Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	29 July 2020
Executive Member:	Cllr Eleanor Wills – Executive Member (Adult Social Care and Health)
Clinical Lead:	Dr Ashwin Ramachandra – CCG Co-Chair
Reporting Officer:	Jessica Williams, Director of Commissioning
Subject:	Measures for Recovery – T&G Response to Simon Stevens letter
Report Summary:	This briefing provides assurance regarding the Phase 2 response in Tameside and Glossop to safely supporting Covid-19 patients whilst also reintroducing aspects of proactive and preventative healthcare as advised by NHS England.
Recommendations:	SCB is asked to note the content of the report.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	N/A
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Across all areas
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	There are no immediate financial implications arising from this report as it is a high level report setting out T&Gs plans to roll out phase 2 of getting services to be reintroduced safely.

Additional Comments

CCG continue to operate under a 'Command and Control' regime, directed by NHS England & Improvement (NHSE&I). NHSE has assumed responsibility for elements of commissioning and procurement and **CCGs have been advised to assume a break-even financial position in 2020-21.** Further guidance is expected from NHSE as we move forward throughout the year, which will provide clarification on how CCGs will meet their statutory control totals and respond to these challenges. The NW Regional Director for NHSE&I, Bill McCarthy, wrote to CCG Accountable Officers on the 8 June confirming the responsibilities of CCGs and governance whilst under the national command and control regime. Pertinent extracts of that communication is as follows:

"The basic principle is that Boards [Governing Bodies] retain

	all of their responsibilities apart from those brought into the emergency governance arrangements. So, for example, quality, safeguarding, staff welfare, equalities, financial probity all remain essential areas for the Board to oversee and scrutinize. *Once a level 4 incident is declared, in health NHSE take responsibility for "running the emergency". This means that new governance arrangements are established for decision making within the scope of the emergency. In the NW we have set out governance arrangements … which remain in place for the duration. … This commits resource which is then reflected in the operation of the emergency financial regime."*
Legal Implications: (Authorised by the Borough Solicitor)	This is a high level report setting out Tameside and Glossop's response to the expectations set down by the NHS in relation to covid 19.
How do proposals align with Health & Wellbeing Strategy?	The report sets out Tameside and Glossop's response to the expectations set down by the NHS in relation to covid 19 and will continue to align with the Health & Wellbeing Strategy where possible.
How do proposals align with Locality Plan?	Services will be reintroduced gradually and will align with the Locality Plan where possible.
How do proposals align with the Commissioning Strategy?	Services will be reintroduced gradually and will align with the Commissioning Strategy where possible.
Recommendations / views of the Health and Care Advisory Group:	N/A
Public and Patient Implications:	To be considered on individual basis for each service area prior to services reopening.
Quality Implications:	There are no specific quality issues.
How do the proposals help to reduce health inequalities?	To be considered on individual basis for each service area prior to services reopening.
What are the Equality and Diversity implications?	There are no specific Diversity and Equality implications.
What are the safeguarding implications?	There are no specific safeguarding implications.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no additional IG implications.
Risk Management:	Any risks are to be considered on individual basis for each service area prior to services reopening.

Access to Information:

The background papers relating to this report can be inspected by contacting Martin Ashton, Associate Director of Commissioning: Living Well

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1. INTRODUCTION

1.1 The spread of Covid-19 meant that the delivery of emergency and urgent care was prioritised with the NHS operating as a command and control system.

1.2 This briefing provides assurance regarding the response in Tameside and Glossop to the NHS England Phase 2 mandate which aims to safely support Covid-19 patients whilst also reintroducing aspects of proactive and preventative healthcare.

2. PHASES

2.1 Phase 1: On 30 January the first phase of the NHS preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident.

2.2 Phase 2: Earlier this quarter Sir Simon Stevens wrote to partners outlining expectations from NHS England as part of the second phase of the NHS response to covid-19. Phase 2 planning identifies how patients can be effectively supported with Covid-19, whilst other proactive and preventative services are safely reintroduced.

2.3 Phase 3: To ensure the NHS has the capacity to deal with winter pressures and reintroduced activity and the flexibility and resilience to deal with ongoing Covid-19 demand. National guidance on Phase 3 is expected shortly that will include the financial and delivery context, the regulation and oversight approach and a request for plans to be developed at a Greater Manchester system level.

3. KEY AREAS OF FOCUS FOR PHASE TWO ASSURANCE

3.1 Full details of the key priorities are found in the attached excel spreadsheet, a summary is included below

3.2 Urgent care: Increase the availability of booked appointments that allow patients to bypass the emergency department altogether. Reintroduce time-critical procedures and ensure all admitted patients are assessed daily for discharge.

3.3 Routine surgery and care: Where additional capacity is available, restart routine elective surgery. In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients

3.4 Cancer: Maintain access to essential surgery. Safely reintroduce referrals, diagnostics and treatment to minimise potential harm and to reduce the scale of the post-pandemic surge in demand.

3.5 Cardiovascular Disease, Heart Attacks and Stroke: Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease. Hospitals to prioritise capacity for stroke services.

3.6 Maternity: Providers to make direct and regular contact with all women receiving antenatal and postnatal care. Ensure obstetric units have appropriate staffing levels including anaesthetic cover. Maintain Antenatal and Newborn Screening Services.

3.7 Primary Care: Ensure patients have clear information on how to access primary care services and are confident about making appointments. Complete work on implementing digital and video consultations. Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs. Support delivery of the Enhanced Care in Care Homes service. Deliver as much routine and preventative work as

can be provided safely including vaccinations immunisations, and screening. Maintain good vaccine uptake and coverage of immunisations. Plan for an expanded flu programme.

3.8 Community Services: Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.

3.9 Mental Health and Learning Disability/ Autism services: Establish all-age open access crisis services and helplines. For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. Prepare for a possible longer-term increase in demand as a consequence of the pandemic. Annual health checks for people with a learning disability should continue to be completed.

3.10 Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care: General Practices and NHS Trusts should continue to triage patient contacts and utilise remote appointments.

3.11 There are fundamental interdependencies between estates, workforce and IT which mean that they cannot be considered in isolation and must be developed with key consideration of one other.

4. NEXT STEPS

4.1 The Phase 2 action response document will be reviewed at Out of Hospital Silver monthly with reports by exception to Covid Senior Coordination Group.

4.2 As we move into Phase 3 there will be further emphasis on returning critical services to agreed standards, beginning to resume other elective activity and putting plans in place to deal with the backlog of activity.

4.3 Providers have demonstrated a great ability to adapt and change when under significant pressure and it is important that we take hold of the opportunities presented through these adverse times and not lose momentum with the transformational progress that has come about. We will seek to take this opportunity to ‘lock in’ beneficial changes that have been introduced in recent months. This includes strong clinical leadership, flexible and remote working, and rapid innovation including introducing new technology-enabled service delivery options such as digital consultations.

5. RECOMMENDATIONS

5.1 As set out at the front of the report.