



Date of Meeting 25th August
Portfolio Public Health and Wellbeing
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Public/Private Document Public

Third Phase of NHS response to COVID 19

Executive Summary

1. The response to the Covid-19 pandemic has required changes in ways of working across health and social care in order to meet the needs of the population.
 - 1.1 This report outlines the high level requirements set out in recent correspondence received from NHE England and NHS Improvement
 - Third Phase NHS response to Covid 19 - letter from Amanda Stevens and Simon Stevens on 31st July (appendix 1)
 - Implementing phase 3 of the NHS response to the Covid 19 pandemic – supplementary guidance (appendix 2)
 - 1.2 The report outlines the initial process adopted in Rochdale to support system readiness

Recommendation

2. Integrated Commissioning Board are asked to note the content of the paper.

Reason for Recommendation

3. The actions and developments in health are due to direct guidance from NHS England and NHS improvement. The report seeks to update the Integrated Commissioning Board on this guidance and the approach taken in Rochdale.

Key Points for Consideration

4. The correspondence and subsequent guidance from NHS England and NHS improvement set out a series of targets for the NHS system in the following areas
 - Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the time between August and the winter period.
 - Preparation for winter demand pressures, with continued vigilance in the light of further probable spikes in Covid related activity locally and possibly nationally.
 - Doing the above in a way that takes account of all lessons learned during the first Covid peak; including maintaining beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.
- 4.1 Specifically the NHS is asked to
 - Restore full operation of all cancer services
 - Recover Maximum elective activity prior to winter
 - Restore delivery in community services and primary care
 - Improve and expand mental health services and services for people with learning disabilities and or autism
- 4.2 Preparation for winter is required with the understanding that there may be a resurgence in COVID activity including
 - Maintaining NHS staffing beds and capacity
 - Delivering and expanded flu programme
 - Expanding the offer of 111 First to reduce the demand on the hospital system
 - Continued work with Local Authorities to support resilient social care services
- 4.3 There is a requirement to ensure that lessons are learnt from the initial covid response including workforce. The new NHS People plan "We are the NHS people plan for 20/21- actions for us all" has been published with a range of expectations for NHS organisations
 - Keeping staff well
 - Actions to address inequalities experienced by some staff including BAME staff
 - New ways of working
 - Growing the workforce
- 4.4 Health inequalities and prevention are outlined as a key area of focus with a requirements including
 - Work to protect the most vulnerable in our population from COVID 19

- Ensure restoration of NHS services is done in a way which is inclusive of all those with the greatest need
- Accelerate preventative work and ensure there is engagement with those at greatest risk
- Named executive board members to be in place by September responsible for tackling inequalities .

4.5 Finance

The current NHS financial arrangements (which have been in place from April to August 2020) will continue until the end of September 2020. There is further guidance to follow on how the system will operate financially from October.

4.6 Submissions are required from each area with a summary plan by 1st September 2020 and final plans outlining all actions by the 21st September 2020. Plan submissions are required at a Sustainability Transformation Partnership (STP) level. This means a Greater Manchester level submission by the 1st September with local care organisation responses due in by the 24th August.

4.7 Further guidance has followed the initial letter with details around how systems are expected to respond. In addition further guidance is arriving on a regular basis with regard to the expectations of the system.

4.8 Rochdale approach

The Rochdale approach to the phase 3 requirements is

- Gain LCO leadership commitment to a joined up system response
- Assessment in each area of
 - Baseline position
 - Achievement by target dates
 - What it will take to meet the targets

This is supported by weekly meetings of commissioner and provider leads reporting into a sub group of the Local Care Organisation Executive team.

- Links are already established across the North East Sector and Greater Manchester to support the system response to the phase 3 planning process to ensure the best possible results for our Rochdale population.

Costs and Budget Summary

5. The financial implications of the requirements outlined in the phase 3 communications are currently being assessed at a local provider, commissioner and Greater Manchester level. The full implications are not yet known.

Risk and Policy Implications

6. There are risks associated with the ability of the Rochdale system to support achievement of the targets outlined in the phase 3 documents. The approach being taken to address this in Rochdale is to support

identification for each area of the baseline position, the expected performance and what would be required to reach the targets outlined.

Consultation

7. This paper has been written in consultation with senior leaders from the Rochdale system

Background Papers	Place of Inspection
8. Letter from NHS England and NHS Improvement 13 th July 2020 (appendix1)	3 rd Floor, Number One Riverside, Smith Street, Rochdale
9. Further guidance NHS England publication 7 th August 2020 (appendix 2)	3 rd Floor, Number One Riverside, Smith Street, Rochdale

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