

The third phase response to COVID-19

Joined up Care Derbyshire's plan

Background

On 31st July 2020, Simon Stevens and Amanda Pritchard, in a letter to all Health and Social Care Systems across England, detailed the objectives for the third phase of the NHS' response to COVID-19 (letter attached at appendix A for information).

In summary, the priorities of the next phase (September 2020 – March 2021) are to:

1. Accelerate the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter;
2. Preparation for winter alongside possible Covid resurgence; and
3. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

Despite the ongoing challenges of restoring services whilst also remaining vigilant of COVID-19 demand, we are planning to see a marked increase in NHS activity delivery in this next phase compared to the first two phases.

The key headlines of our response to meeting the three priorities

Accelerate the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter

1. We will be delivering more elective activity in the next phase of the response to the pandemic compared to the first. Whilst it is challenging to deliver targets set, we will slow down the growth in the number of patients waiting longer than 52 weeks for their treatment and aim to at least stabilise the position over the next 6 months.
2. Against the backdrop of constrained access to capacity, we will ensure that patients with clinically urgent elective care needs are prioritised so that we can continue to operate whilst also responding to winter pressures.
3. We will continue to provide more care via 'non-face-to-face means' across all care settings, where clinically appropriate, using the digital by default mode of working deployed during the first phase of the pandemic. However, we will ensure that if patients need to see a clinician face-to-face, we will provide the capacity required to do so.
4. We will continue to reduce the number of patients waiting more than 62 days for their first treatment for cancer.
5. We will deliver the terms of the Mental Health Investment Standard in full this year.

Preparation for winter alongside possible Covid resurgence

1. We will invest new capital monies to expand the capacity of the Emergency Departments (ED) at the Chesterfield Royal Hospital, Royal Derby Hospital and Queens Hospital Burton. This will mean that we will be in a better position to manage ED attendance volume whilst also maintaining social distancing and Infection Prevention and Control Measures.
2. We will deliver the terms of the recently published Hospital Discharge Guidance and ensure we have enough community care capacity to support its implementation. This will mean that patients requiring rehabilitative care in the community will be able to access it in a timely fashion, and in a setting that is appropriate for their health and social care need.
3. We will deliver a significantly expanded seasonal flu vaccination programme this winter - equivalent to half a million vaccines being administered.
4. We will implement the *111 first* offering across Derby and Derbyshire this winter. This will result in patients, with urgent care needs; being managed in the most appropriate care setting.
5. We will provide enhanced clinical care into every Care Home in Derby and Derbyshire.

Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

1. We will continue to use the digital innovation implemented during the first phase of the pandemic to deliver care, where clinically appropriate.
2. We will continue to build on the positive cross system collaborative working which became a prominent feature of JUCD's response to the first phase of the pandemic.
3. We have an established framework for assessing the health inequality impacts of service restoration, which leadership from all Health and Social Care stakeholders, to ensure that we respond effectively to health inequality issues we face across Derby and Derbyshire.
4. Our response to the National People Plan is being developed and will ensure that we support our staff during what is going to be a very challenging period.

Resource implications

The financial impacts of phase III delivery are currently being assessed in light of recently published NHS England Guidance.