

Lancashire and South Cumbria ICB Commissioning Resource Group

| Date of meeting | | | | |
|-----------------|---------------------------|--|--|--|
| Title of paper | Long Covid Service in LSC | | | |
| Presented by | | | | |
| Author | | | | |
| Agenda item | | | | |
| Confidential | | | | |

Purpose of the paper

Recommendation that the oversight of the long Covid service is reviewed and to seek agreement as to which directorate will have oversight of this service within the ICB

Executive summary

Some people can experience ongoing symptoms following COVID-19 well after their initial infection. People of all ages and backgrounds, irrespective of the severity of initial infection, can experience Ongoing Symptomatic COVID-19 and Post COVID-19 Syndrome, also known as 'Long COVID'. Long COVID is a multisystem condition with a wide range of debilitating symptoms spanning fatigue, breathlessness, cough, chest pain, heart palpitations, fever, headache, muscle pain, gastrointestinal problems and loss of taste and smell. Many people with Long COVID may experience a range of psychological and cognitive symptoms such as depression, anxiety, post-traumatic stress disorder (PTSD) and 'brain fog' or other cognitive impairments, in addition to physical symptoms. This can also have a social impact. Symptoms can fluctuate and change over time. They are well recognised by people who are living with Long COVID and can have significant impacts on a person's ability to carry out day-to-day activities and work.

LSCFT currently host the service on behalf of the ICB and support the oversight of delivery, expenditure and report data as required to NHSE. On discussion LSCFT are supportive of the ICB taking over the host role and provide the oversight, assurance, and report to NHSE – dates TBC.

The funding is currently identified as 'ring fenced' funding and previously allocated to Blackpool CCG. From 2024/25 the funding will go into ICB baseline, however there is no clarity on the amount and we have seen a decrease in the LSC ICB allocation in 2023/24.



The governance structure for the oversight of the Long Covid services is led by LSCFT and ICB staff are involved in supporting the providers in setting up meetings, completing assurance templates and detailing the expenditure. This however requires a review to ensure that oversight of delivery of the waiting times is robust and providers challenged when not delivering.

Recommendations

| Continued oversight required within the ICB – delivery and expenditure ICB Commissioning Resource group to agree which directorate and who will monitor the service | | | | | | | | |
|--|--------|----|-----|----------|--|--|--|--|
| Governance and reporting (list other forums that have discussed this paper) | | | | | | | | |
| Meeting | Date | | | Outcomes | | | | |
| | | | | | | | | |
| Conflicts of interest ident | tified | | | | | | | |
| Detail or insert 'not applie | cable' | | | | | | | |
| Implications | | | | | | | | |
| If yes, please provide a brief risk description and reference number | YES | NO | N/A | Comments | | | | |
| Quality impact assessment completed | | | | | | | | |
| Equality impact assessment completed | | | | | | | | |
| Privacy impact assessment completed | | | | | | | | |
| Financial impact assessment completed | | | | | | | | |
| Associated risks | | | | | | | | |
| Are associated risks detailed on the ICS Risk Register? | | | | | | | | |

| Report authorised by: | David Levy Medical Director |
|-----------------------|-----------------------------|



Commissioning Resource Group

Long Covid Service

Introduction

- 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.
- 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'. Children & Young People continued to be cared for by Manchester Children's Hospital and Alder Hey.

LSC – Local context

- 3 In 2021 Lancashire and South Cumbria received £295,821 initially to support setup of services and subsequently received £3,190,048 in 2022 to continue to develop and provide specialist services with people living with Long COVID.
- 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 MDT particularly targeting and addressing health equality.
- 5 At the outset of the Long Covid service development LSCFT became the host of the service and developed a referral hub to receive and redirect referrals to respective localities.
- 6. During 2021-22 LSC Referral Admin Hub managed 1855 referrals in total. During 2022-23 a total of 1643 were received, a reduction of 212. The latest performance report is attached.



Governance

- 8. The host role for LSCFT includes the following responsibilities:
 - Collation and preparation of Highlight Reports to NHSE
 - Clinical best practice group monthly
 - Operational and workforce groups bi-monthly
 - Steering group monthly
 - ICB operational monthly group to ensure compliance with the MOU
 - Attendance and feedback re NHSE NW Long Covid sub cell meetings monthly
- 9. Staff from LSC ICB support the locality governance however it has been difficult to establish who these staff are and how much support they offer to the process
- 10. LSCFT will be serving notice on its hosting arrangement and asks that the ICB as the strategic commissioner now take the responsibility and oversight of the service.

Financial Oversight

11. As the host LSCFT have agreed the allocation of funding based on population. The funding envelope is currently 'ring fenced' but from 2024/25 will go into ICB baseline budget. The table below shows the 22/23 and 23/24 funding envelope and allocation to each locality.

| | 22/23 | 23/24 Proposal |
|-------------------|-----------|----------------|
| Central | 587,193 | 534,599 |
| Bay | 308,776 | 281,119 |
| West | 201,837 | 183,759 |
| Pennine | 1,060,188 | 965,228 |
| Blackpool & Fylde | 614,385 | 559,355 |
| LSCFT | 417,669 | 380,259 |
| | 3,190,048 | 2,904,319 |

12. In 2022/2023 the budget was underspent by approx. £250k



Recommendations

The Executive team is requested to:

- 1. Note the contents of the report;
- 2. Agree which Executive Director and directorate will take responsibility for the Long Covid service
- 3. Develop a robust framework for the oversight of delivery and expenditure



