

Covid-19 Recovery Update

Health and Wellbeing scrutiny Committee
2 September 2020



Outline

- Aim to cover the following 3 main areas:
 - Phase 3 Recovery planning
 - Out of hospital and joint commissioning update (All Together Better)
 - In-hospital update (STSFT)



Phases of recovery

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards
Purpose	Enable NHS to deal with peak covid-19 demand	Identify critical services risks and impacts during Covid-19 preparation and peak Start to restore safe service levels for critical services, lock in service innovation and signal re-start to some routine services Develop monitoring tools to measure and reassure	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care headroom NHS priorities established Improved service models as BaU
Planning	CEO/COO letter to NHS issued 17 March 2020	Letter to NHS issued 29 April 2020 Short term operational planning for May to July 2020	Letter to NHS / light touch planning guidance planned for issue late May/early June 2020	Planning guidance planned for issue late December 2020

Where we are

- Phase 3 planning letter published on 31 July
- Covid national alert down to level 3 – regional control rather than national
- Sets out NHS priorities:
 - Accelerate return to near normal level of non-Covid health services
 - Preparation for winter, vigilance around possible infection spikes locally and nationally
 - Take account of lessons learned, lock in beneficial changes, support staff, tackle health inequalities and prevention



Restoring/recovering health services

- All cancer services to be restored to full operation
- Providers to recover the maximum elective activity possible between now and winter
- Systems are expected to re-establish:
 - Overnight electives, outpatient/day case procedures (90% of last year's activity by September)
 - MRI/CT and endoscopy procedures (90% and 100% respectively of last year's levels by October)
 - First outpatient attendances and follow ups (100% of last year's activity in September)
- Access to most independent hospital capacity until March 2021 to support elective activity



Primary and community

- Restore activity to usual levels where clinically appropriate
- Catch up on childhood immunisations and cervical screening
- Programme of structured medication services within enhanced support to care homes
- GP practices to offer face to face appointments, as well as remote triage, video, online and telephone consultations
- Continued support/rehabilitation of patients following acute phase of COVID
- Resume safe home visiting for vulnerable/shielding patients
- Fully embed the discharge to assess process
- Resume CHC assessments



Mental health, learning disabilities and/or autism

- CCGs to continue to increase investment in the mental health services
- IAPT services to fully resume
- 24/7 crisis helpline for all ages to be retained
- Continue to reduce number of children, young people and adults with a learning disability and/or autism in inpatient settings
- Review all patients on community mental health teams' caseloads
- Maintain growth in numbers of children and young people accessing services
- Complete all outstanding Learning Disability Mortality Reviews by December 2020)
- Patients with learning disabilities to have annual health checks, accesses screening and flu vaccinations



Preparing for winter

- Continue to follow Covid-19 related practice
 - testing, infection prevention control and PPE
- Deliver expanded flu vaccination programme
- Expand 111 First offer to reduce pressure on A&E services
- Maximise use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand
- Work with local authorities to ensure discharges not delayed



Workforce

- NHS People Plan for 2020/21
- Aims to build momentum and make lasting change
- Includes specific commitments around:
 - **Looking after our people** – quality health and wellbeing support for everyone
 - **Belonging in the NHS** – focus on tackling the discrimination that some staff face
 - **New ways of working** – effective use of people's skills and experience
 - **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return
- All systems to develop a local People Plan



Health inequalities and prevention

- Restore NHS services inclusively so used by those in greatest need
- Systems to consider digital inequalities and develop digitally enabled pathways which increase inclusion
- Each NHS organisation to have board member responsible for tackling inequalities by September
- Strengthening leadership and accountability at board level - improving diversity at board and senior levels
- Engage those at greatest risk of poor health outcomes:
 - more accessible flu vaccination
 - better targeting of LTC prevention and management
 - obesity reduction
 - increasing continuity of care of maternity carers



Thank you and questions.....

