



Date of Meeting 29th September 2020
Portfolio Public Health and Wellbeing
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Third Phase of NHS response to COVID 19 –Update

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 updates the Integrated Commissioning Board with regard to the third Phase of NHS response to COVID 19 in the following areas
 - the initial process adopted in Rochdale to support system readiness
 - the second submission to Greater Manchester
 - the other returns required as part of this process
 - next steps for the Rochdale system

Recommendation

2. The integrated commissioning board is asked to note the content of the report and the context provided around the capacity of the health system to respond to the targets set out in the phase 3 guidance.

Reason for Recommendation

3. To support the maintenance of the health and care system for the benefit of the local population

Key Points for Consideration

4. National Requirements
 - 4.1 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.
 - 4.2 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
 - 4.3 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 an 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
- 5 **Submissions to Greater Manchester**
 - 5.1 Submissions have been required within the national guidance from each area with a summary plan submitted 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 meant a Greater Manchester level submission by the 1st September with local care organisation responses which were required by the 24th August.
 - 5.2 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.
 - 5.3 The latest version of the Greater Manchester Submissions includes separate requirements for returns around Mental Health, the People Plan, Health Inequalities and Cancer.
- 6 **The Rochdale approach**
 - 6.1 The Rochdale approach to the phase 3 requirements has been as follows. A clear commitment was gained from the Local Care Organisation leadership to a joined up system response. An overall plan is being used to monitor progress in each area as outlined in the initial letter from NHS England and NHS Improvement. This is supported by weekly meetings of commissioner and provider leads reporting into a sub group of the Local Care Organisation Executive team.

6.2 Links are 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.

7 **Rochdale Submissions**

7.1 There have been two submissions of activity data to date. The submissions from Provider and Commissioner have been aligned in terms of methodology used however the data is not identical as both have different reference points. The acute provider is reporting on all patients treated on the hospital sites, commissioners are reporting on the activity relating to the residents of Rochdale irrespective of hospital site.

8 **Feedback on first submission and preparation for final submission**

8.1 Regional and GM feedback has been received on the first submission. Concern has been expressed about a lack of alignment of CCG and provider plans. The group is asked to note that the submissions from our main acute provider (Pennine Acute Hospitals) will never precisely match our return for the following reasons

- The hospitals are reporting on all patients they treat and as commissioners we are reporting on all activity for the residents of Rochdale irrespective of location of treatment
- Specialist commissioned activity is a separate category.

8.2 Whilst the numbers will not be identical significant work has gone into ensuring the methodology applied by provider and commissioner is shared and understood.

8.3 There is also feedback in relation to the failure to meet the targets set out in the initial phase 3 communications. It is understood that Greater Manchester has forecast lower acute restoration achievement than other parts of the North West of England and that the North West of England has forecast lower achievement than the rest of England.

9 **Next Steps**

9.1 Work will continue on the data based submissions following feedback from Greater Manchester and the North West Region. It is anticipated that there will be further challenge across all areas to maximise restoration of activity. The potential for an increase in COVID related activity will make this even more challenging for the system in Rochdale and across Greater Manchester.

9.2 As outlined in there is also further work to take place on the local people plans, inequalities plans and other submissions around mental health, cancer and finance.

9.3 As a local system the aim is to take the information from the second return and to commence development of an operational plan to support how the system will

achieve the activity volumes within the plans. This is intended to include collaboration across the Rochdale footprint. This will also include plans for pathway changes and communication with patients.

- 9.4 The Local Care Organisation Executive will manage the over-arching plan which ensures all requirements of the Phase 3 response are considered across the locality. This group will also monitor the relative risk around maximising the restoration of activity and the levels of covid related activity.
- 9.5 In Greater Manchester further work is also underway to determine the impact financially and operationally of a number of programmes of work including
- Urgent care by appointment
 - Implementation of the Rapid Diagnostic centre model for Manchester Foundation Trust
 - Identification of additional diagnostic capacity
- 9.6 The full impact of the above schemes will need to be factored in once they are determined.

Costs and Budget Summary

- 10 Finance returns are a separate submission.

Risk and Policy Implications

- 11 The submission includes a number of risks.
- The Plans will add to financial pressures due to covid related impact on baseline productivity.
 - Potential to not be able to resource the plans due to financial constraints
 - Demand remains relatively uncertain including future covid patterns
 - Potential for changes in provider capacity
 - Potential further impact from COVID related activity

Consultation

12. This paper has been written in consultation with senior leaders from both the SCF and LCO

Background Papers	Place of Inspection
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| 13. There are no background papers for the submitted report | |
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For Further Information Contact:	
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