

**Briefing for Cambridgeshire Health Committee  
27 July 2020**

**Agenda item 7**

<b>Agenda item:</b>	7
<b>Title:</b>	<b>RECOVERY PLANNING UPDATE</b>
<b>Lead:</b>	Jan Thomas, Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
<b>Author:</b>	Catherine Boaden, Head of CCG & System Planning, Cambridgeshire and Peterborough Clinical Commissioning Group

**Purpose of the paper**

This paper provides an update on the recovery planning work undertaken to date.

**Cambridgeshire Health Committee are invited to:**

**Note the work undertaken to date on recovery planning.**

## 1. EXECUTIVE SUMMARY

1. This paper provides an update on the recovery planning work undertaken to date. It describes:
  - Our approach to the recovery planning process
  - Requirements from NHS England/ Improvement (NHSE/I)
  - Next steps

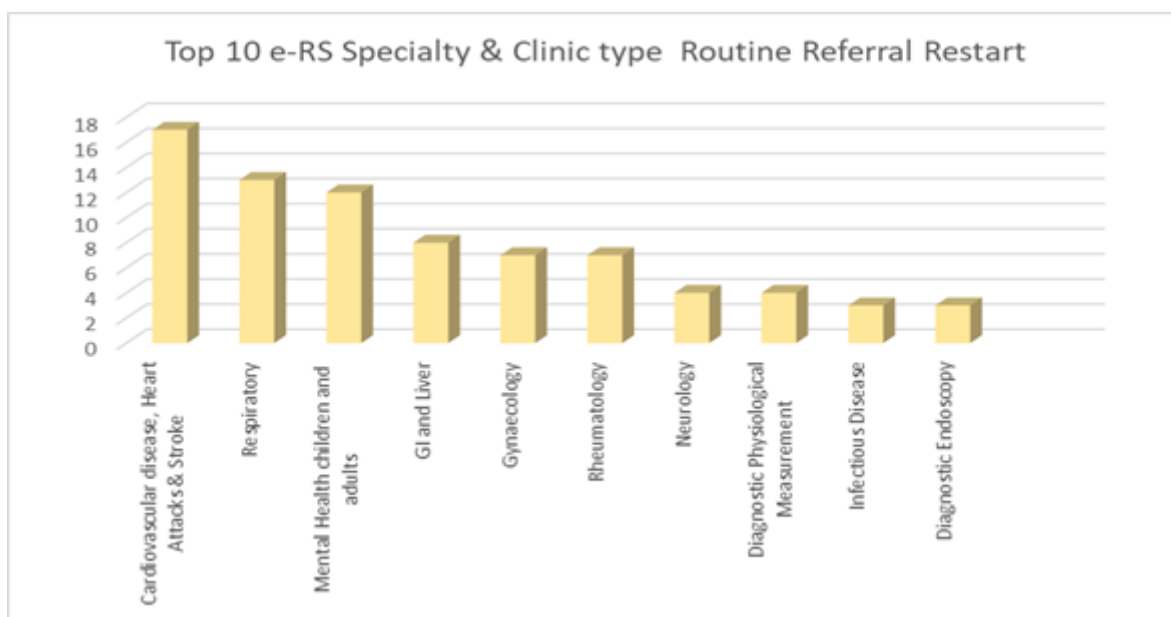
## 2. BODY OF REPORT

### **Background**

2. Since the Covid outbreak began, our response within the Cambridgeshire and Peterborough health and care system has been to ensure we have the capacity to support and treat patients, to maximise survivorship and to keep staff safe.
3. In April we began planning our approach to restarting work that had been paused due to Covid. This work was undertaken in the context that we would have to live with the disease until a vaccine or treatment becomes available. It was also undertaken with the knowledge that a potential second wave was possible and therefore we needed to retain the ability to quickly 'step up' capacity to deal with Covid cases should this be required. We have continued to monitor the data around case numbers since April and use this information to inform our plans.
4. System Partners have worked with a number of system groups to deliver our Covid response.
  - Health Gold, which brings together leaders from across the system, have led on the restart of services, testing, availability of Personal Protective Equipment (PPE), workforce, occupancy and public confidence.
  - Our Joint Clinical Group (JCG) have considered the clinical approach and advised on prioritisation and safety. GP clinical leads have also advised on prioritisation.
  - A number of key cross system groups have advised on finance, workforce, digital infrastructure and the public health response.
  - Our North and South alliances have considered how to support system partners to work together to make the changes required.
5. In addition, we have actively worked at a multi-agency level through the Local Resilience Forum (LRF) to ensure that health and the economy are considered equally as recovery planning takes place across the county. This LRF is co-chaired by the Chief Officer of the CCG and the Chief Executive of Cambridgeshire County Council and Peterborough City Council. It has been an invaluable part of the process, providing command, control and co-ordination across Cambridgeshire and Peterborough.
6. Our initial plans assumed a period of 12-18+ months of managing Covid disease alongside a sustainable model for non-Covid healthcare. Our goal, as a system, was to implement a sustainable clinical and operating model for this period, allowing for future increases and decreases in case numbers, and with the primary aim of maximising the survivorship of patients and protecting our staff.
7. We have had an opportunity to use the recovery period to think about how our services should run and to make our recovery plan and the system's transformation plan one and the same thing.
8. A further aim of the recovery planning process was to ensure that as we began to restart services, we captured and sought to incorporate the benefits of the new ways of working introduced during

the peak of Covid, with the aim of embedding them in future ways of working. We have undertaken work to review the positive changes introduced during Covid so that we can decide whether to retain them or to go further and make more radical changes.

9. We have also sought to act on the clinical view of prioritisation, including ongoing clinical prioritisation of the waiting list across all procedures so that those at most risk of harm are treated most quickly. In addition, we have sought to provide the public with the confidence to seek care where appropriate and necessary.
10. This has included ongoing clinical prioritisation of the waiting list across all procedures so that those at most risk of harm are treated most quickly.
11. To support our approach the CCG asked GP clinical leads, on 27 April, to respond to a question about the priority service areas which should be restarted in the Recovery Phase of Covid-19 crisis. The responses, summarised in the graph below, have supported the development of the recovery plan.



12. NHS England/ Improvement (NHSE/I) have developed a phased approach to recovery, and we have used the same approach as we have progressed our own plans.

<b>Phase 1</b>	Apr 20	Immediate Covid response – in healthcare settings, care homes and the community.
<b>Phase 2</b>	May – Jul 20	Continued response to Covid whilst beginning to reintroduce some essential services.
<b>Phase 3</b>	Aug 20 – Mar 21	Continued response to Covid whilst reintroducing more services.
<b>Phase 4</b>	Apr 21 onwards	A new 'normal' where the system has the ability to treat and care for those with Covid whilst providing all other necessary services. (At this point we hope to have a better understanding of the disease.)

### Core principles

13. We agreed a set of core principles to guide planning

- a) Maximise health benefit in the context of limited resources
- b) Stay close to the clinical evidence base
- c) Reduce health inequality
- d) Focus on clinically designed whole pathway interventions

### ***Planning to date***

14. We have worked closely with NHSE/I to develop our recovery plans. On 29 April 2020 we received a letter from Simon Stevens, NHS Chief Executive and Amanda Pritchard, NHS Chief Operating Officer setting out some initial guidance around recovery planning.
15. We responded to this guidance by developing an initial draft recovery plan which we submitted to NHSE/I on 7 May setting out our proposed approach to Phase 2 (May to July 2020). This plan gave a detailed overview of our position and plans, setting out the position of each of our organisations against the areas identified in the national letter:
  - Urgent and routine surgery and care
  - Cancer
  - Cardiovascular Disease, Heart Attacks and Stroke
  - Maternity
  - Primary Care
  - Community Services
  - Mental Health and Learning Disability/ Autism services
  - Screening and Immunisations
  - Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care
16. We also described workforce, digital infrastructure and our estate.
17. A follow-up plan covering Phase 3 (August 2020 to March 2021) was submitted on 14 May.
18. We expect to receive further national guidance from Simon Stevens and Amanda Pritchard, in late July/ early August. It is expected that this guidance to ask us to describe progress to date against our plans submitted so far and for further detail about capacity, demand, constraints and solutions. We expect to be asked to submit follow-up plans over the summer and for these plans to cover the remainder of 2020/21 including the winter period.
19. We are anticipating the focus of this guidance to be as follows:
  - A system approach to planning
  - An emphasis on reducing health inequalities
  - An approach which enables us to minimise harm
  - A renewed emphasis on integrated out of hospital care
20. We expect to have to submit plans that are flexible with scope to step services up and down as necessary. This plan will double as our operational plan for the remainder of 2020/21.
21. We think it is likely that we will be asked to submit the next version of our recovery plan to NHSE/I in September.
22. To support our ongoing approach to recovery planning we have set up a Recovery Oversight Group. This group brings together Chief Operating Officers and Directors of Strategy from across the

system, from the local authority and the NHS, to lead the recovery process. The group is leading four domains to focus on specific aspects of recovery:

Domain 1: Out of hospital care

- Primary Care and Medicines Optimisation
- UEC Collaborative
- Community Care
- Care Homes/CHC
- Mental Health Services
- Discharge to assess

Domain 2: Clinical Interface

- Advice & Guidance
- Medicines Optimisation
- Direct Access Diagnostics
- Prioritisation of Service Start

Domain 3: Hospital Care

- OP
- Diagnostics
- Electives Care
- Cancer
- Critical Care
- Urgent Care & Flow

Domain 4: Maternity & Children's Services

- Maternity
- Children's Services

### 3. RECOMMENDATIONS

23. Cambridgeshire Health Committee members are invited to note the work undertaken to date on recovery planning.

27 July 2020