

NHS England and NHS Improvement Board meetings held in common

Paper Title: Next phase of Covid19 response and NHS recovery

Agenda item: 4 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Action required:

Board members are asked to note the proposed approach to phase three planning, including the priorities we will be setting for the NHS for the remainder of the financial year.

Executive summary:

This paper sets out:

- our plans for the next phase of Covid19 response
- the proposed approach to planning for the ongoing recovery of NHS services in the remainder of 2020/21
- progress on the restoration of urgent and critical services and the constraining factors.

Background

1. Phase three describes the remainder of the 2020/21 financial year, where the NHS is focused on restoring and recovering services whilst maintaining capacity to deal with future Covid19 demand and winter pressures.
2. The significant pressures currently facing NHS organisations means that our ask of them in phase three needs to be focused and realistic. At the same time, we need to support and incentivise NHS systems to go as far as possible to recover their diagnostic and elective activity and begin to deal with backlog created by the pandemic.
3. This note sets out the likely focus of the planning letter for phase three to support ongoing management of Covid19 and the recovery of non-Covid services.

Engagement to date

4. We have undertaken significant engagement with regional teams, representative bodies (including the NHS Confederation and NHS Providers), and a specifically-convened task and finish group of around 20 provider CEOs, CCG AOs and system leaders. This engagement has helped shape a short and focused set of priorities which are based on operational realities and are described in more detail below.
5. The work to restore urgent and critical services has also increased our understanding of the constraints that are affecting the pace of recovery and the progress being made to date by the NHS in recovering services. More detail of this can be found in the separate board paper on operational performance.

Phase three priorities

6. As we move towards the second half of the financial year, we will be issuing a short planning letter to the NHS to indicate our priorities and ask systems how they plan to make best use of their available capacity, including the independent sector, to recover their activity at the same time as managing ongoing Covid19 demand. Systems will need contingency arrangements that can be implemented in the case of localised outbreaks, or a wider national second wave. Systems will need to consider the additional impact of winter flu pressures, and prepare for a substantially expanded flu vaccination programme as well as undertaking regular Covid19 testing surveillance amongst their staff at the point the Chief Medical Officer and DHSC determine that should happen across the NHS.
7. The phase three planning letter is likely to signal that:
 - a. We expect systems to use nationally-contracted independent sector capacity to the greatest possible extent
 - b. We will maximise diagnostic capacity, including help to increase workforce productivity and develop Covid19-minimal community diagnostic hubs
 - c. Funding for enhanced discharge arrangements will continue in line with the Government's recent announcement, with care provided for six weeks following discharge
 - d. The national 111 programme will help reduce pressure on A&E services and the additional capital available for ED capacity increases will support this further (with as many of these improvement programmes delivered in 20/21 as possible).
8. In terms of our ask of systems, our engagement has helped narrow the list of priorities to the following:
 - a. Preparing for **winter**, including the delivery of an expanded seasonal flu vaccination programme
 - b. Restoring the number of people waiting for **cancer** diagnosis or treatment to at least pre-pandemic levels and restore cancer screening services

- c. Addressing **health inequalities** that have been exposed by the pandemic
- d. Recover as much **elective activity** as possible, including maintaining improvements in reducing the number of face-to-face outpatient appointments
- e. Restoring service delivery in **primary care** and **community** services, prioritising those with greatest clinical need
- f. Continuing to increase investment in **mental health services** in line with the mental health investment standard
- g. Reducing the number of children, young people and adults with a **learning disability, autism or both** in a specialist inpatient setting

Financial framework

Extension of current financial framework

- 9. To support restoration, and enable continued collaborative working, the current financial arrangements, comprising nationally-set block contracts between NHS providers and commissioners, and prospective and retrospective top-up funding issued by NHSE/I, will be extended to cover August and possibly September 2020. The M5 and M6 block contract and prospective top-up payments will be the same as M4.
- 10. From 1 October, our intention is to move to a revised financial framework for the remainder of 2020/21 which retains simplified arrangements for payment and contracting but has a greater focus on system partnership funding and activity restoration, as described above. The planning letter will contain further details of these proposals.