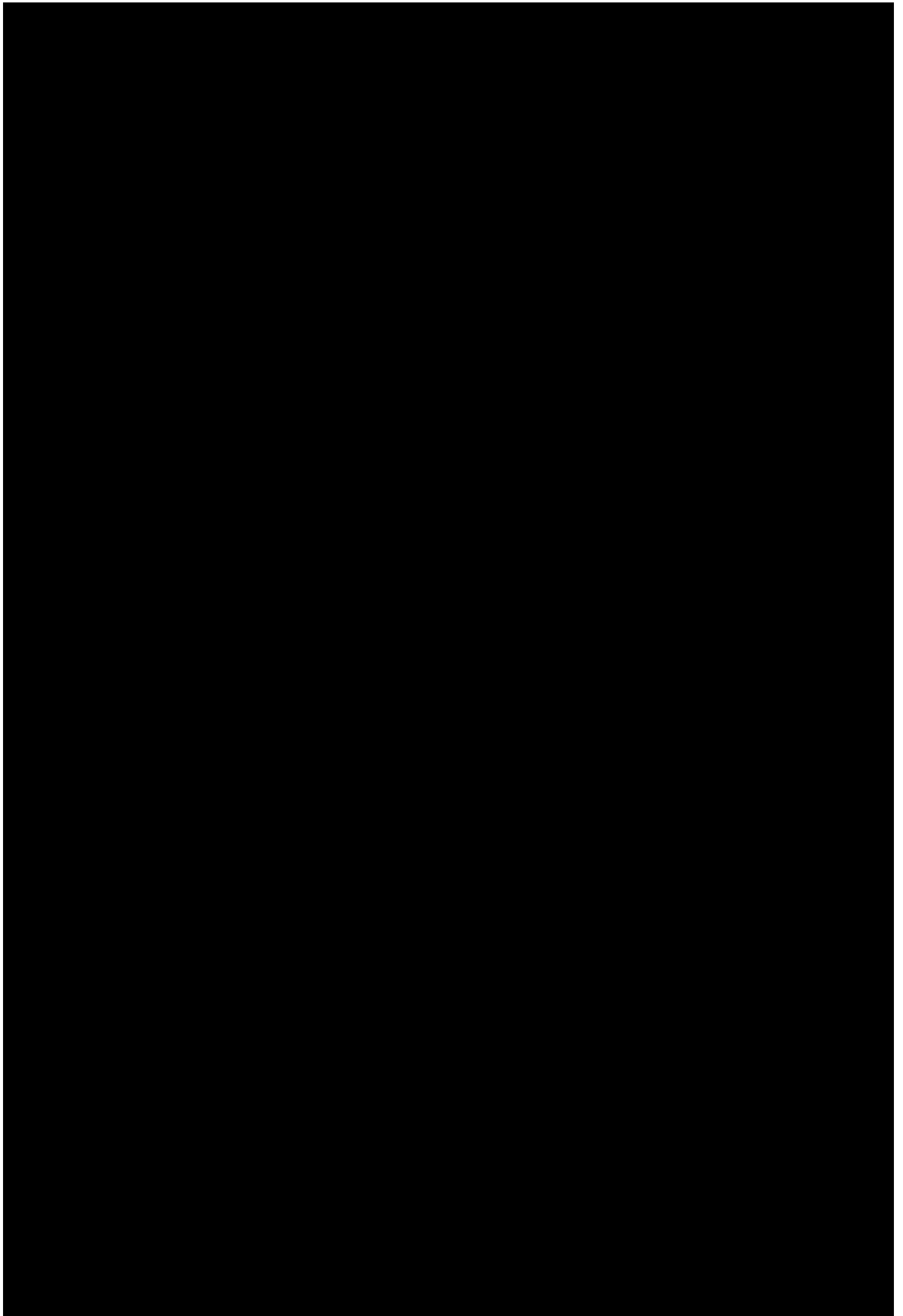


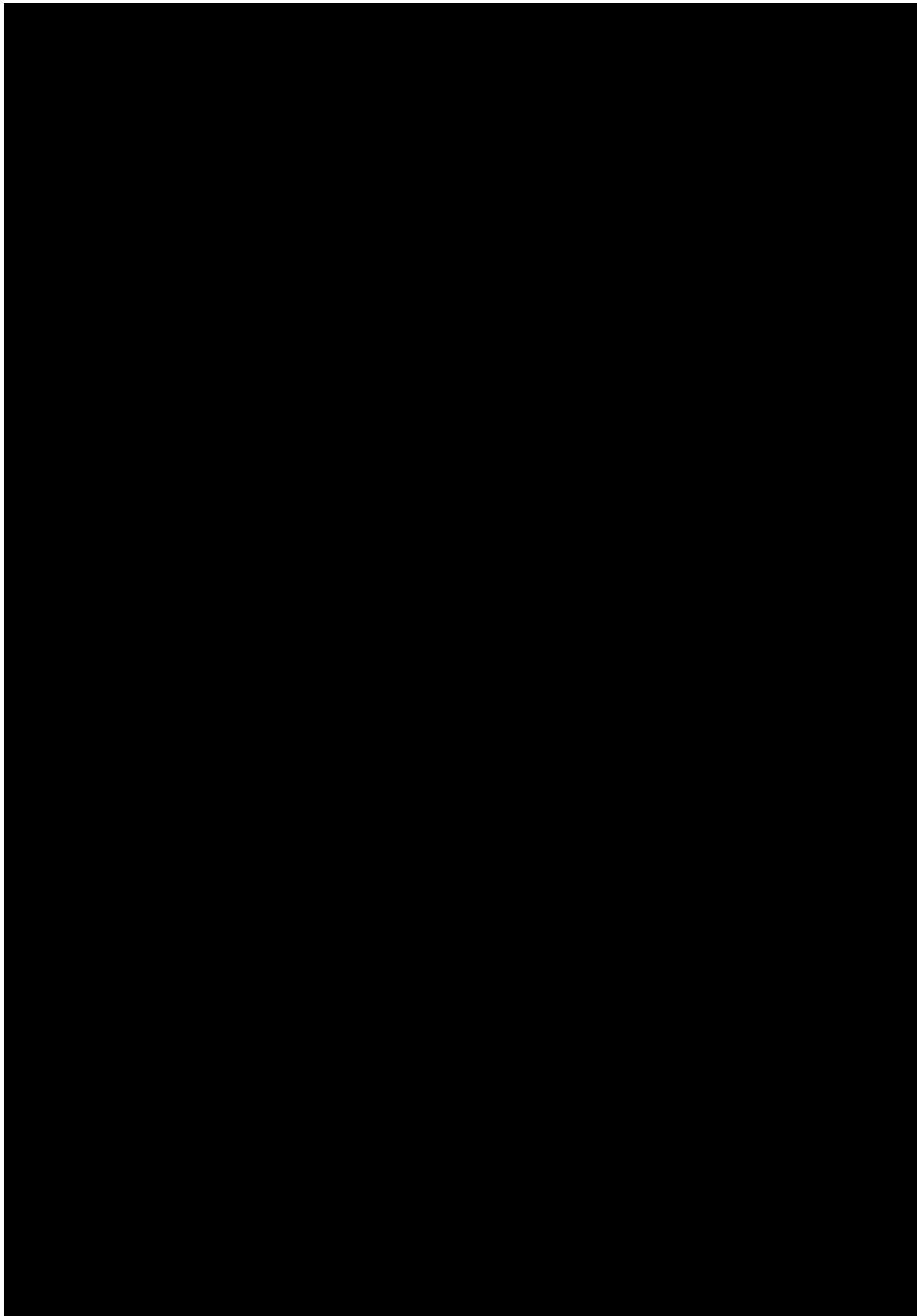


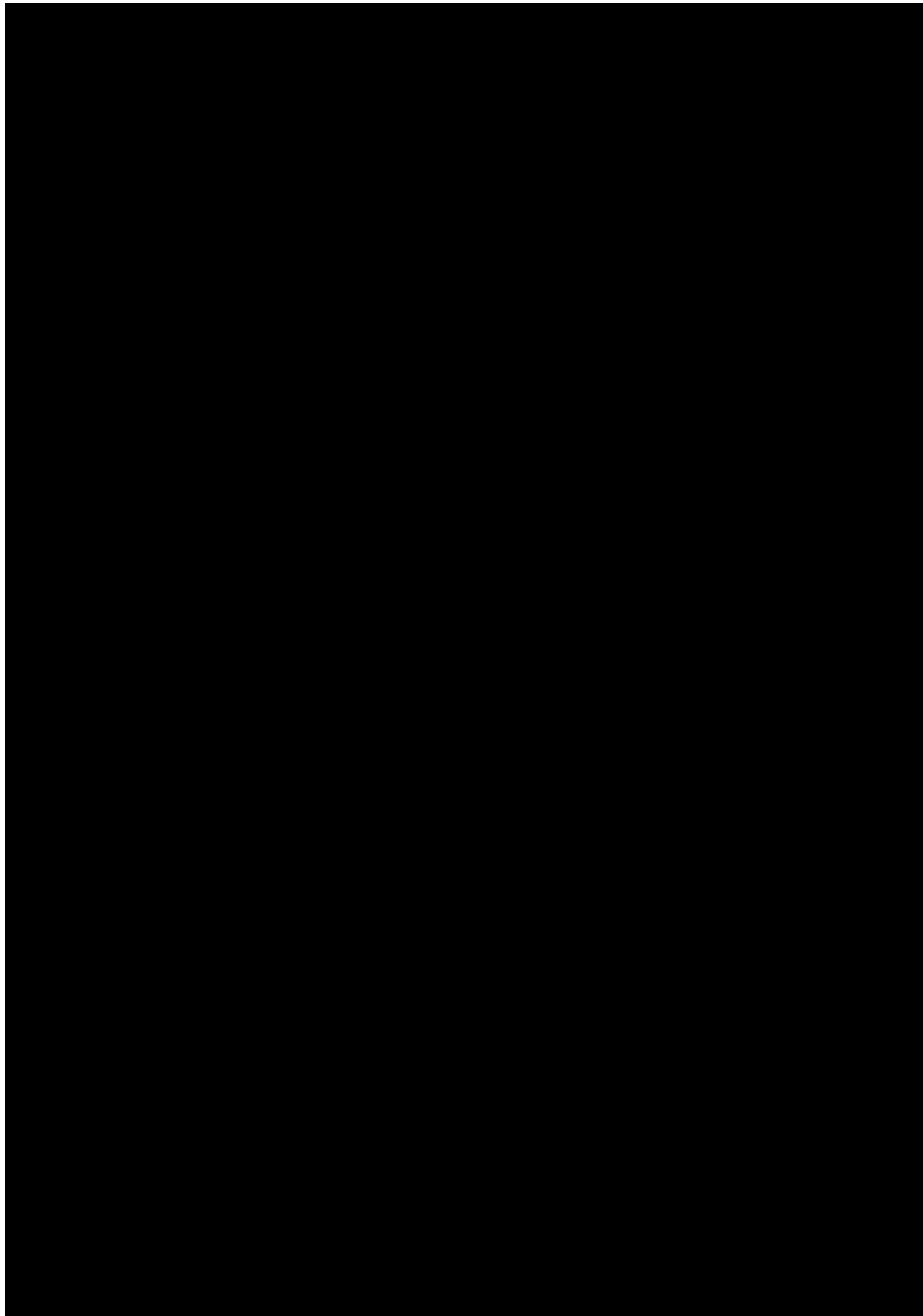


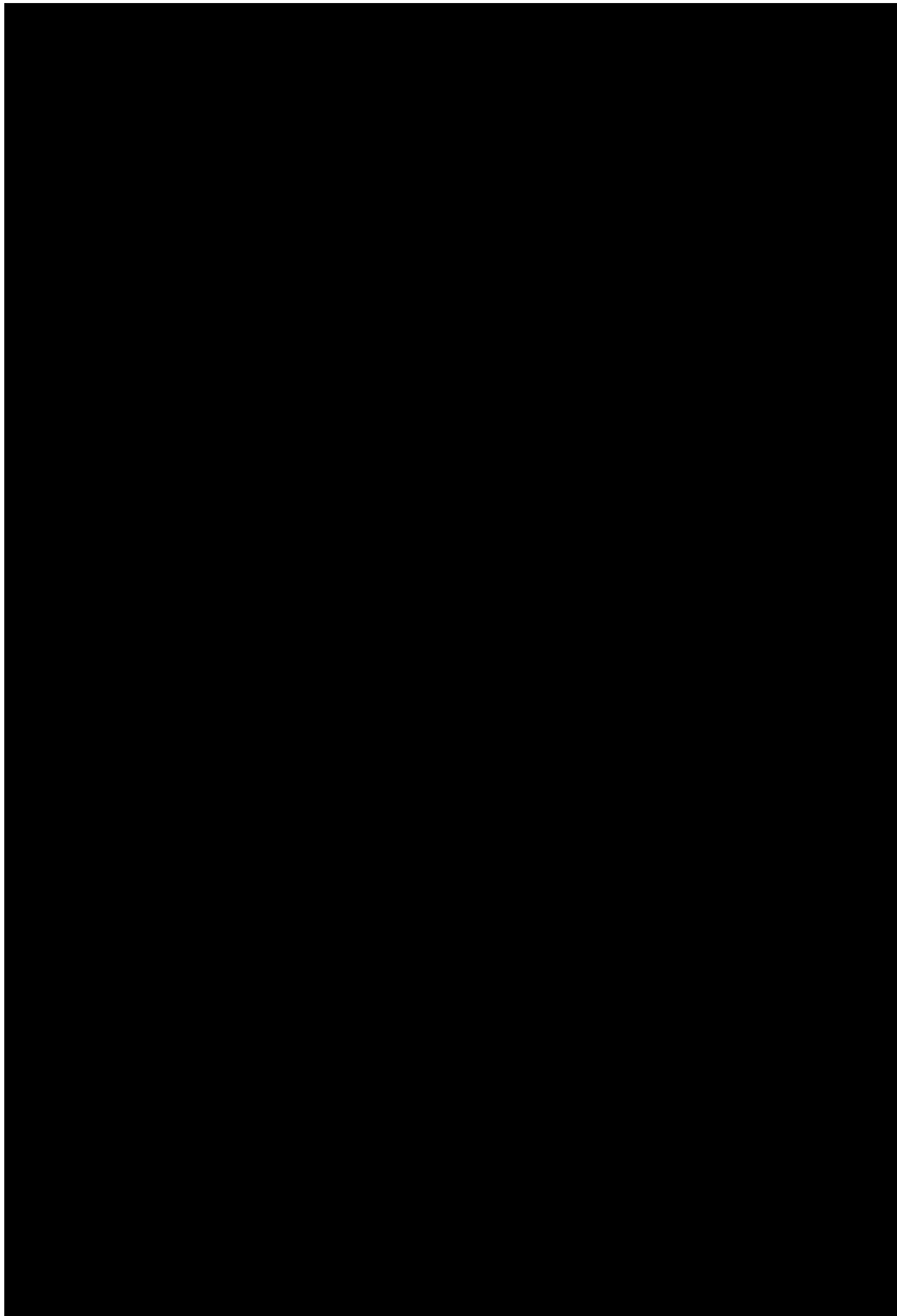


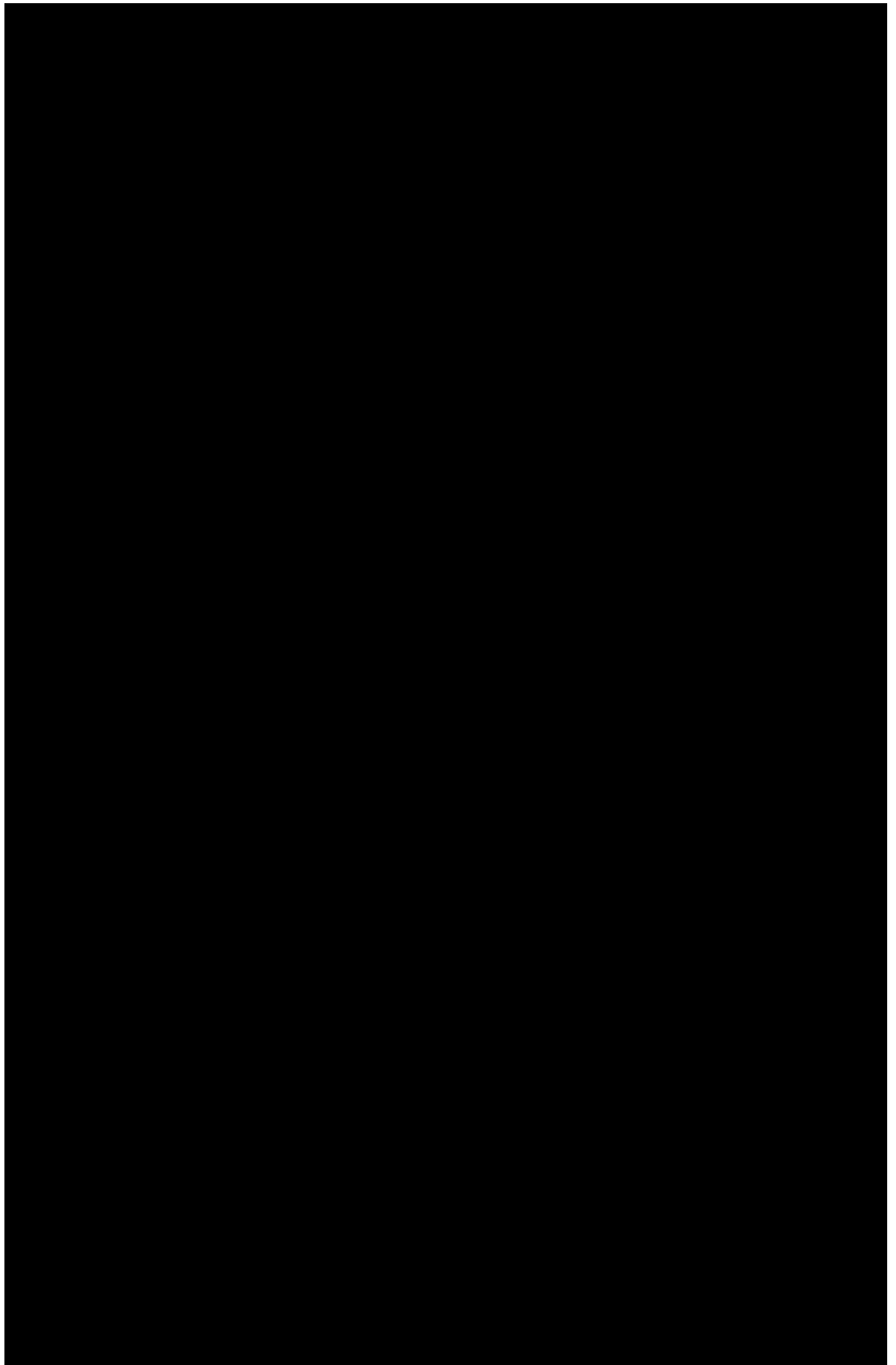


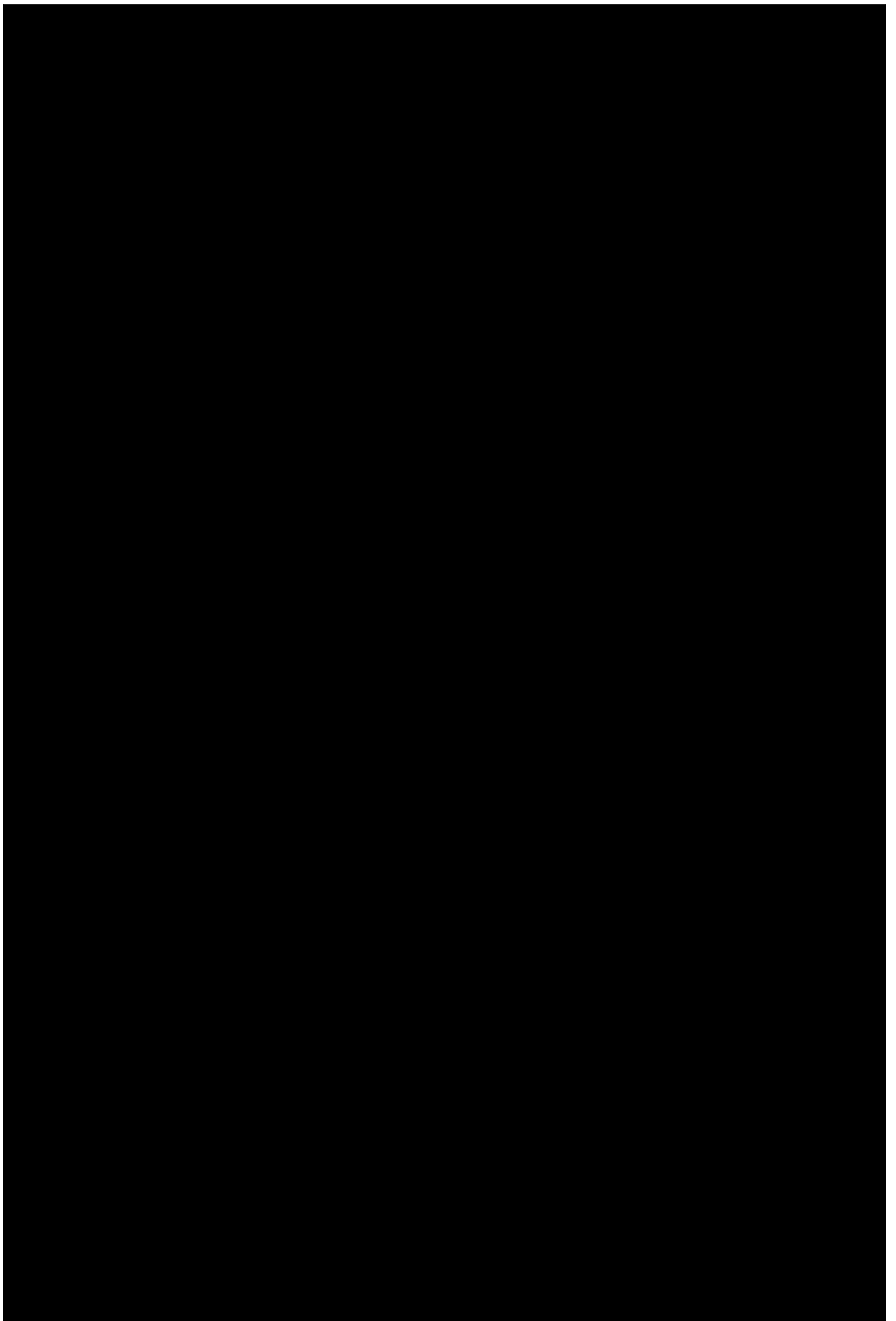


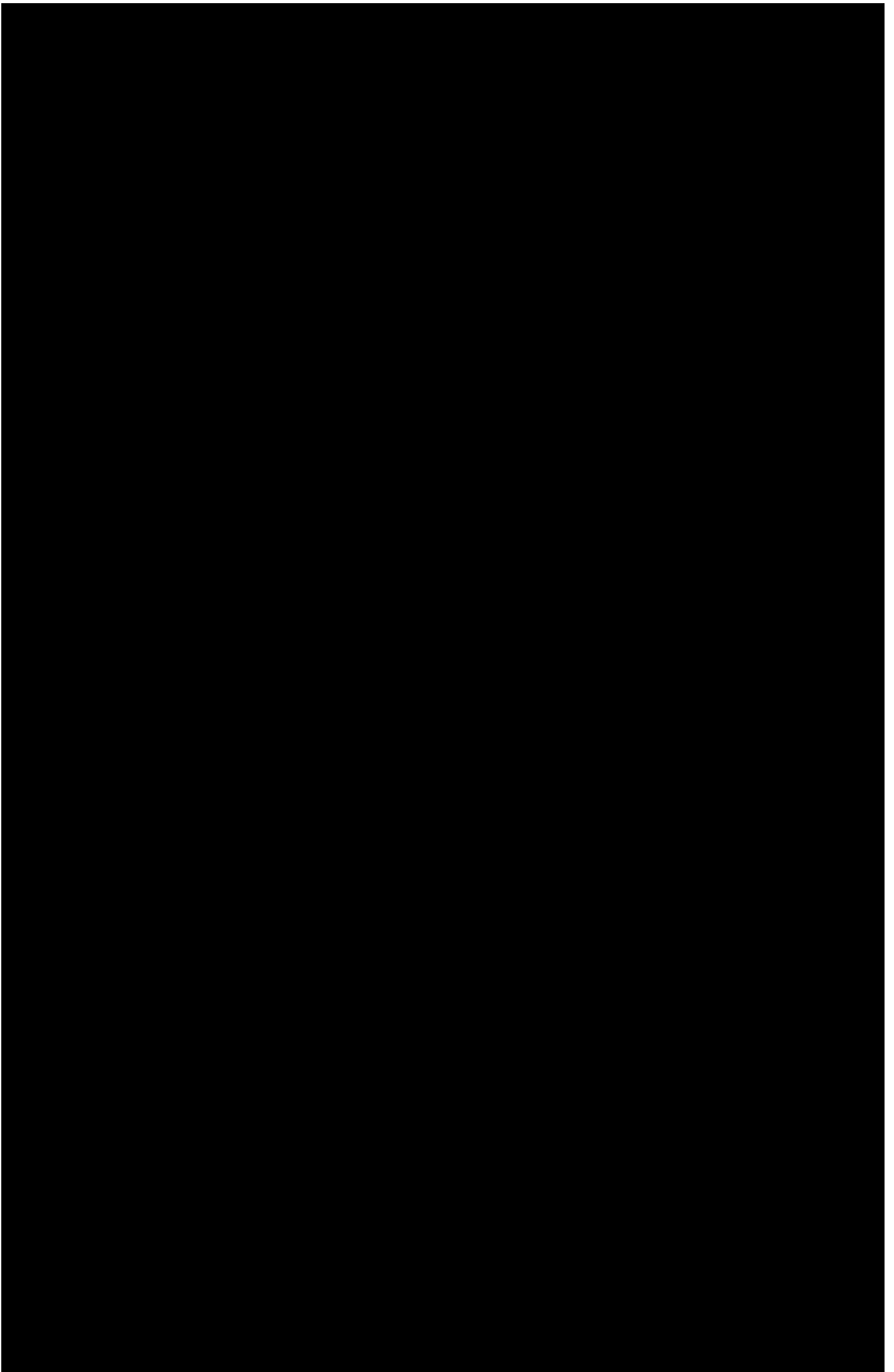


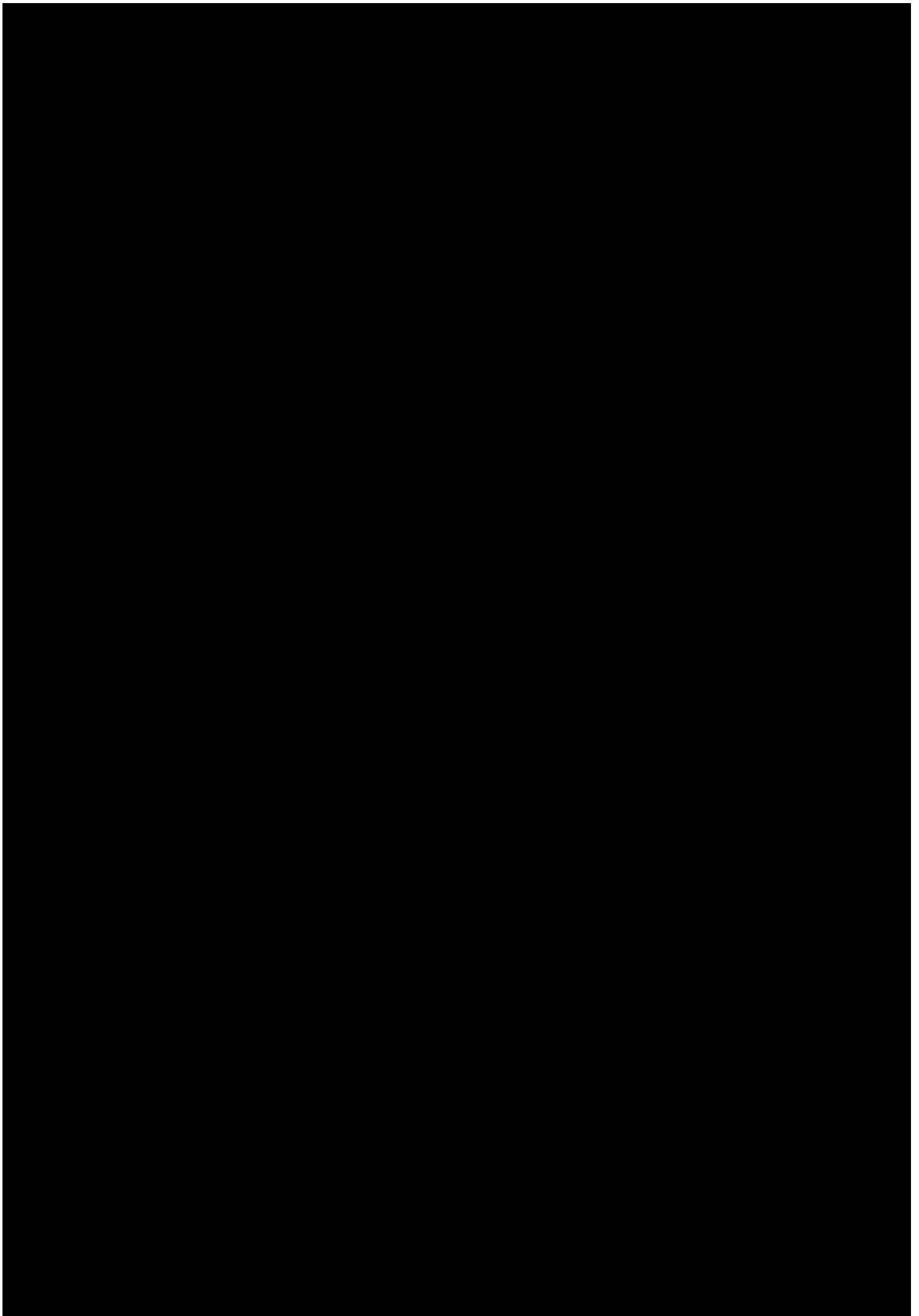


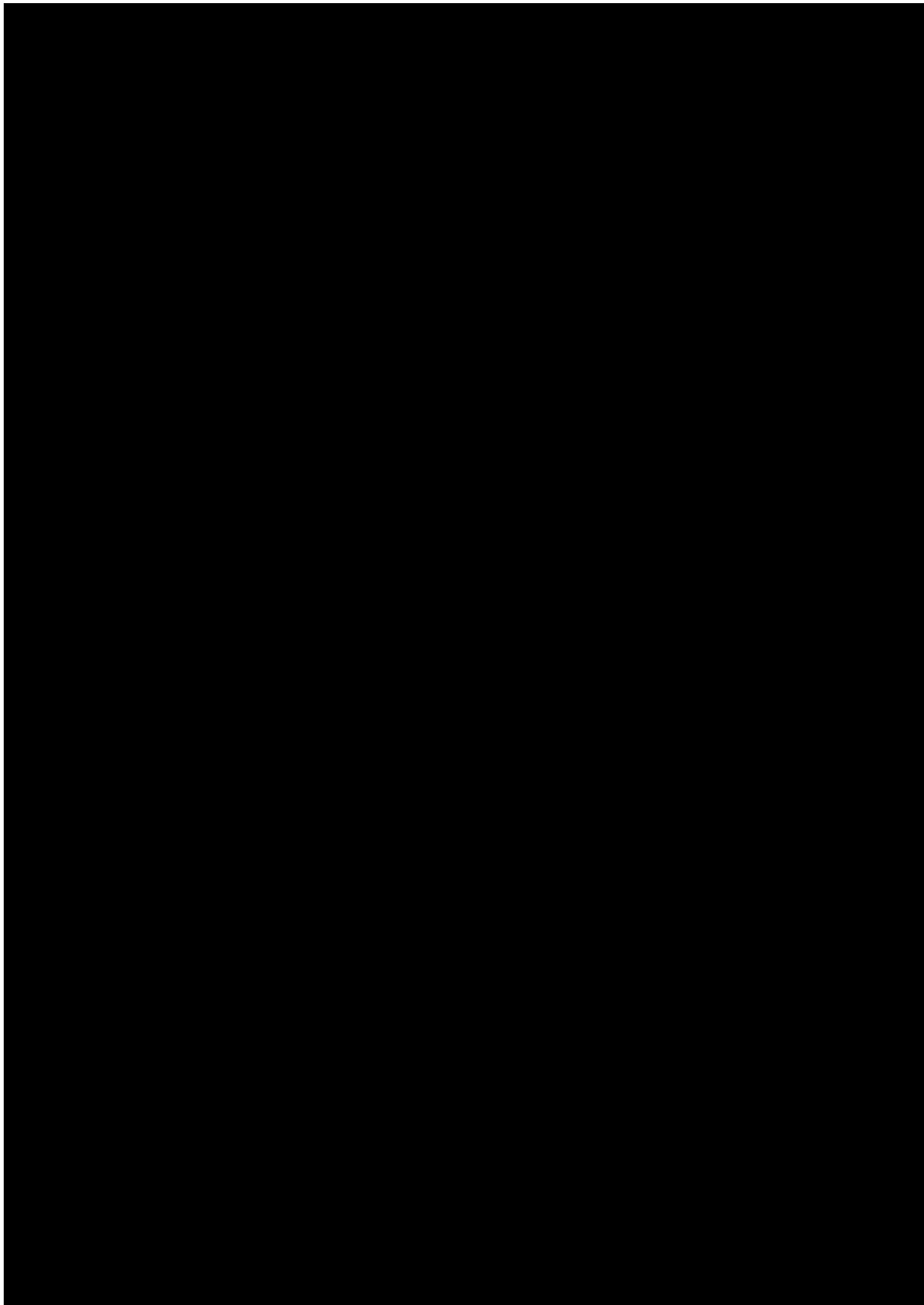


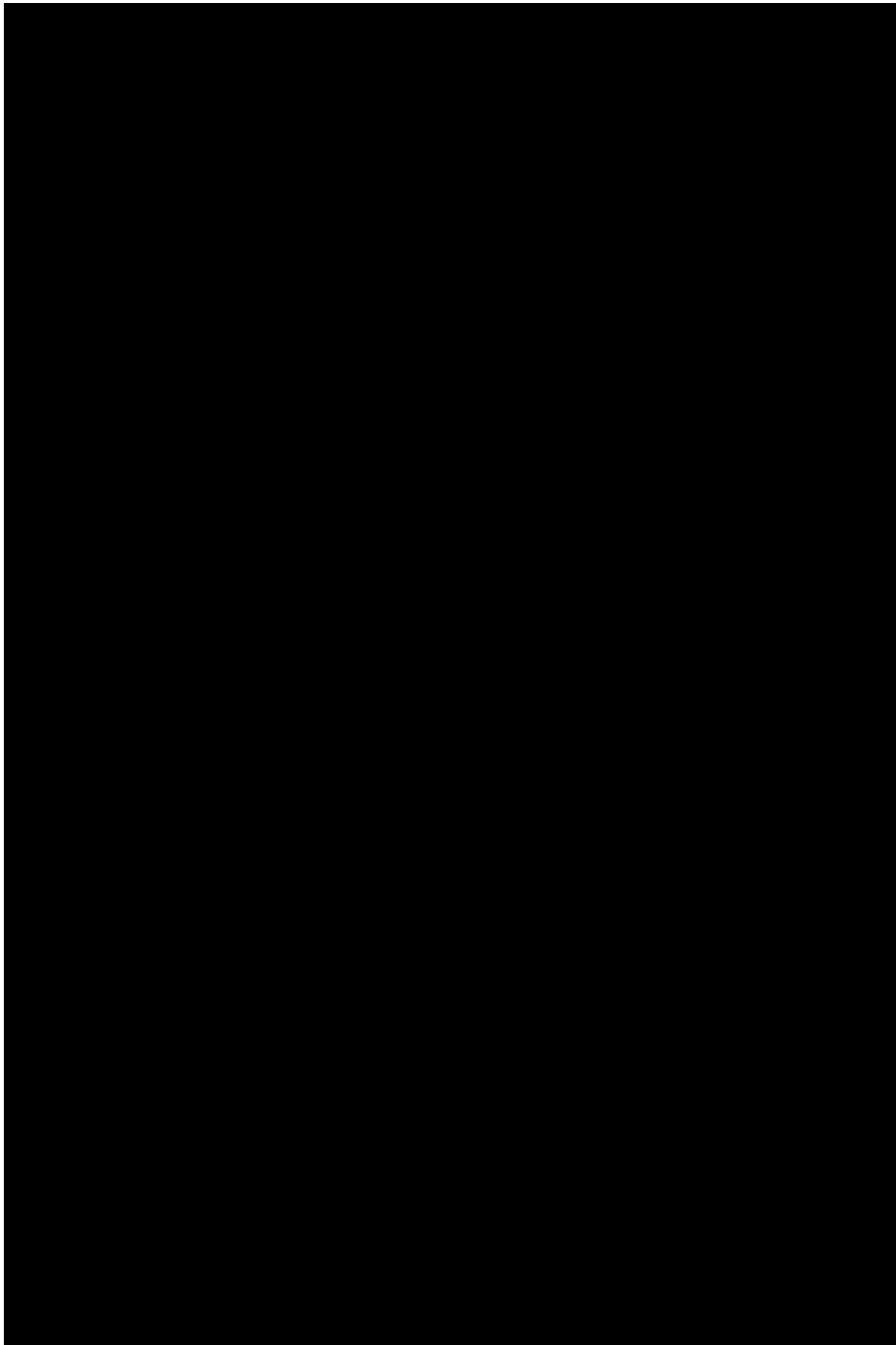


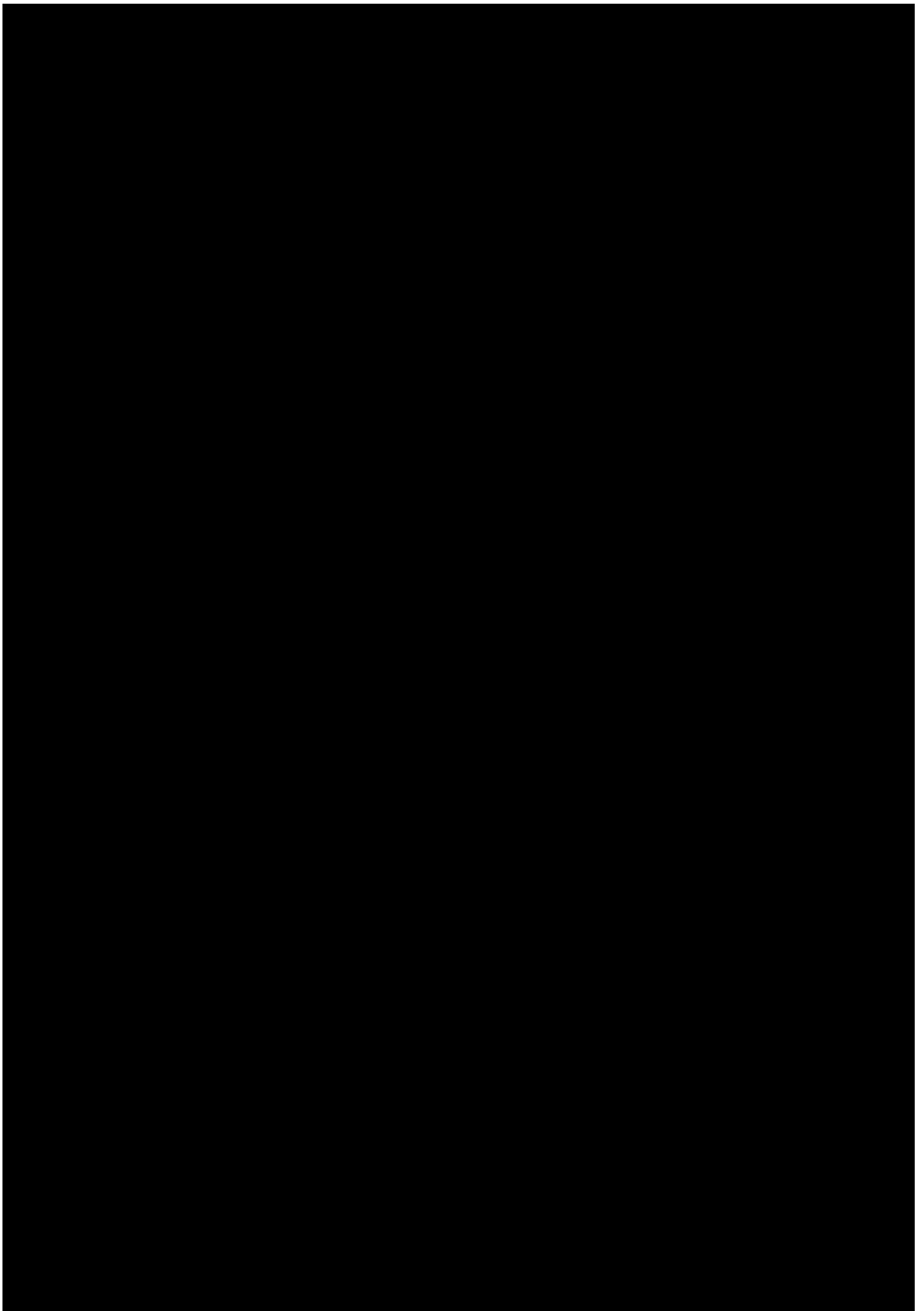


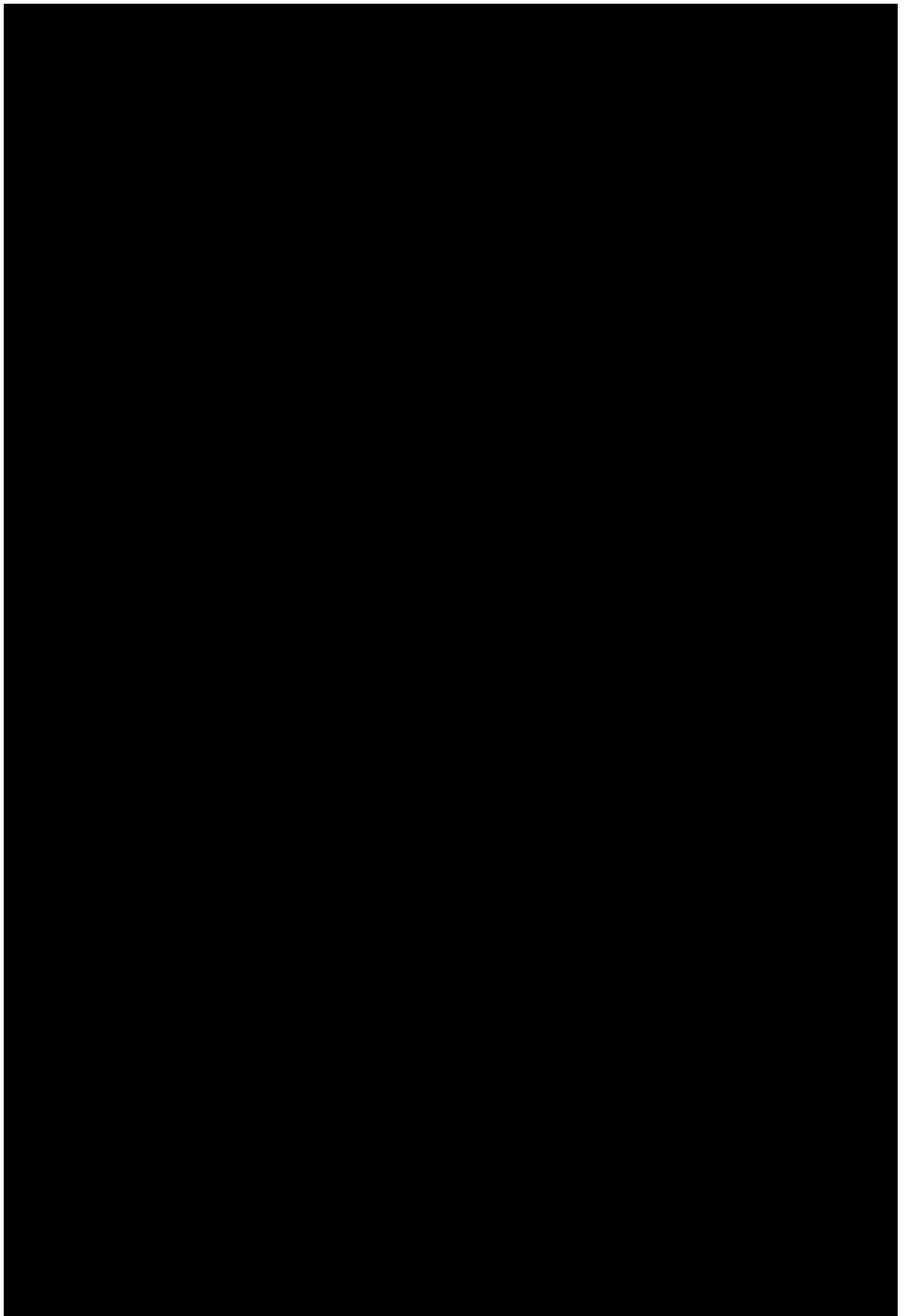


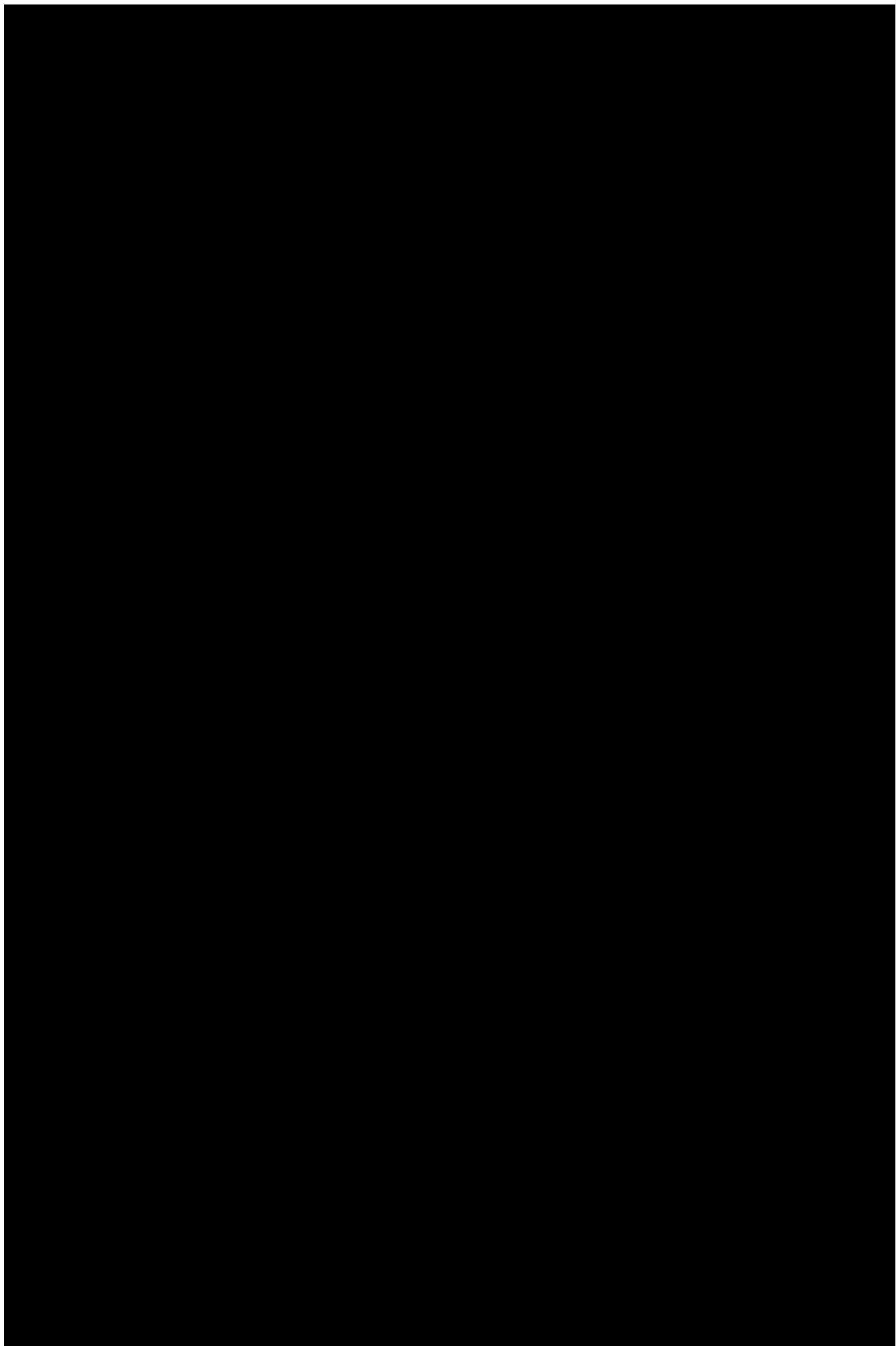


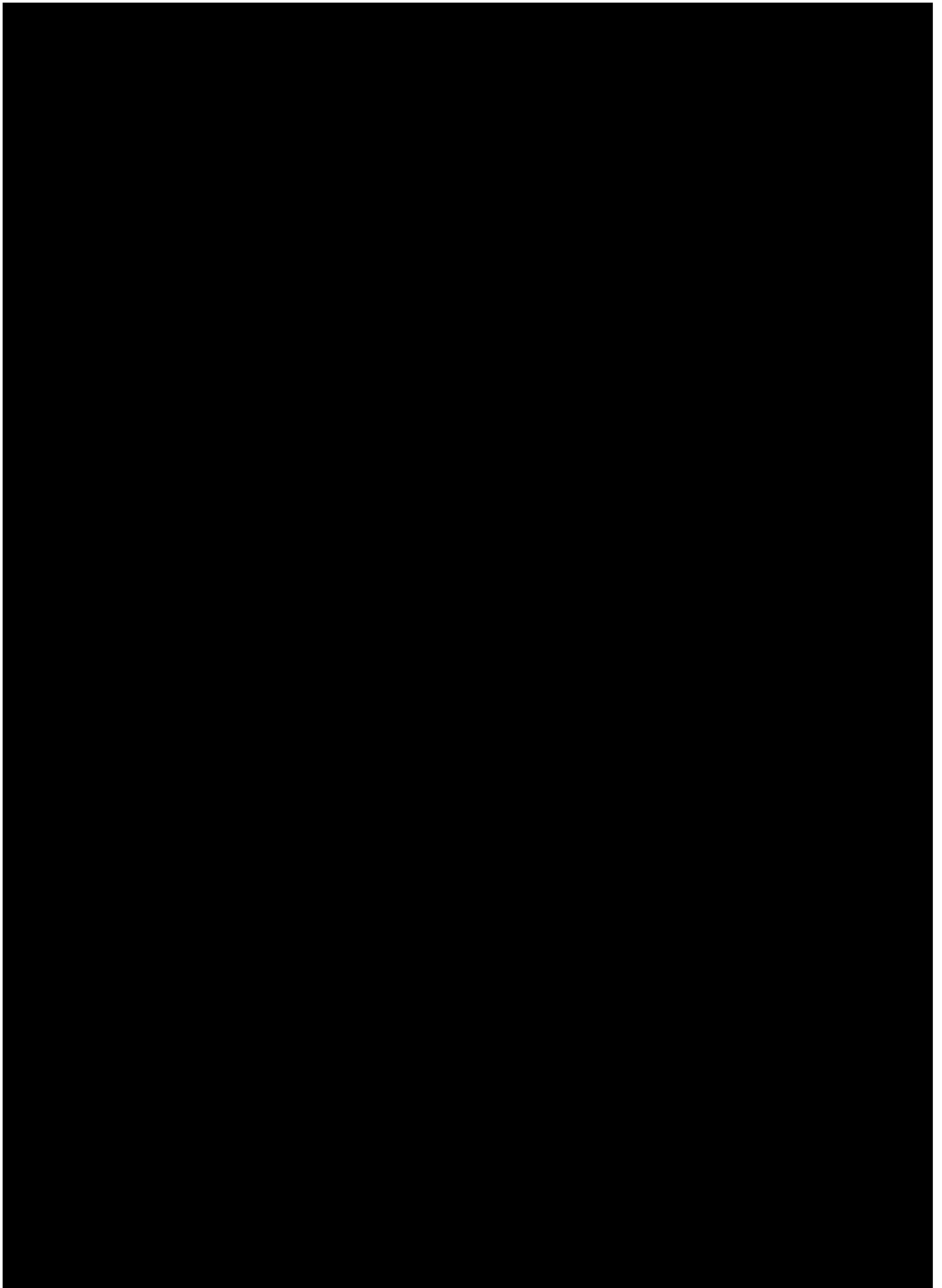


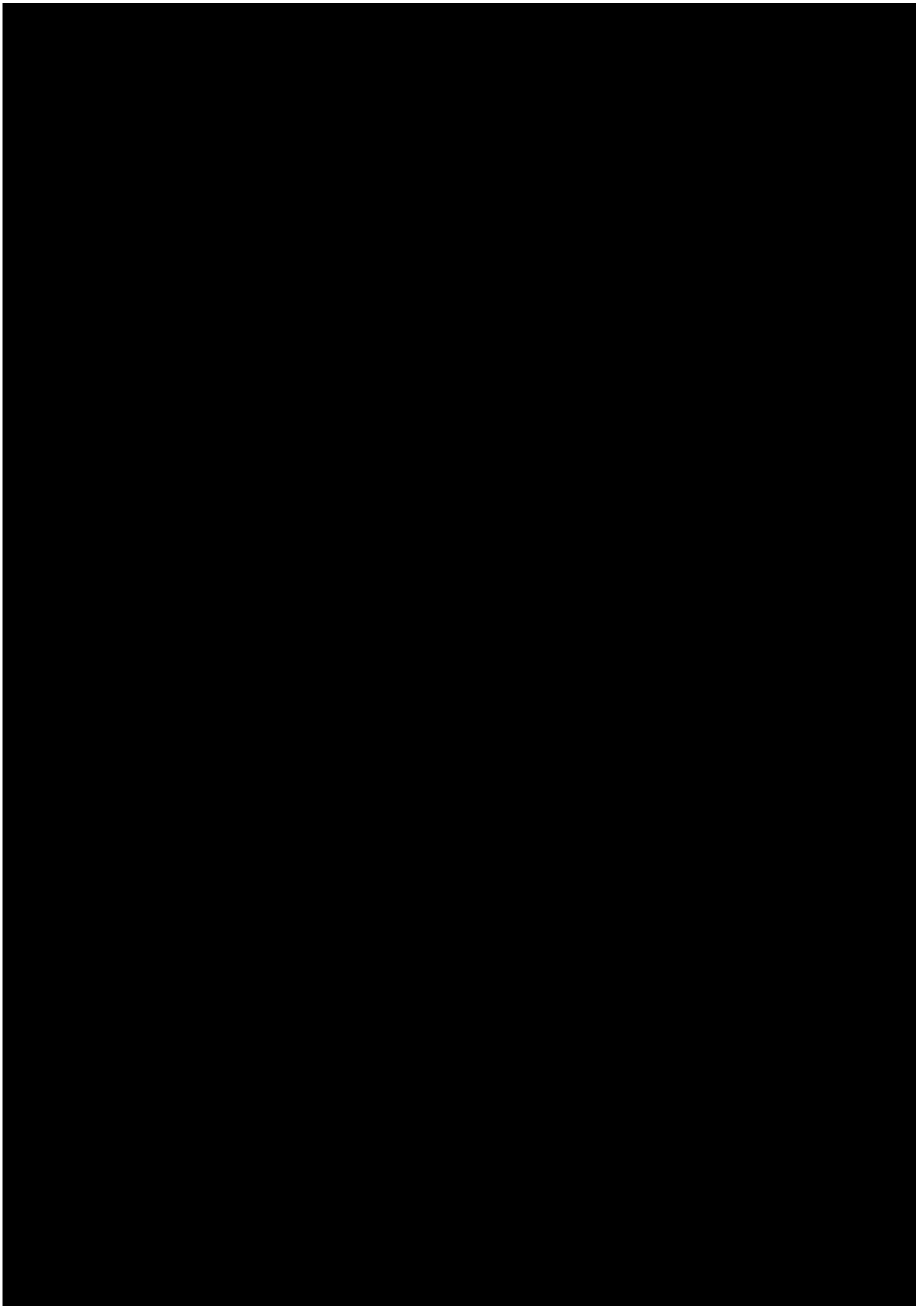


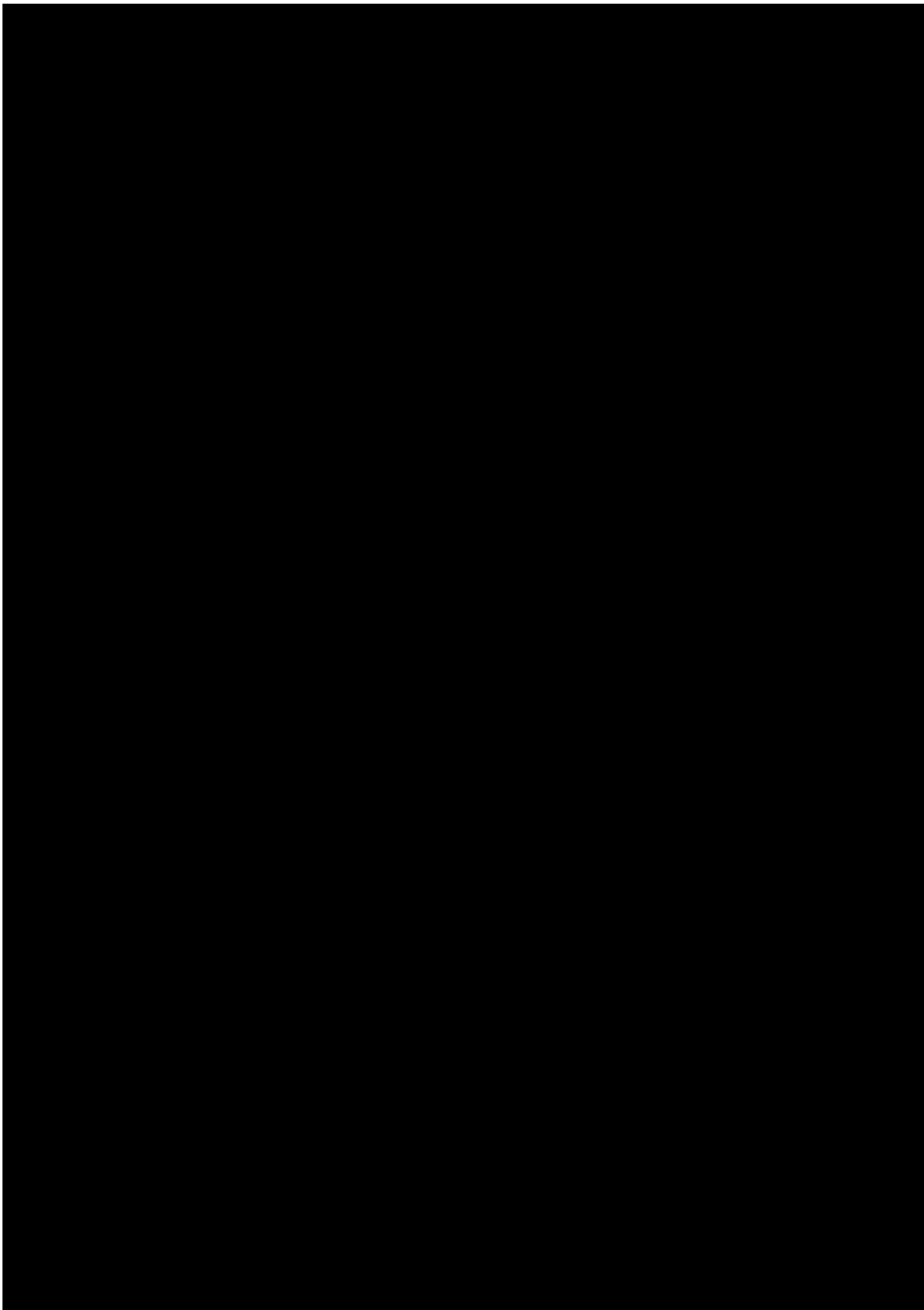


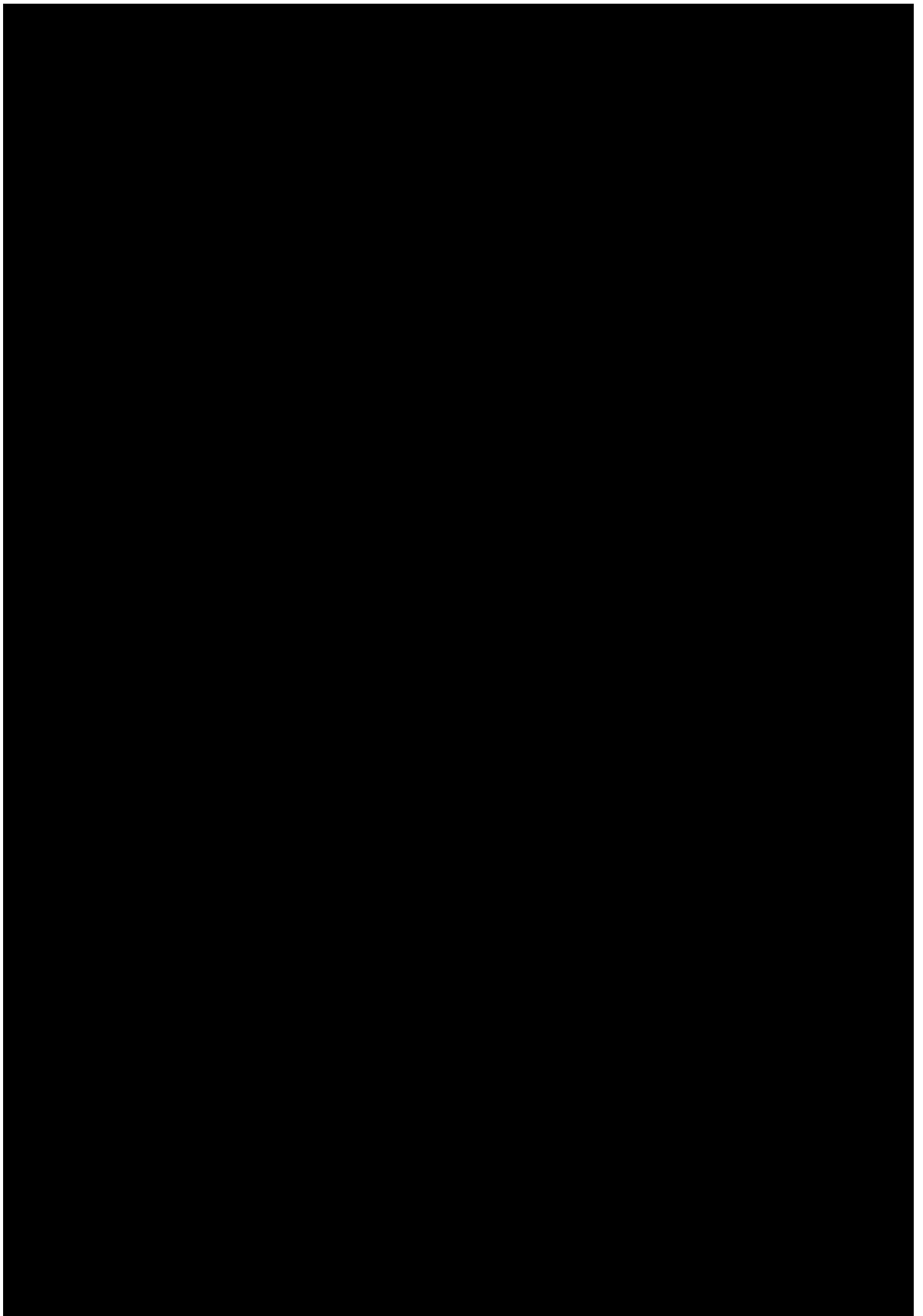


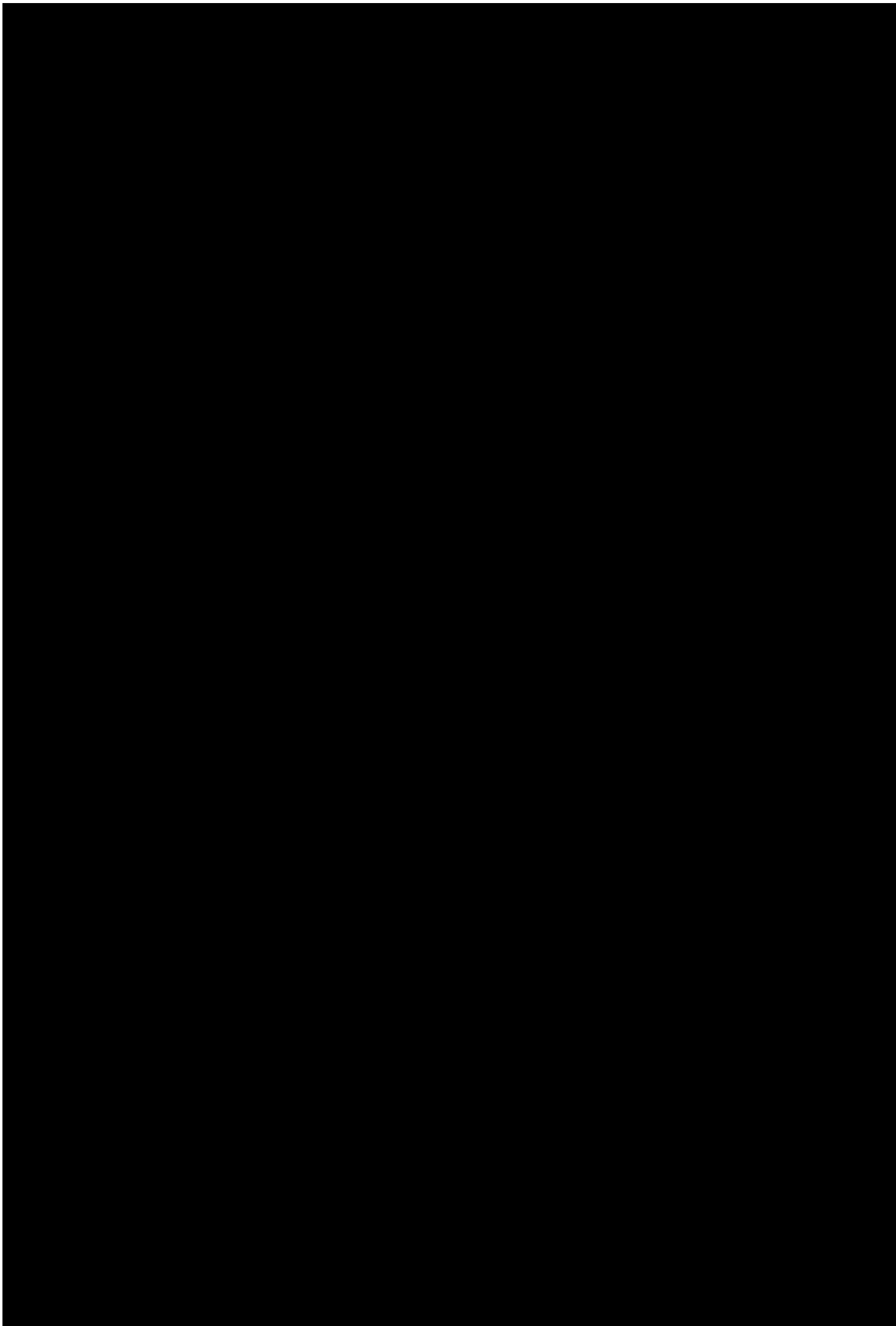


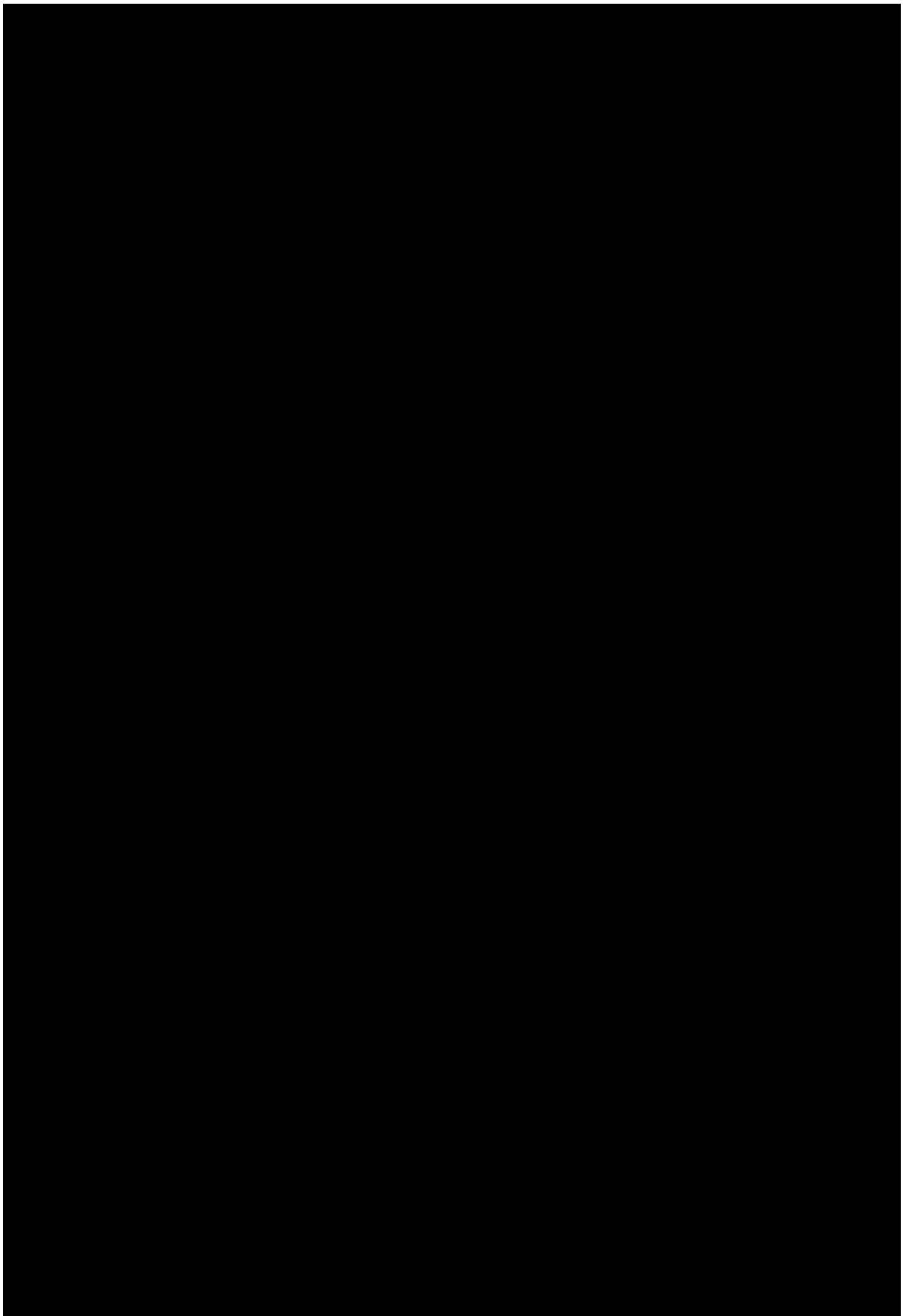


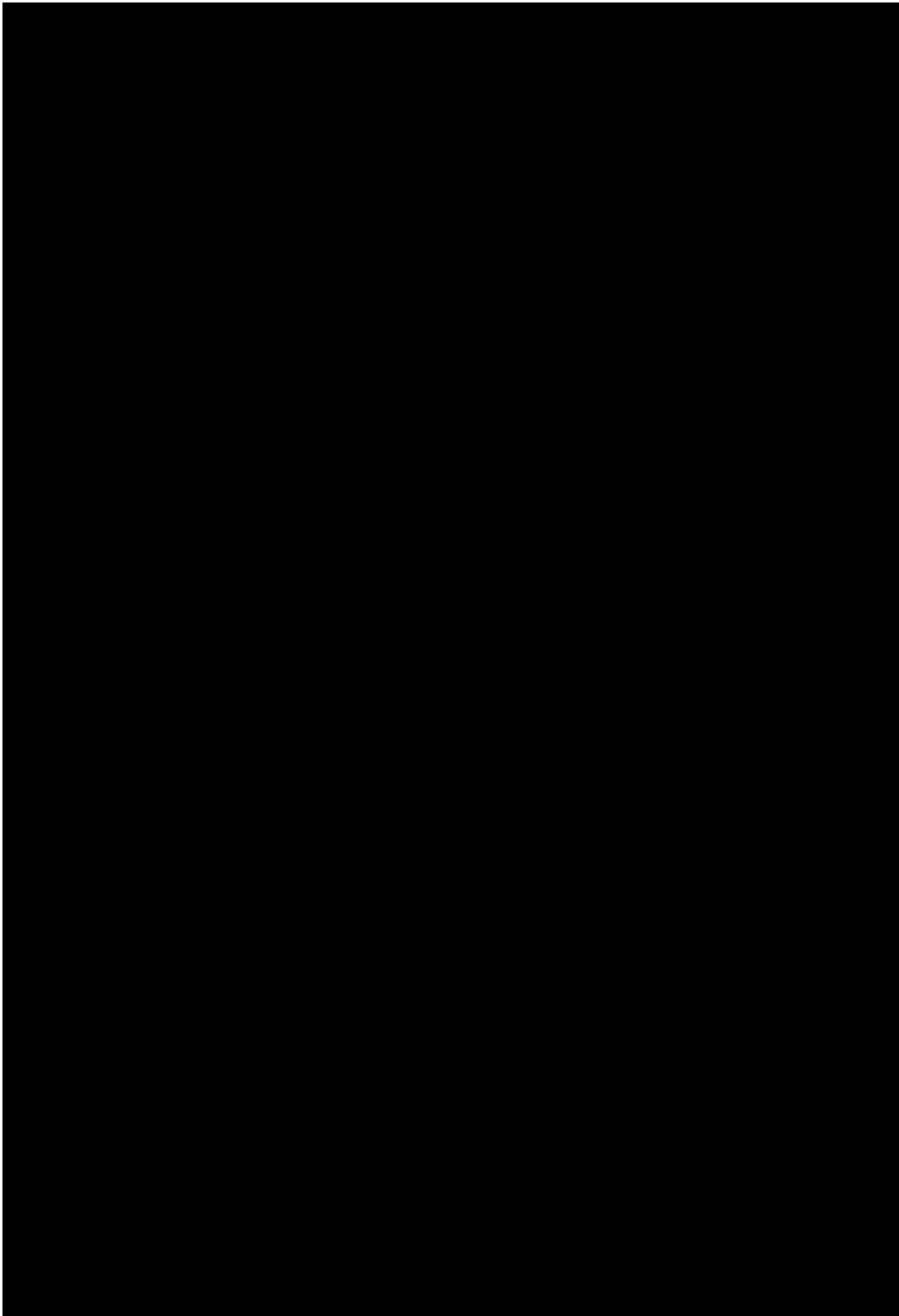


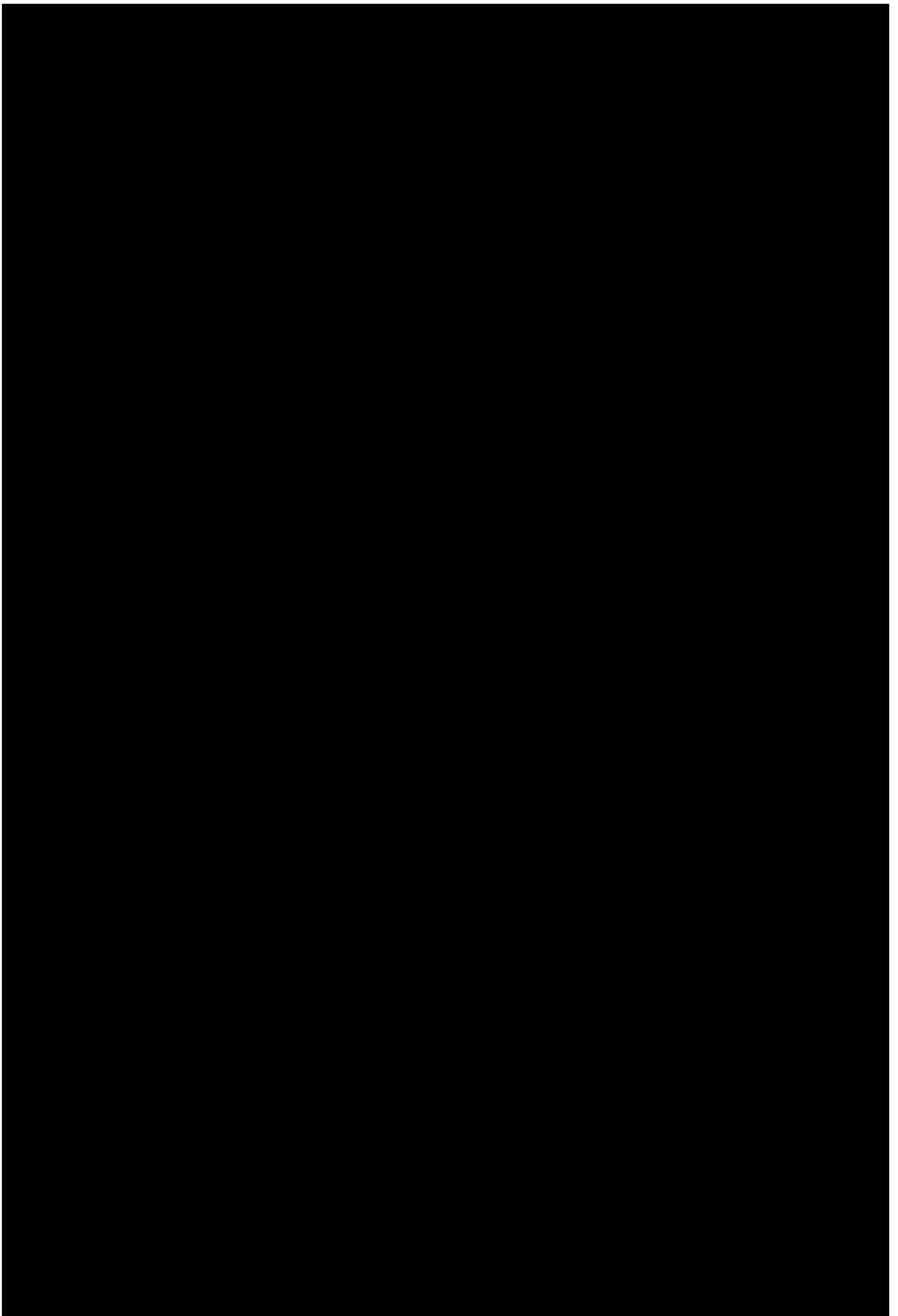


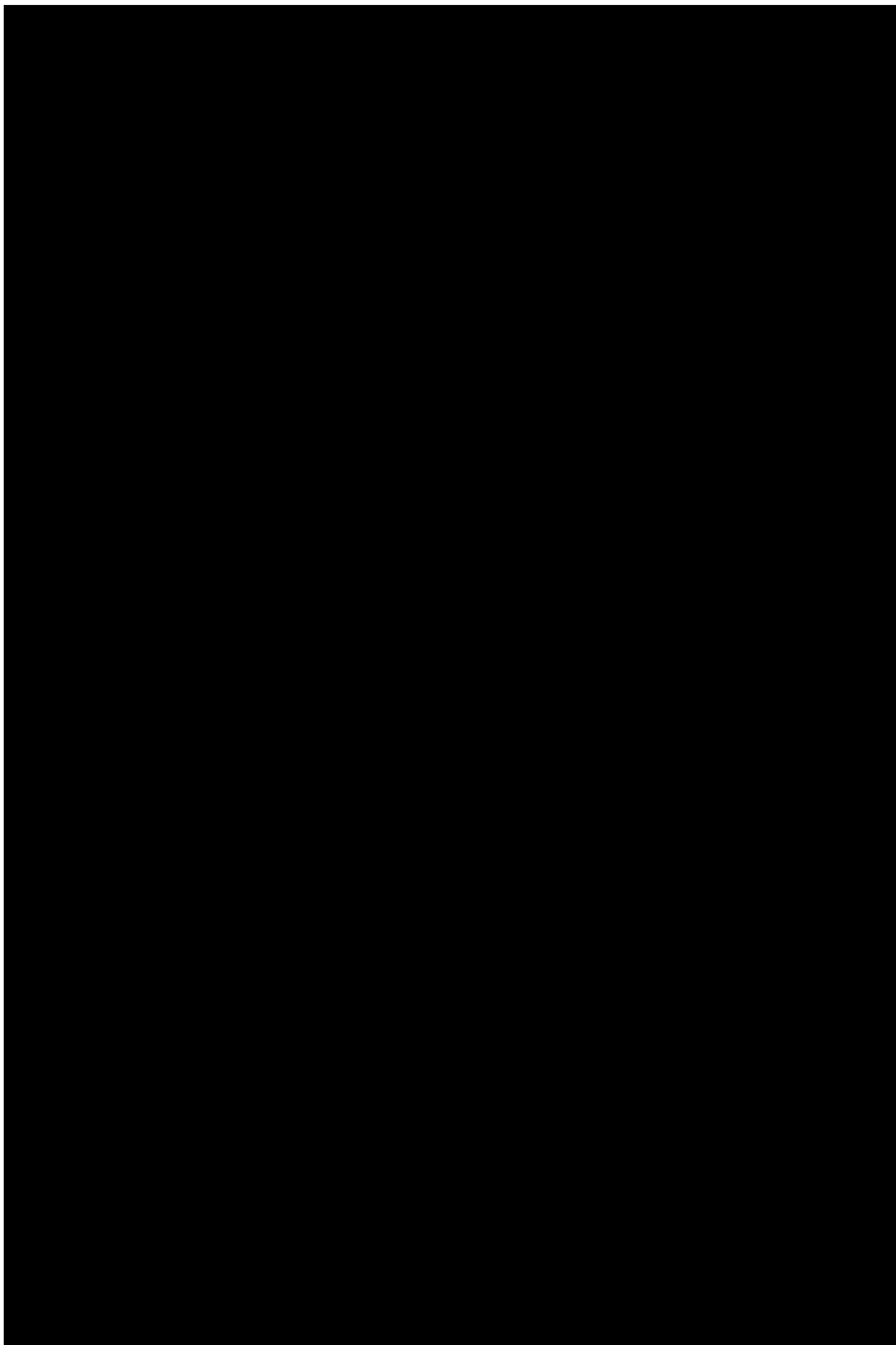


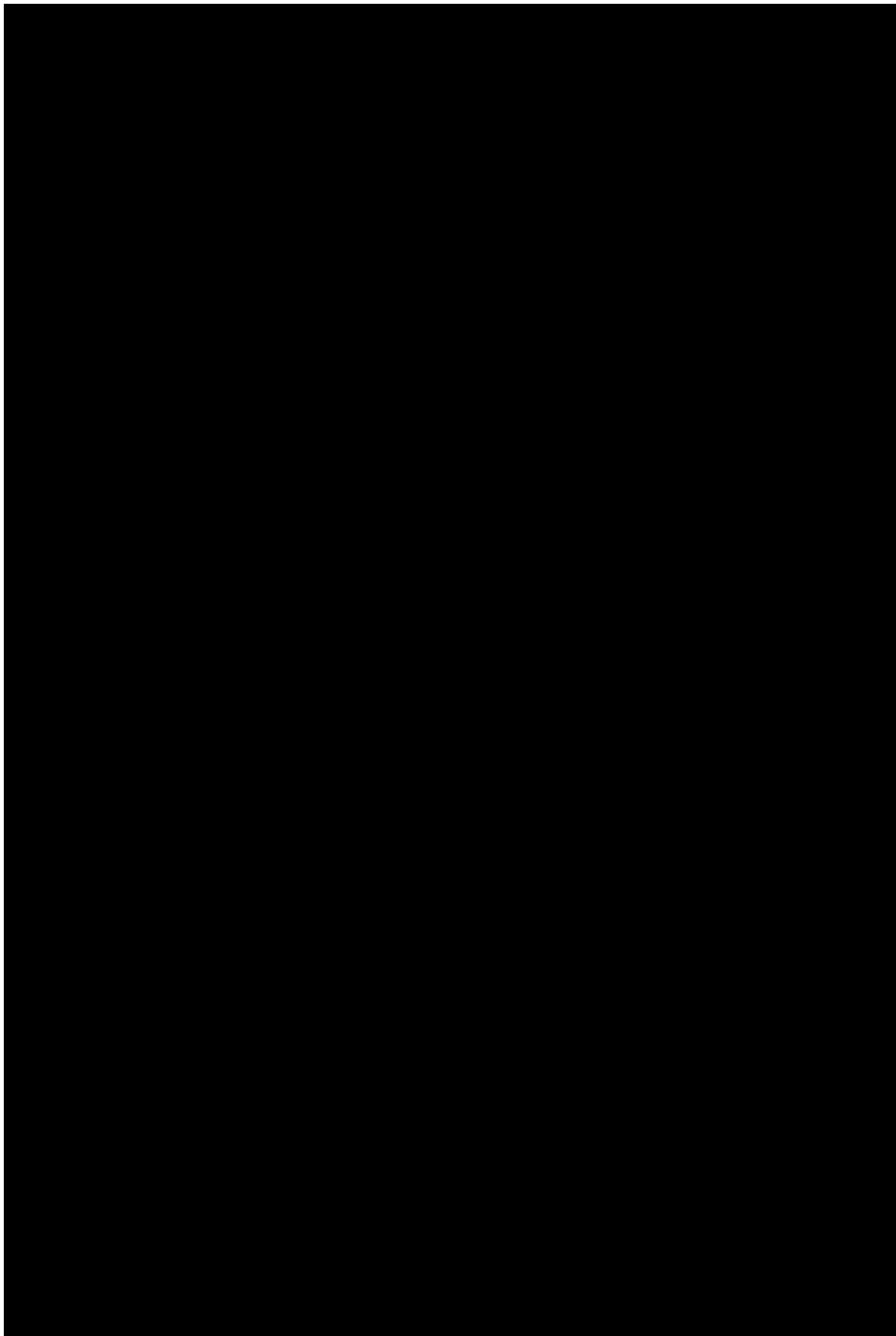


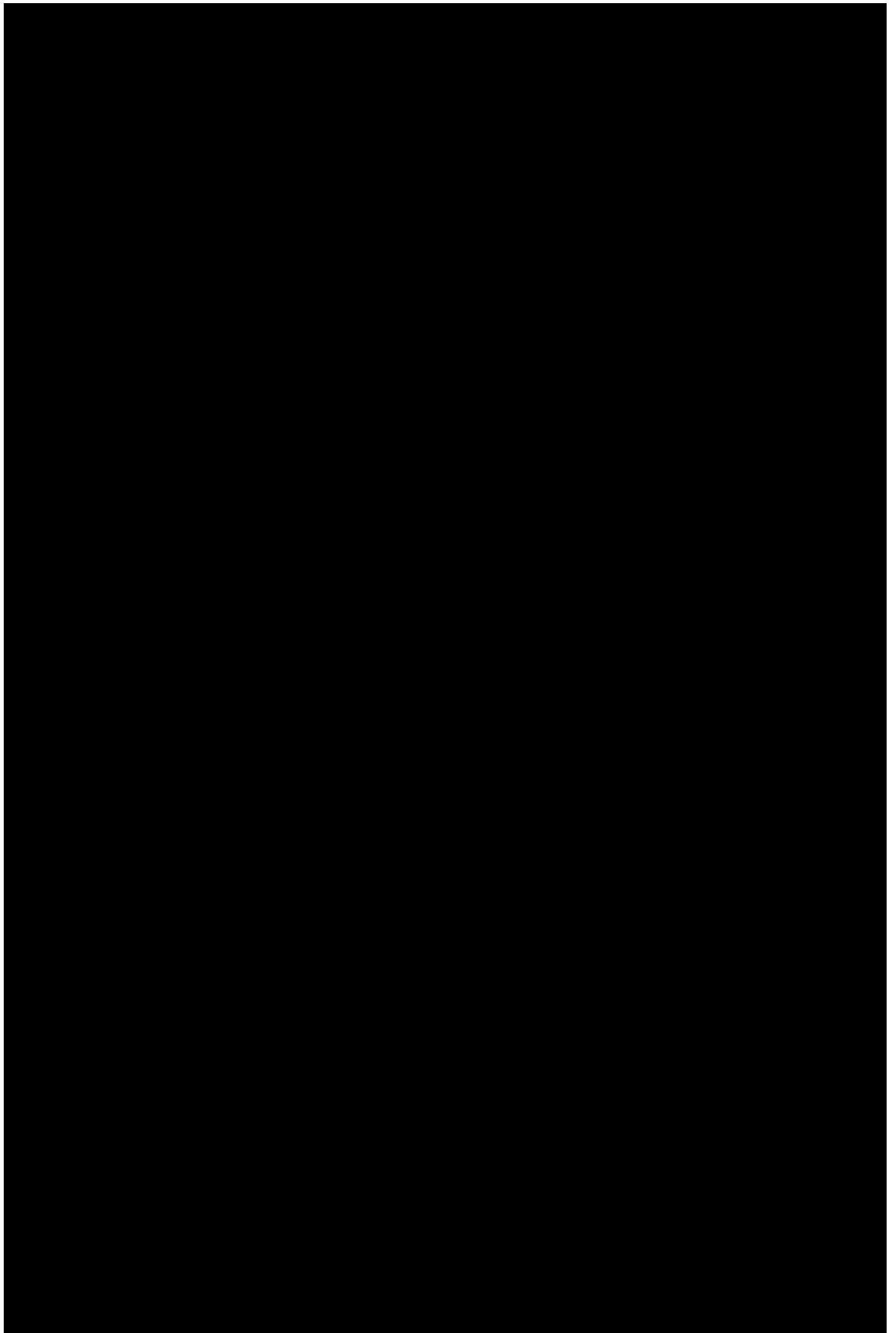


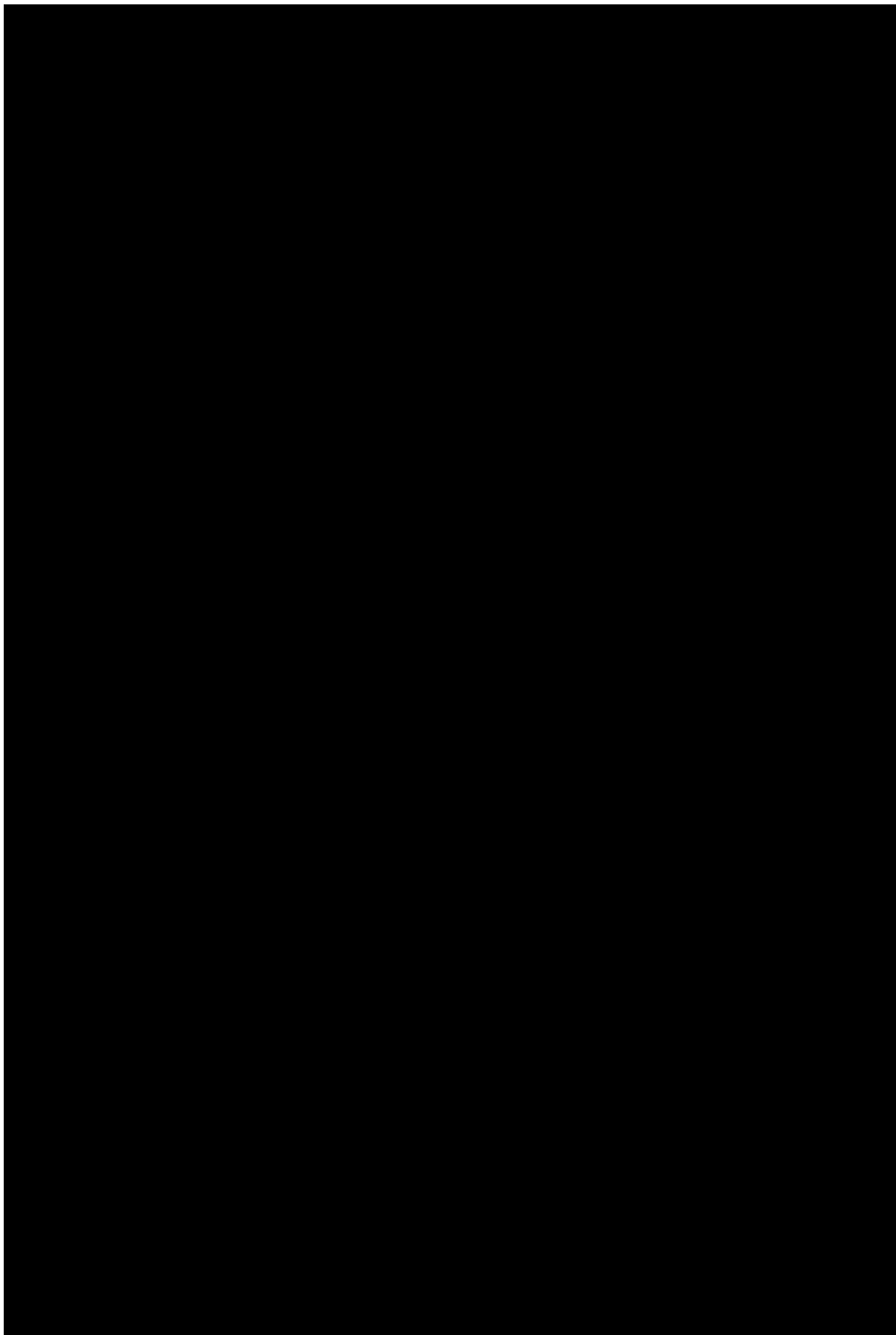


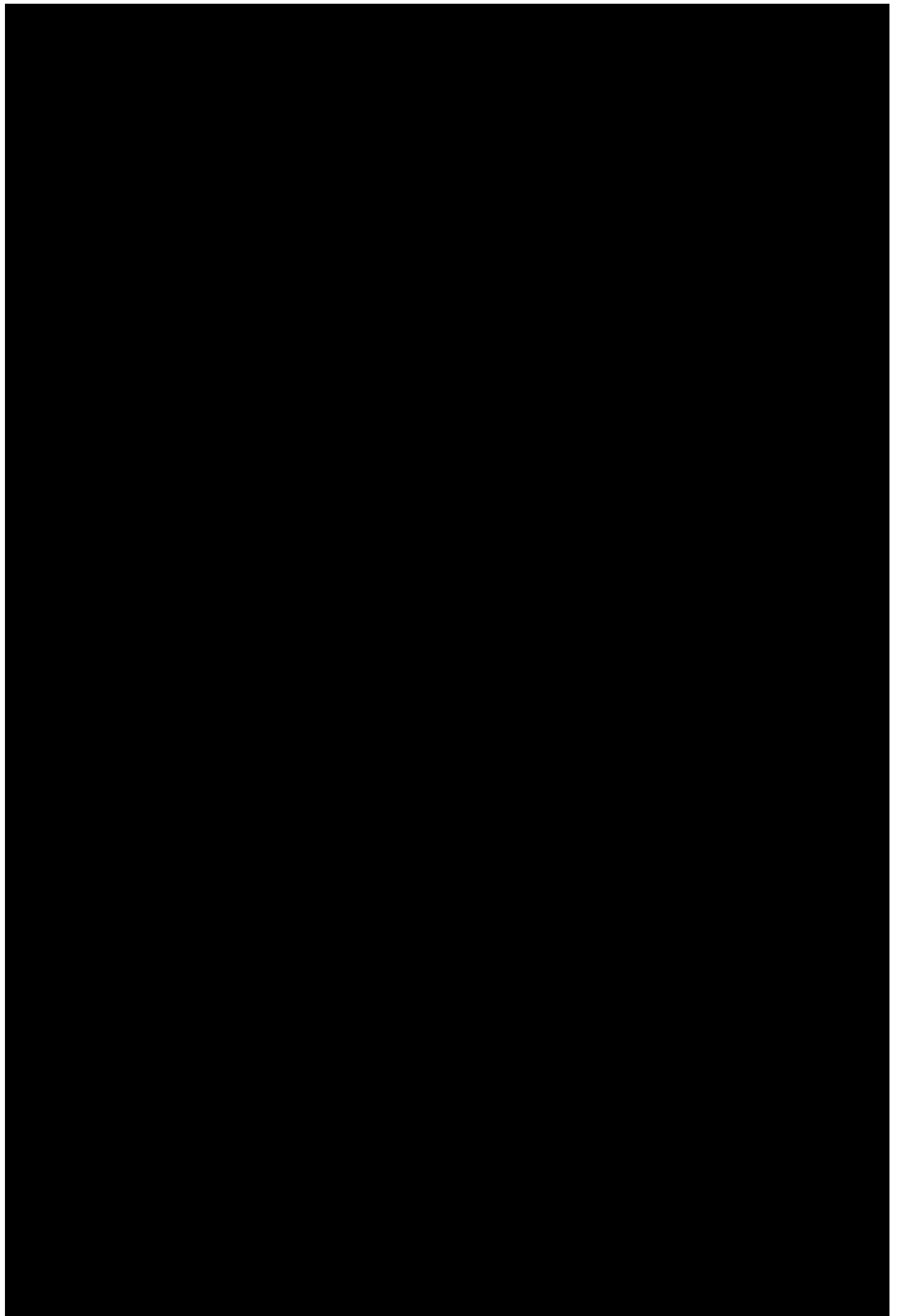


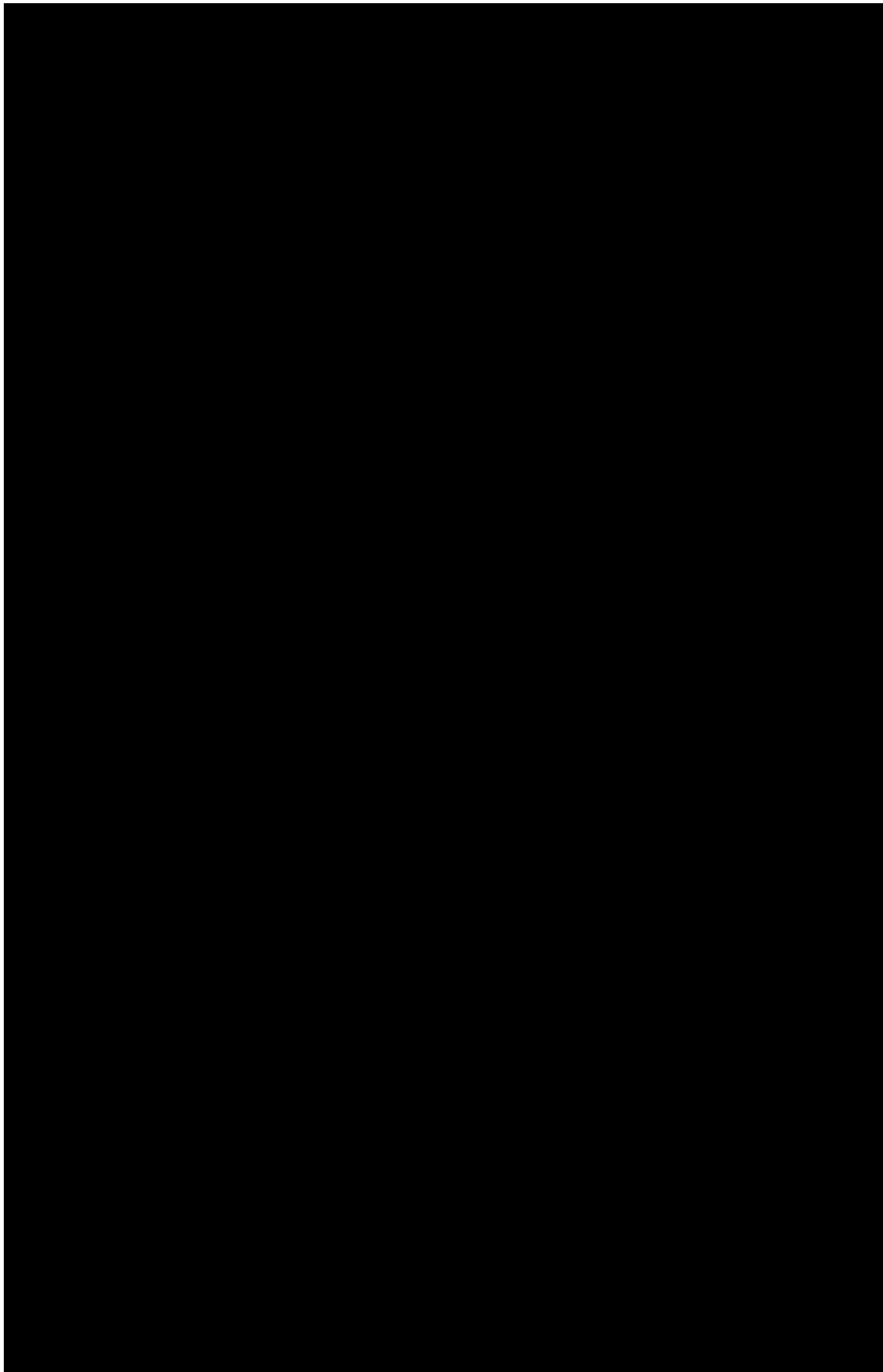


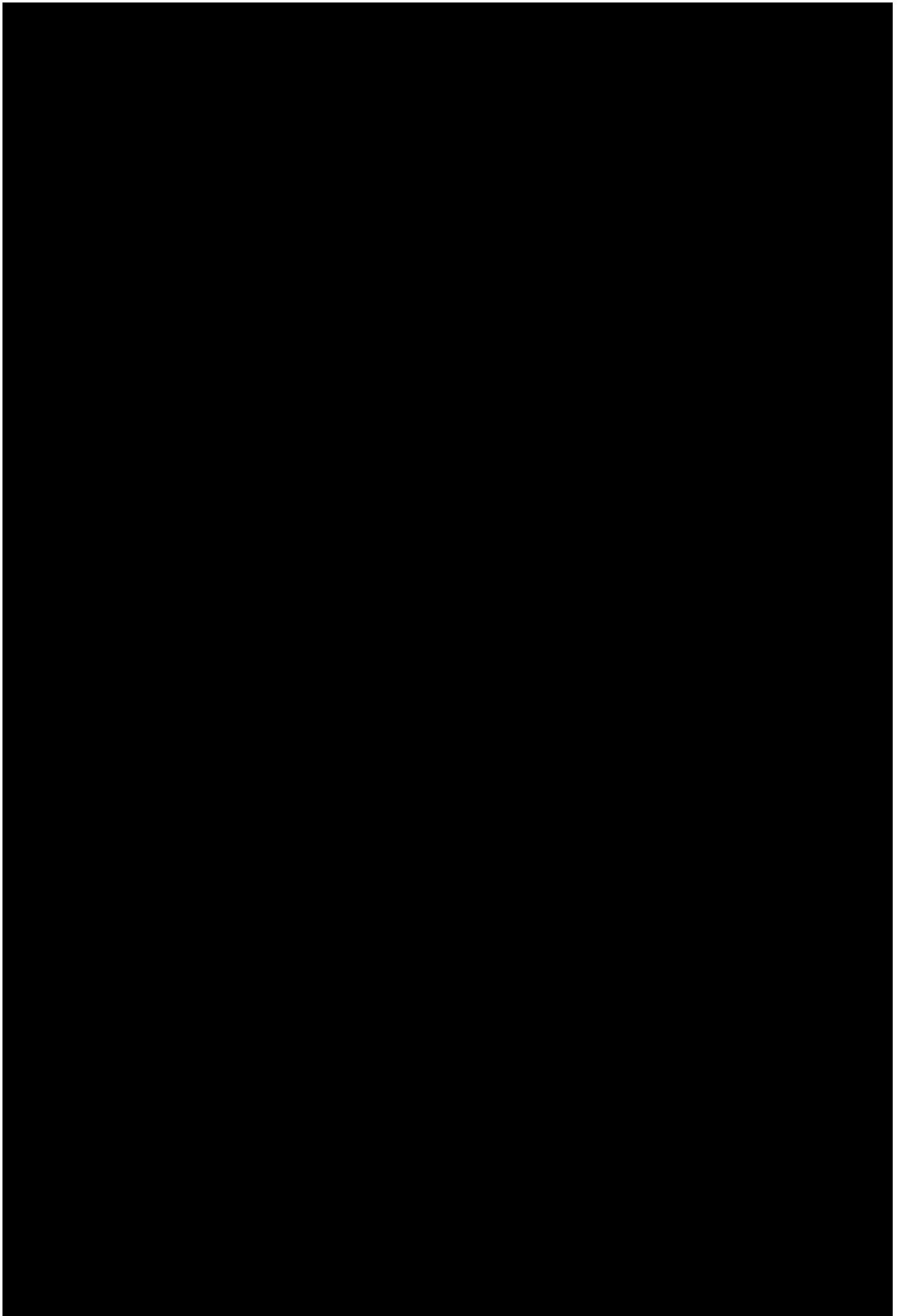


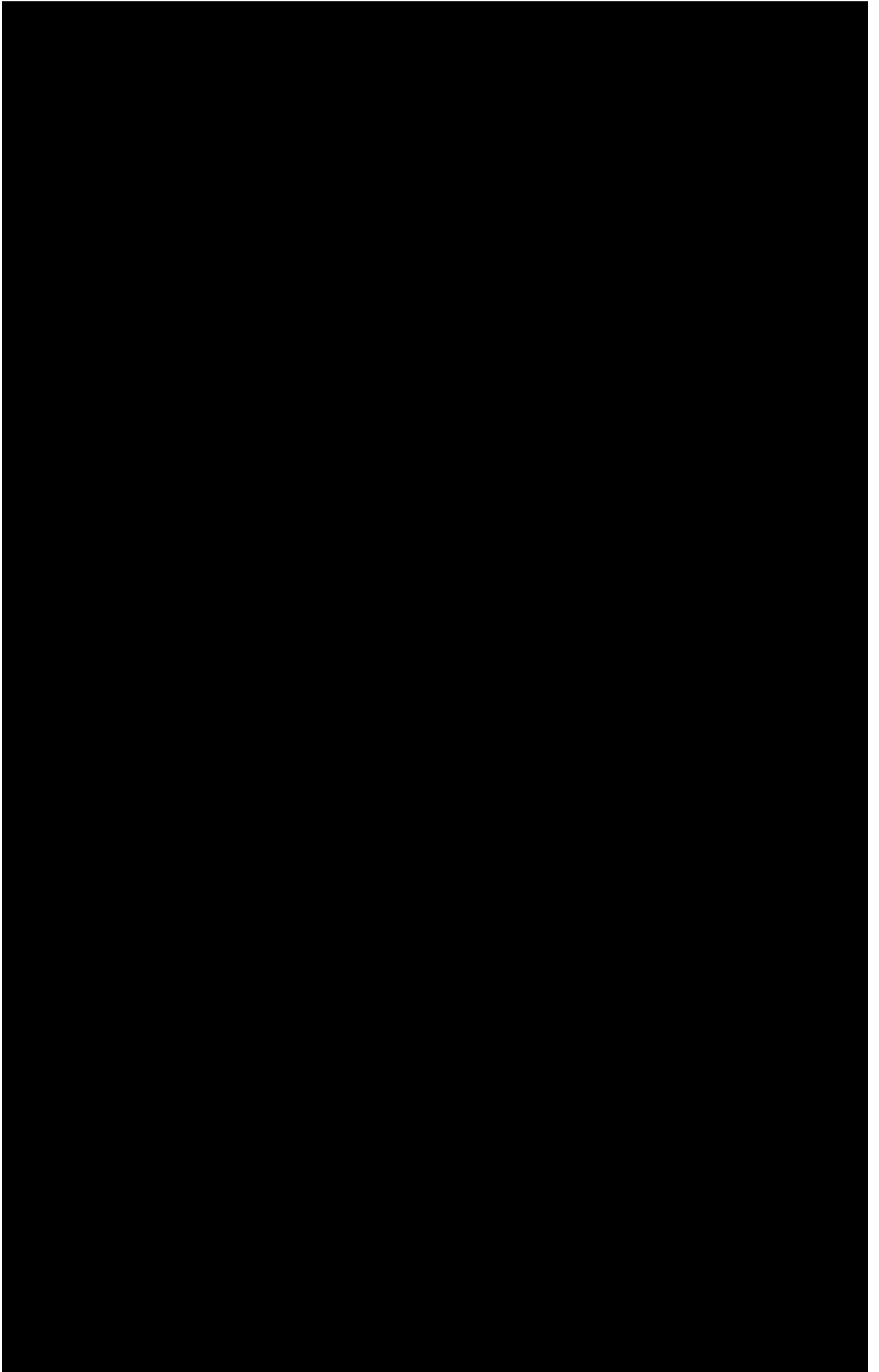


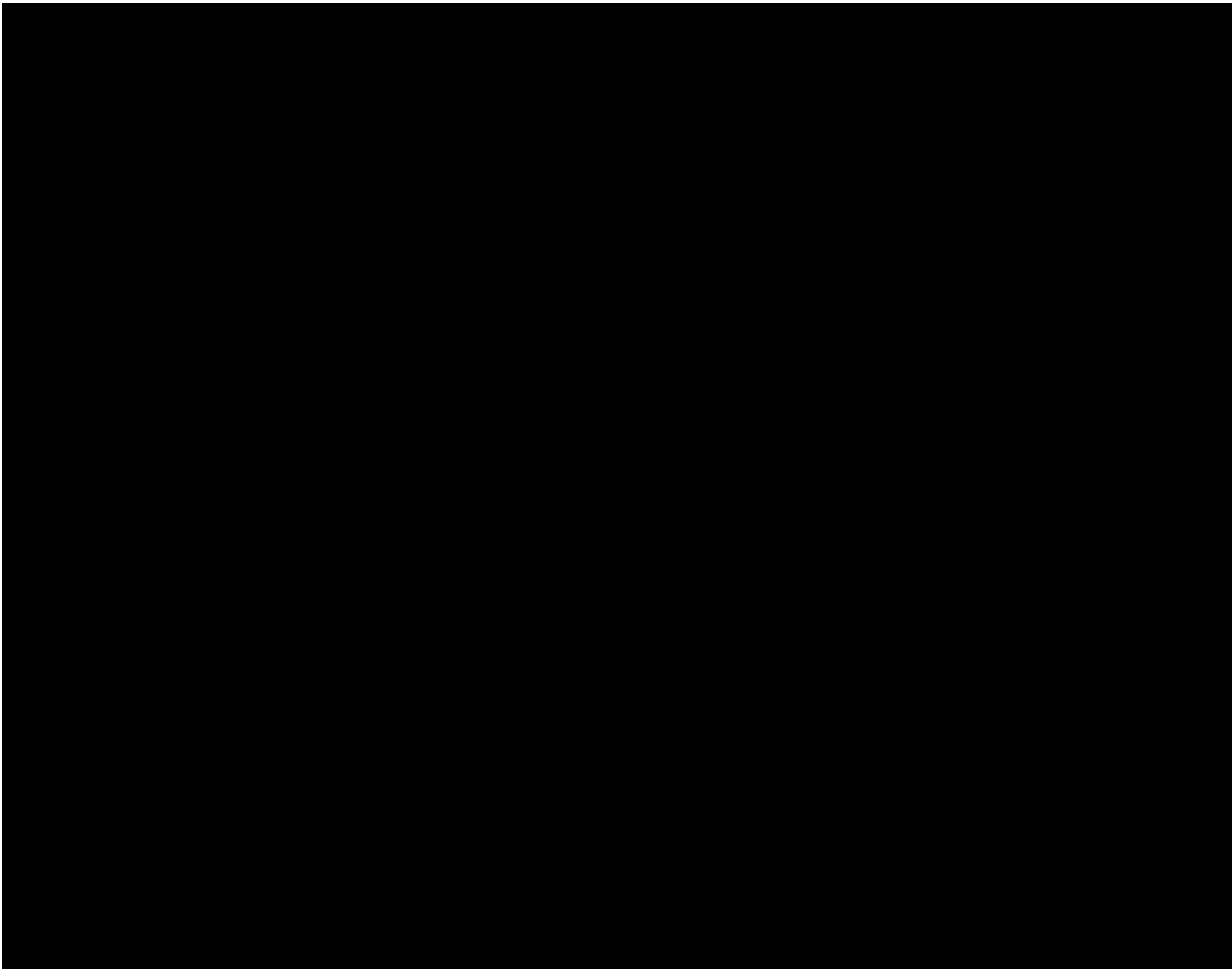


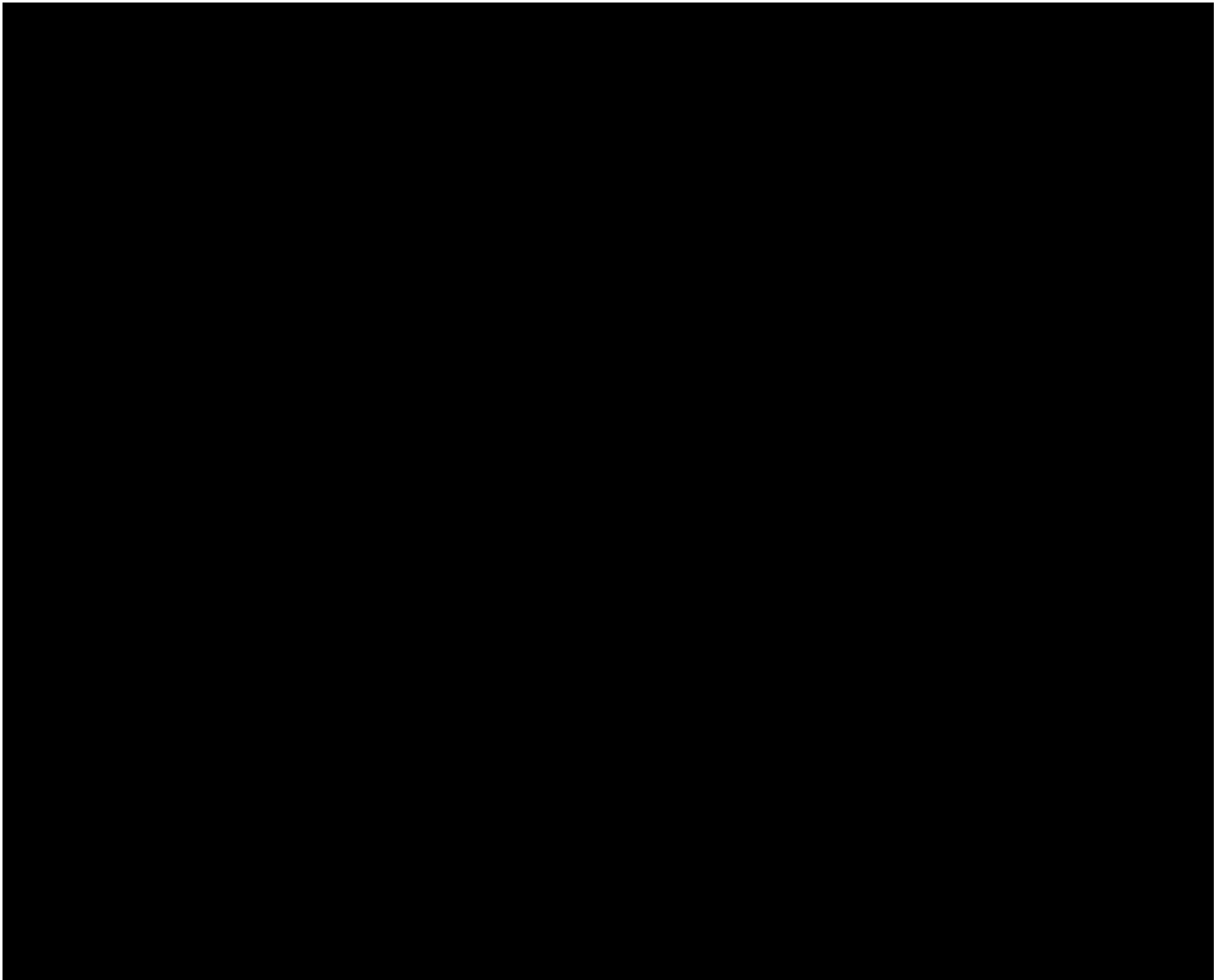


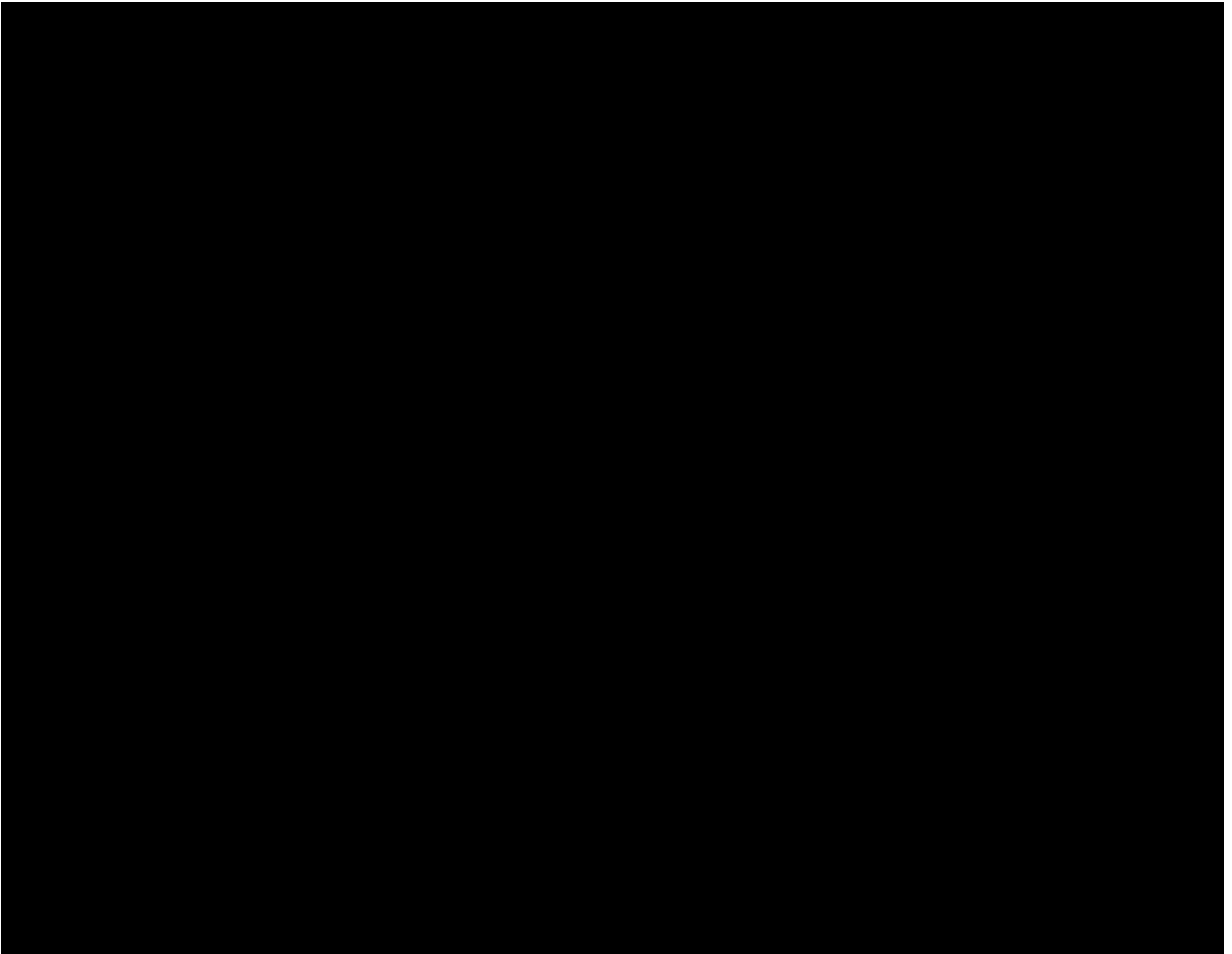


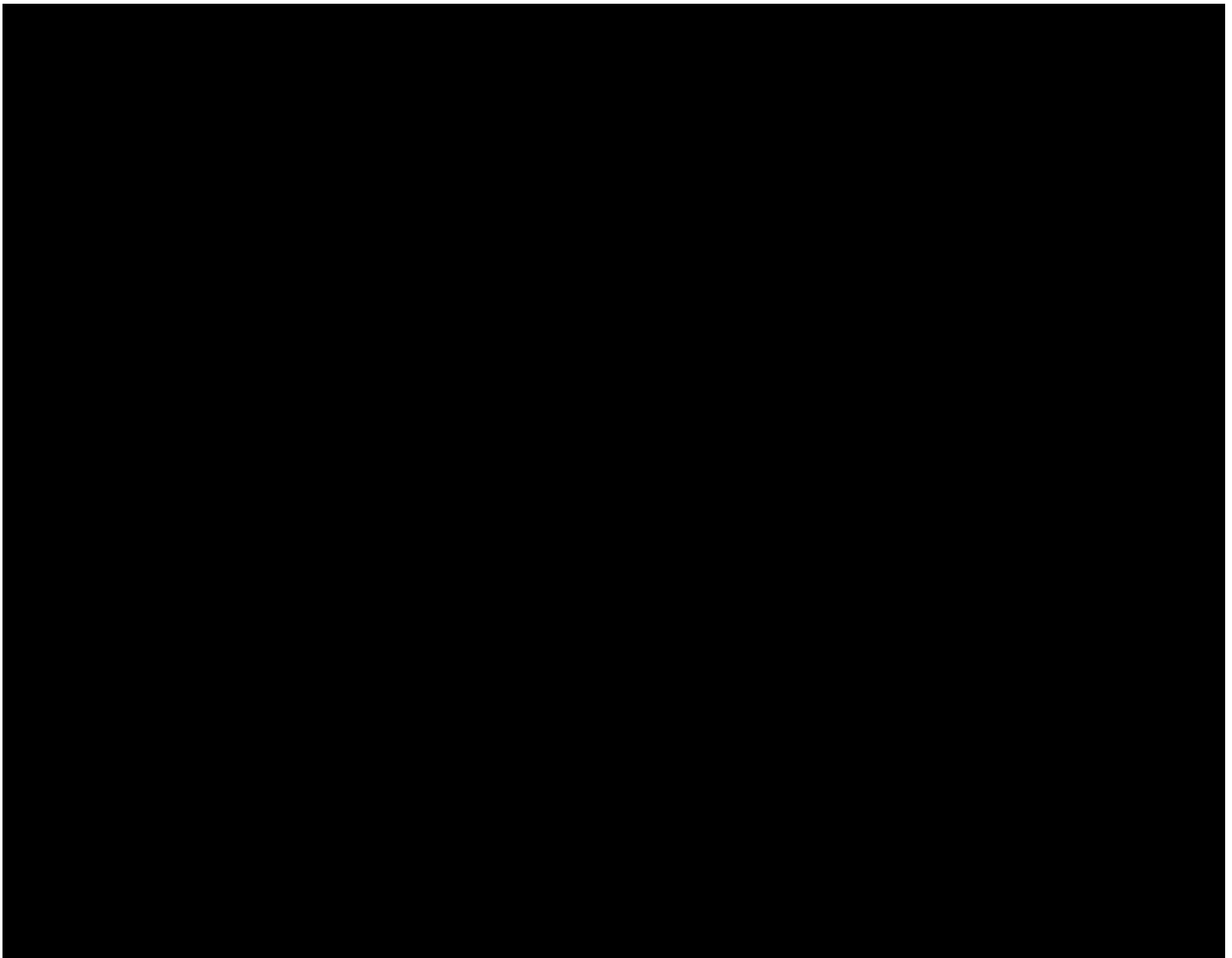


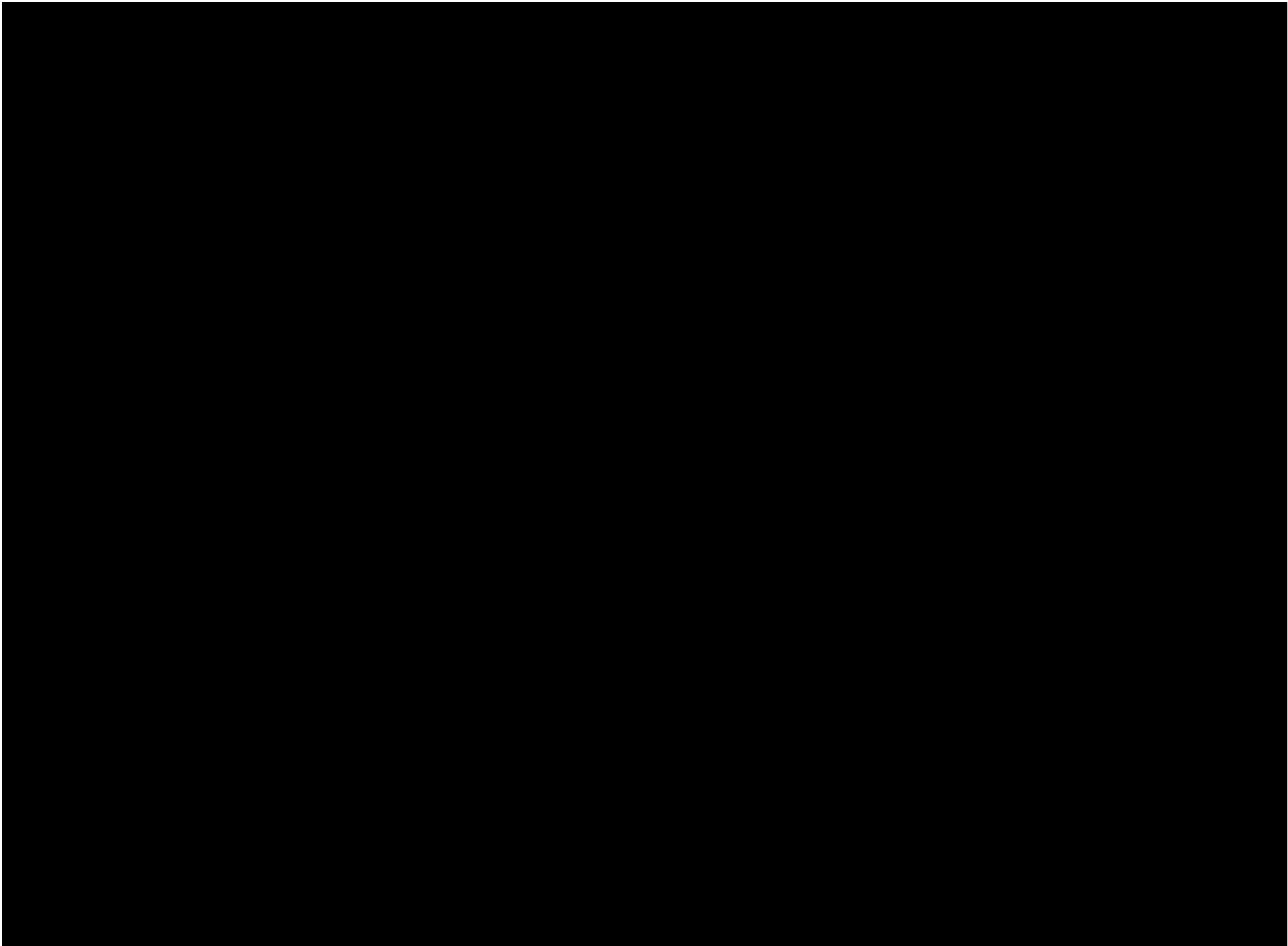












ICB Executives Meeting

| | |
|------------------------|---|
| Date of meeting | 05 December 2023 |
| Title of paper | Long COVID Service update – Options for 24/25 |
| Presented by | Peter Tinson, Director of Primary Care |
| Author | Sarah Camplin, Head of Service Delivery |
| Agenda item | 10 |
| Confidential | No |

Purpose of the paper

To provide an update on the options and impacts for provision of Long COVID services into 24/25 and to highlight the associated risks.

Executive summary

A paper was taken to CRG in October and that recommendation was considered by ICB Executives on the 6th November.

Lancashire and South Cumbria has a bespoke Long COVID Service Provision in place delivered by a collaborative of providers offering person centred multi-disciplinary assessment and intervention in line with national guidance (National commissioning guidance for Post COVID services for adults, children, and young people (final draft)). This provision was commissioned by NHSE since its inception in 2020/21, but this responsibility transferred to LSCICB in month 2 of this 23/24.

A paper providing an update and proposing a review and remodelling of the provision in 24/25 was taken to Commissioning Resource Group on 16th October 2023. The request for the release of funds for the remainder of 2023/24 for the service being provided was supported but the second recommendation to undertake a service model review for 2024/25 could not be supported as it was felt that this work would need to be considered against other priorities. The CRG recommendations were taken to Executives on 6th November 2023 where a decision was made to cease funding at the end of the current term (31st March 2023).

In working with the providers to initiate a closedown of provision, several impacts and risks have been identified which are detailed in this paper to aid consideration of future options for this service.

Recommendations

Executives are asked to consider and agree the most appropriate option going forward.

Governance and reporting (list other forums that have discussed this paper)

| Meeting | Date | Outcomes |
|------------|----------|--|
| CRG | 16/10/23 | Release of funding for 23/24 agreed. Proposal to review and remodel to be fed into relevant prioritisation process. |
| Executives | 06/11/23 | Decision not to fund in 24/25. |

Conflicts of interest identified

None

Implications

| (If yes, please provide a brief risk description and reference number) | Yes | No | N/A | Comments |
|--|-----|----|-----|---|
| Quality impact assessment completed | Y | | | Being undertaken |
| Equality impact assessment completed | | N | | Being undertaken |
| Privacy impact assessment completed | | N | | To be undertaken |
| Financial impact assessment completed | | N | | To be undertaken |
| Associated risks | Y | | | risks detailed in the paper |
| Are associated risks detailed on the ICS Risk Register? | | N | | When an option is agreed the associated risks will be detailed on the ICS Risk Register |

| | |
|------------------------------|--|
| Report authorised by: | Craig Harris, Chief of Strategy, Commissioning & Integration |
|------------------------------|--|

ICB Executives Meeting

Long COVID Service update – Options for 24/25

1. Introduction

- 1.1 In October 2020, NHS England/Improvement launched its five-point plan to support people with Long COVID /Post- COVID -19 syndrome. COVID -19 had a disproportionate impact on those in deprived populations and people in black and ethnic minority groups, and thus exacerbating existing health inequalities.
- 1.2 In 2020-2021 the Northwest Clinical Networks and stakeholders across L&SC designed a Post COVID -19 'service' model, which allowed patients over 18 years of age access to their local services and reduce the burden of travel across the region to one location or 'clinic'.
- 1.3 In Lancashire and South Cumbria (LSC), we have a hybrid/collaborative model in place that utilises Lancashire and South Cumbria Foundation Trust (LSCFT) to provide a referral hub which receives and directs referrals to respective localities. LSCFT also have a role as the coordinator of locality provision. The providers of locality services are; LSCFT, University Hospitals of Morecambe Bay Trust (UHMBT), Blackpool Teaching Hospitals Foundation Trust (BTHFT), East Lancashire Hospitals Trust (ELHT). Children and young people continued to be cared for by Manchester Children's Hospital and Alder Hey, although East Lancashire have developed a service offer that utilises local paediatric and GP input.
- 1.4 Since fully established in early 2022, patients across LSC have been able to access the holistic assessment and therapy service in their local place-base via face to face in clinic, at home or on virtual platforms. Each LSC Long COVID service focuses on individualised recovery and rehabilitation with the option of escalating extremely complex patient need to the LSC multi-disciplinary team (MDT) particularly targeting and addressing health equality.
- 1.5 Personalised care is at the heart of the LSC Long COVID service ethos; flexing the MDT approach to wrap around the individual dependent on their ongoing needs which can include mental health support via a Cognitive Behavioural Therapy approach, Occupational Therapy, Physiotherapy, Dietetics, Speech & Language Therapy, Neuropsychology, Nursing, Medical and Psychiatry evidence-based interventions.
- 1.6 In 2021 Lancashire and South Cumbria received £295,821 initially to support set-up of services and subsequently received £3,190,048 in 2022 to continue to develop and provide specialist services with people living with Long COVID. Services were commissioned by NHS England (NHSE) and monies went directly to LSCFT as the coordinating provider and were subsequently distributed across the partner providers.
- 1.7 Commissioning responsibility was held by NHSE. The continuation of the service for 2023/24 and national funding allocation (£2,880,747) was confirmed to providers by NHSE in February 2023 with the same hybrid/collaborative provision arrangement to continue. Funding for this provision transferred to the ICB in month 2, 23/24.LSC ICB were alerted by the providers to a lack of clarity over current arrangements and

the direction of travel beyond March 2024 were impacting staff recruitment and retention leaving some locality provisions in a vulnerable state.

- 1.8 National commissioning guidance for Post COVID services for adults, children, and young people (final draft) was published in July 2023¹. Recommendations from the national guidance and experience and learning from the existing service model would advise the exploration and development of a collaborative multidisciplinary rehabilitation model for adults going forward.
- 1.9 A paper providing an update and proposing a review and remodelling of the provision in 24/25 was taken to Commissioning Resource Group on 16th October 2023. The request for the release of funds for the remainder of 2023/24 for the service being provided was supported but the second recommendation to undertake a service model review for 2024/25 could not be supported as it was felt that this work would need to be considered against other priorities. The CRG recommendations were taken to Executives on 6th November 2023 where a decision was made to cease funding at the end of the current term (31st March 2023).
- 1.10 Work with the provider collaborative to initiate a closedown of provision by 31st March 2023 and identify suitable alternative pathways for patients has identified a number of impacts and risks.

2. Impacts and Risks of service closure on 31st March 2024

| ISSUE | CONSEQUENCE | IMPACT/RISK |
|--|--|---|
| Closedown of the existing arrangement by the 31st March 24 : | Providers have indicated that they will need to stop accepting new referrals into the service in the next few days to be able to implement an exit strategy which will look to completing, transferring or ceasing provision by the 31st March 2024. | Extreme short notice to referrers of the change and insufficient time to identify alternative referral pathways where they might be appropriate. |
| | Capacity in some place teams is already depleted due to the short-term nature of the commission resulting in a very reduced offer to patients. These patients are likely to wait longer for assessment and to receive appropriate treatment. | Remaining staff are more likely to seek alternative posts or to become unwell due to work pressure which will result in some place services operating at minimal capacity, increasing waiting times and slowing down the patient pathway towards discharge. |
| | Provider staff need to be taken through appropriate 'at risk' processes, to consult and action | This process needs to be started immediately in order to be complete in the remaining |

¹ https://www.england.nhs.uk/wp-content/uploads/2022/07/C1670_National-commissioning-guidance-for-post-COVID-services_V3_July-2022-1.pdf

| | | |
|--|--|--|
| | redeployment options or redundancy. | timeframe. Staff will seek other employment opportunities and may leave before the 31 st March 24 further depleting capacity in place teams and reducing support to remaining patents. |
| | Initial work has highlighted that there is no 'one' alternative mainstream service suitable for this cohort of patients. There is no commissioned rehabilitation service that could meet the needs of this patient cohort. | This will result in patients having to access multiple services and the loss of a coordinated, holistic intervention (as recommended in the national guidance). Patients may receive less appropriate support which will lead to poor symptom management and recovery. Overarching care co-ordination would be lost. |
| | Initial work has also highlighted that the community service offer differs greatly between places and in some areas, there are service gaps which result in there being no appropriate alternative input available for this cohort of patients. | Patients cannot have their needs met and will become more unwell which will have negative consequences for their physical, emotional, and mental wellbeing. This may lead to increased episodes of unplanned care. |
| | Currently people living with Long COVID are not able to access some existing commissioned services due to their diagnosis, such as CF/ME which is currently an exclusion criteria. | Patients will not be able have their needs met. Work will need to be undertaken to explore if alternative services could be afforded further funding temporarily to support this SU group. |
| | There is an emerging cohort within the Long COVID service with neuro-divergent needs. | There is a lack of 'wrap around' care for this cohort and a risk that a move to alternative services will have a disproportionately negative impact on this group of patients. |
| | CYP Long COVID Hub services are continuing however we will no longer be able to provide a transition offer for those young people who need to move to adult Long COVID services in the same way. These services are commissioned separately to the adult pathway, and this is led by NHSE. | Transition becomes fragmented and fragile and negatively impacts care and treatment for those transitioning out of CYP provision. |
| Step-down support also ends 31/03/2024 | As part of the current service model, support services from Red Rose Recovery have been | This service would also cease on the 31 st March which means that those patients stepping down |

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| | sub-contracted to offer peer support and a broader range of supports, such as benefit claims, and vocational support. | from the clinical part of the model at the service closedown point would not benefit from this offer and may be more likely to be re-referred into clinical services. |
| Perceived lack of clinical input in decision making | Trusts are asking for details of the clinical inputs and considerations that were part of the decision making. | The decision not to fund beyond the current 23/24 term moves away from national guidance which recommends a holistic multi-disciplinary assessment and intervention model. |
| Potential for reputational risk to the ICB | An FOI request and an MP complaint have already been received querying the ICB's intentions for the future commissioning of Long COVID services and a strong public voice supporting provision of such services. | There is significant public interest in the future of Long/post COVID service provision. There is a risk of reputational damage to the ICB with regard to rescinding funding of provision in the current year and in failing to prioritise post COVID support in the future. |
| Funding 23/24 | The funding position in 23/24 is already changing due to loss of staff and the need to use agency workers due to the fragility of the service. | The previously forecast underspend of £200k has reduced to £70k. |
| Funding 24/25 | Conversations with NHSE on 23/11/23 indicated that there is an expectation that confirmation will be forthcoming that monies for Long COVID services will be ring fenced for 24/25 with a mandate for their provision. | <ol style="list-style-type: none"> 1. Monies for Long COVID are removed from the LSC allocation before it's received. 2. NHSE could insist that services are provided. |

3. Financial Allocation and commissioning arrangements 2024/25

- 3.1 As previously stated in paragraph 1.7, commissioning responsibility was held by NHSE. The continuation of the service for 2023/24 and national funding allocation (£2,880,747) was confirmed to providers by NHSE in February 2023 with the same hybrid/collaborative provision arrangement to continue.
- 3.2 NHSE is indicating that monies may be ring fenced for provision of Long COVID services in 24/25 with a likely mandate for provision but no formal confirmation has been received.

4 Options for consideration:

- 4.1 **The ICB sticks with the ‘hard’ closedown date of 31st March 2024** and we urgently agree the necessary comms and take an ‘all hands on deck’ approach to identifying alternative pathways and services where these are available and accept that some patients may not be able to access support with particular clinical presentations. This option does not align with National Guidance.
- 4.2 **Stick with the ‘hard’ closedown for the clinical provision element of service of 31st March 2024 but commission Red Rose Recovery peer & group support offer for the six months 1st April – 1st Sept 2024** to extend their support programme and provide a step-down offer for patients which acts as a cushion for patients discharged from the clinical service. This option does not align with national Guidance.
- 4.3 **Extend the funding commitment to the current model for a further 6 months into 24/25** which would allow for the detailed patient level work to be undertaken which will identify the pathways or services that need some enhancement to be able to support this cohort of patients and to identify and consider how we might fill any service gaps. This option would not align with National Guidance.
- 4.4 **In anticipation of funding being confirmed as ring fenced, use the full years funds to extend the current arrangement part year and work up a detailed transition plan that includes the temporary allocation of the remaining funds into other services and addresses the need to provide a holistic overview and case coordination function.** This option could allow for developments to be aligned with National Guidance.
- 4.5 **In anticipation of funding being confirmed as ring fenced, use the full years funds to extend the current arrangement for a full year 24/25 and commit to undertake a wider scale review that would enable the amalgamation of existing wider community rehabilitation services where they exist into a revised generic ICB wide service offer.** This could link with our shift to invest and develop community provision as part of the New Hospitals Programme and provide a foundation model approach. Such a model would respond to patient presentation and tailor the support accordingly rather than patients having to move between or be referred to other services or specialties, providing enhanced delivery of personalised and empowering care. This option would align with National Guidance.

5 Conclusion

- 5.1 In the process of engaging with providers and developing a more comprehensive transition plan several risks have been identified which require urgent consideration to inform further consideration of the best approach to the transition plan.
- 5.2 A QIA and EIA are currently being completed.

6 Recommendations

- 6.1 Executives are asked to consider the additional information provided and indicate which option (4.1 – 4.5) they wish to proceed with.

Sarah Camplin
01.12.2023

