Board of Directors – Open

Date:	9th September 2020

Item Ref:	12

TITLE OF PAPER	Implementing Phase 3 of the NHS Response to the COVID-19 Pandemic – Winter Planning 20/21
TO BE PRESENTED BY	Beverley Murphy, Executive Director of Nursing, Professions and Operations
ACTION REQUIRED	The Board is asked to consider whether it is sufficiently assured about the Trust plans to respond to Implementing Phase 3 of the NHS Response to the COVID-19 Pandemic. The Board is asked to consider if the reporting arrangements to Board and its sub-committees are sufficient.

OUTCOME	The Board is sighted of expectations and timescales set out in Phase 3 of the NHS Response to the COVID-19 Pandemic and is assured that the required actions are in progress.
TIMETABLE FOR DECISION	September 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	□ COVID19 Report September 2020 □ Emergency Preparedness, Resilience and Response - Annual Report 2020 □ Getting Back to Good September 2020
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	Delivering Outstanding Care; Creating a Great Place to Work COVID – Getting Through Safely; CQC – Getting Back to Good BAF.0001 There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19. BAF.0003 There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.

LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	The risk is that the organisation compromises its ability to provide safe and effective care, to meet its patient population's need. The organisation does not adequately protect its workforce and in turn reduces its availability, thus compromising quality and safety.
CONSIDERATION OF LEGAL ISSUES	Breach of regulatory standards and conditions of Provider Licence.

Author of Report	Michelle Fearon
Designation	
Date of Report	2nd September 2020

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	✓			✓		

To up-date Board as to the organisational response required to Implement Phase 3 of the NHS Response to COVID-19 Pandemic and assure robustness of plans to manage through winter 20/21.

2. Summary

Further to the Chief Executive's briefing to Board in August 2020, more detailed guidance, issued 7th August 2020, has been released to support the implementation of Phase 3 of the NHS Response to the COVID-19 Pandemic *(reference: letter from Amanda Pritchard and Sir Simon Stevens dated 31st July 2020).* Implementing Phase 3 effectively guides Winter planning 2020-21.

NHSE/I have clear expectations that processes for managing through Winter and responding to predicted/known surges in the COVID-19 pandemic need to be integrated. It is predicted that this winter will be more challenging for the NHS as a whole which sets an expectation that there is a continued collaboration across the health and care sector. Phase 3 Implementation replaces the usual Winter Planning processes and will lead the NHS through month 7-12 of 2020/21.

Eight urgent actions are identified within the Implementation guidance:

1. **Protect the most vulnerable from COVID-19**, with enhanced analsysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
2. **Restore NHS services inclusively**, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31st October 2020.
3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and **mental health digitally enabled care pathways** by 31st March 2021.
4. **Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes;** including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities and increasing the continuity of maternity carers.
5. **Particularly support those who suffer mental ill health**, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring by 31st December 2020.

6. **Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities** in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.
7. **Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities.** All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31st December 2020, with general practice prioritising those groups at significant risk of COVID-19 from 1st September 2020.
8. **Collaborate locally in planning and delivering action to address health inequalities**, including incorporating in plans for restoring critical services by 21st September 2020; better listening to communities and strengthening local accountability, deepening partnerships with local authorities and the voluntary and community sector and maintaining a continual focus on implementation of these actions, resources and impact, including a report by 31st March 2021

With this, a revised Phase 3 Mental Health Planning Process for 2020/21 has also been outlined. The planning process for mental health aims to:

▫ Ensure all CCGs meet the Mental Health Investment Standard in 2020/21 and that this funding is flowing to providers.
▫ Support systems in understanding what is being delivered for mental health in 2020/21.
▫ Understand the impact COVID-19 has had on delivery and give systems an opportunity to identify risks and ask for support (regionally and/or nationally).

Actions Taken

The draft 2020/21 Mental Health Planning return was completed and submitted to Sheffield CCG. The Board's attention is drawn to the following areas of elevated risk:

▫ IAPT, a reduction in people accessing treatment due to the impact of COVID. A local recovery plan has been developed, maximising digital capabilities. At an ICS level, Attain have been commissioned to facilitate a system-wide recovery programme. The reduction is in line with the national picture and must be attended to ensure people receive the support they require.
▫ The number of people accessing perinatal mental health has reduced due to the impact of COVID restrictions. This is a fragile period for families, work is underway to ensure families are aware of the support available. More investment is required to reach communities and meet the predicted need.
▫ Placing people out of area for inpatient care. This adverse performance is driven by increased lengths of stay as well as an urgent estate improvement programme which has reduced overall bed capacity.

Our planned improvements are being validated with commissioning colleagues and will finalised for the submission on 21st September 2020.

The Trust has identified leads to meet the requirements of the Place and ICS level submissions attached at *Appendix A* for information.

Targeted Flu Vaccination Programme

One of our most critical lines of defence to manage through Phase 3/Winter will be the successful delivery of a comprehensive Flu Vaccination programme for our staff and our patients receiving 24-hour inpatient care. Preparations are well-underway, with staff vaccinators being trained during August and September. The implementation plan will be overseen by a weekly project group, in order that targeted vaccination programmes will take place to protect those most vulnerable or at risk. It is expected that vaccines will be available from end of September, although this could be sooner.

The performance targets are:

100% of front-line staff – 2,399 staff over a 12 week programme
Minimum of 85% all employed Trust staff – 2,437 over a 12 week programme

To be delivered by the end of December with a stretch target of 1st December 2020.

There is a strong national drive to vaccinate front line staff as early as possible into the campaign. We know there are heightened risks to catching 'flu with many people experiencing suppressed immune system due to COVID19 and the associated restrictions. We have set ourselves a target of **75% of our eligible front-line staff receiving a vaccination in the first 8 weeks of the programme** requiring us to deliver 225 vaccinations per week. We anticipate that with ward/team level peer vaccinators, flu clinic across sites, 7 days per week, the Trust has capacity for 450 vaccinations per week. There is a dedicated communications campaign with planned incentives for teams with 100% vaccination rates.

3   Next Steps

SHSC has identified a lead officer for Winter Planning, Michelle Fearon, to co-ordinate our response and operate as part of the Place Based Health & Social Care Winter Planning Cell. The particular focuses will be on:

- Service delivery through COVID-19 restrictions
- Winter surge capacity
- Robust 'flu vaccination campaign
- Adequate access to personal protective equipment

Progress updates will be provided to Board through routine reporting.

The Flu Vaccination Programme will be presented to the People Committee September 2020. Performance oversight and assurance will be provided through the People Committee's monthly reporting to Board.

4   Required Actions

The Board is asked to consider whether it is sufficiently about assured about the Trust plans to respond to Implementing Phase 3 of the NHS Response to the COVID-19 Pandemic.

The Board is asked to consider if the reporting arrangements to Board and its sub-committees are sufficient.

5   Monitoring Arrangements

The Board will continue to be appraised of progress against actions through the COVID-19 and Transformation Project reports.

The Board will continue to receive the Performance and Quality reports.

The delivery of SHSC's 'flu vaccination programme will be overseen by the People Committee in order that it may appraise Board.

6   Contact Details

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Executive Team Briefing – 20th August 2020
Phase 3 Mental Health Planning 2020/21 – Executive Portfolio Deliverables

Introduction

This briefing outlines the required deliverables from SHSC, assigned to Executive portfolios, to meet the requirements from "Implementing Phase 3 of the NHS Response to COVID-19" (July 2020) and with this, the revised Mental Health 2020/21 Long Term Plan programme priorities (August 2020).

Background & Timelines

31st July 2020   Phase 3 letter from Amanda Pritchard and Sir Simon Stevens setting out priorities for 20/21 and financial arrangements heading into the autumn.

7th August 2020   Implementation Guidance
Within this specific guidance on Mental Health Planning, which will support the allocation of the Mental Health Investment Standard (MHIS) uplift to ICS/CCGs (to meet expected increases in demand as well as ensure MHIS is met by every CCG).

1st September 2020   Draft submissions, built up by provider, place and ICS level

                             National Planning Return - Activity template for systems to update 20/21 activity trajectories for 7 Long Term Plan metrics
-        IAPT roll out
-        Inappropriate adult acute mental health out of area placement days
-        SMI full annual health check
-        Numbers of women accessing Perinatal
-        Number of people accessing Individual Placement & Support
-        Numbers of people receiving care from new models of integrated primary and community care
-        Numbers of people with a learning disability in in-patient care

Mental Health Planning Return – pre-populated with information from 5 year Long Term Plan for confirmation (Y/N) whether 20/21 deliverables can be achieved (activity & workforce specific) and the opportunity to flag additional cost pressures due to COVID

Mental Health Financial Template – pre-populated with the required CCG spend gap to meet the MHIS and templates to capture Month 1-6 outturn and planned spend for M7-12.

21st September 2020   Final submissions

There is clear expectation from the centre that providers and CCGs will increase capacity/investment to meet their 2020/21 ambitions. Updated trajectories will only be accepted where the ICS can indicate the impact of delivery due to COVID.

Returns need to be signed off at all levels – ICS sign off will be from Kathryn Singh, CEO at RDASH

PLANNING RETURN			
Requirement	**Timescale**	**Executive Lead**	**Progress Update**
Completion of Planning and Financial Returns	As Above	Phillip Easthope	Plan coordinated. Allocation of key roles and responsibilities. Oversight through Silver Command (return to business as usual) and Business Planning Group.
Workforce Planning Returns – Local People Plan	21st September 2020	Caroline Parry	Trust response being formulated to feed into ICS wide return.
Implications of COVID on 20/21 Trajectories	As Above	Michelle Fearon	First iteration of validating performance/delivery trajectories and narratives of COVID impact submitted to CCG. Areas to highlight:- 1. IAPT access numbers (Attain are working at ICS level to facilitate recovery plan) 2. Perinatal – COVID impact and no agreed investment to support expansion 3. Out of Area placements – linked to bed reduction numbers to manage social distancing and urgent estate programmes

RESPONDING TO THE IMPLEMENTATION PLAN		
Action to Address Health Inequalities	**Timescales (where explicit)**	**Executive Lead**
Action 1. Protect the most vulnerable from COVID (risk assessments for staff)	31st July 2020 (BAME & first trance at risk group). Internally set target of December 2020 for all staff.	Caroline Parry
Action 2. Restore NHS Services inclusively (mandatory data recording of patient ethnicity and other protected characteristics)	31st March 2021	Phillip Easthope
Action 3. Develop Digitally enabled care pathways (mental health) - Enhance performance and offer of - Assess impact of the blend of different channels of engagement, put in place mitigation to address. Contribute to system review for publication.	31st March 2021	Phillip Easthope / Mike Hunter / Michelle Fearon
Action 4. Prevention - Flu Campaign (staff) - Smoking Cessation - Comprehensive physical health checks for at risk groups, patients with a serious mental illness, Annual Health checks for people with Learning Disabilities	30th January 2021	Caroline Parry / Beverley Murphy Mike Hunter / Beverley Murphy Mike Hunter / Beverley Murphy
Action 5. Support those who suffer mental health - Return to BAU considering inequalities - Improve the quality and flow of mental health data	31st March 2021	Mike Hunter / Beverley Murphy / Phillip Easthope
Action 6. Strengthen Leadership - Board Leadership - Board published action plan to match representation of local communities	Actioned	Jan Ditheridge Jan Ditheridge / Caroline Parry / David Walsh
Action 8. System collaboration in Planning & Delivery - Provider collaboratives (Forensic care)	31st March 2021	Phillip Easthope Mike Hunter

Mental Health Planning	Timescales (where Explicit)	Executive Lead
National returns	1st & 21st September	Phillip Easthope / Caroline Parry
Mental Health Providers to organise themselves at ICS Level		Jan Ditheridge
Winter Planning		Michelle Fearon
Eradication of Dormitories	2021	Phillip Easthope / Beverley Murphy
Review of all patients on community mental health team caseloads		Beverley Murphy / Mike Hunter
24/7 Crisis line/service access		Beverley Murphy
Increase access to Perinatal Mental health	2021	Beverley Murphy / Phillip Easthope
Eliminate inappropriate out of area places for adult acute care	April 2021	Beverley Murphy / Mike Hunter
Increase the number of people accessing primary care transformation		Beverley Murphy / Mike Hunter
Support for NHS Staff		Caroline Parry
Using patient initiated follow-ups as part of COVID recovery		
Explore use of in mental health - management of waiting lists		Beverley Murphy / Mike Hunter

Version 2 (24.08.20) – Michelle Fearon