

Report to STP Board: 24 June 2020

Agenda item:	2.		
Title:	Recovery planning		
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Report purpose (<i>Please mark one in bold</i>)			
APPROVAL	DECISION	ASSURE	INFORM
Committees/groups where this has been presented to before (<i>including date</i>)			
Recovery planning has been System Leaders meetings on throughout April, May and June and with the newly established Recovery Oversight Group in May and June.			

Purpose of the paper
<p>This paper provides an update on the recovery planning work undertaken to date.</p> <p>It also describes the governance structure that has been put in place to take for this work.</p>
The STP Board are invited to:
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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)
 - Proposed governance arrangements for recovery planning

2. BODY OF REPORT

Background

2. Since the Covid outbreak began, our response as a system has been to ensure we have the capacity to support and treat patients, to maximise survivorship and to keep staff safe. Case numbers have been declining for a number of weeks and this has enabled a restart of work that has been put on hold.
3. Our recovery has been planned in the knowledge that we will have to live with the disease until a vaccine or treatment becomes available. This means another 12-18+ months of managing Covid disease alongside a sustainable model for non-Covid healthcare. Our goal, as a system, is 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.
4. A further aim of the recovery planning process is to ensure that the restart incorporates the benefits of the new ways of working we have introduced and embeds them in our future ways of working. We are reviewing the positive changes introduced during Covid so that we can decide whether to retain them or to go further and make more radical changes.
5. In doing this work we are seeking and acting on a 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 are making plans to provide the public with the confidence to seek care where appropriate and necessary.
6. NHSE/I's regional team have developed a phased approach to recovery, and we have used the same approach as we have progressed our own plans.

Phase 1	Apr 20	Immediate Covid response – in healthcare settings, care homes and the community.
Phase 2	May – Jul 20	Continued response to Covid whilst beginning to reintroduce some essential services.
Phase 3	Aug 20 – Mar 21	Continued response to Covid whilst reintroducing more services.
Phase 4	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

7. We have 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

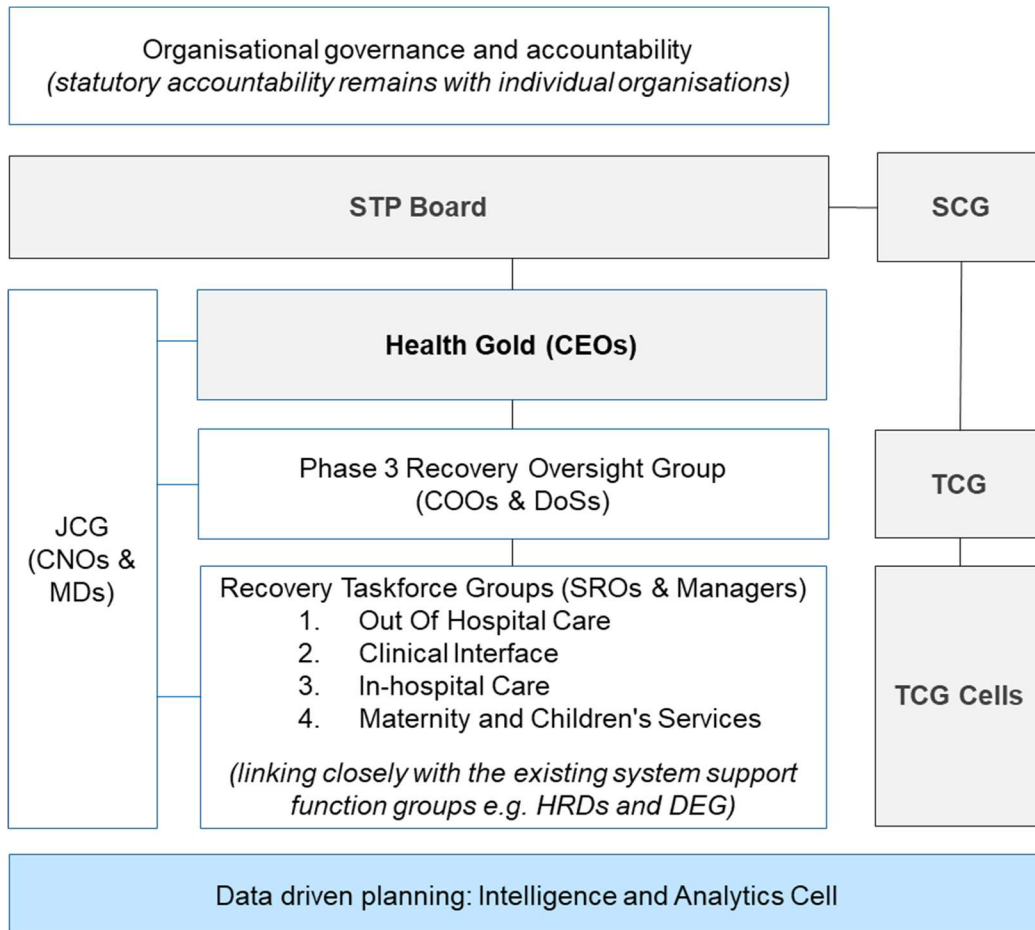
8. NHSE/I are working closely with us as we develop our plans.
 - We submitted a detailed recovery plan to NHSE/I on 7 May setting out our proposed approach to Phase 2 (May to July 2020).
 - A follow-up plan covering Phase 3 (August 2020 to March 2021) was submitted on 14 May.
9. An update, which focused on phases 2 and 3, was submitted on 18 June. This submission build on the plans to date but added additional detail on the capacity available within the system, the demand for each of our services, the constraints on this capacity and solutions identified to address these constraints. Feedback from this submission is expected within the next few days.
10. We expect to receive further national guidance, in the form of a letter from Simon Stevens and Amanda Pritchard, in July. We expect 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.
11. 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
12. 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.

Approach

13. Our aim, throughout the planning period, has been to work with existing groups to undertake recovery planning including Health Gold, the Joint Clinical Group (JCG), the HR Directors group, The Digital Enabling Group and the north and south Alliances.
14. We are in the process of developing a governance structure for the recovery period that builds on the existing work of these groups, but that allows us to focus in greater detail on operational recovery.

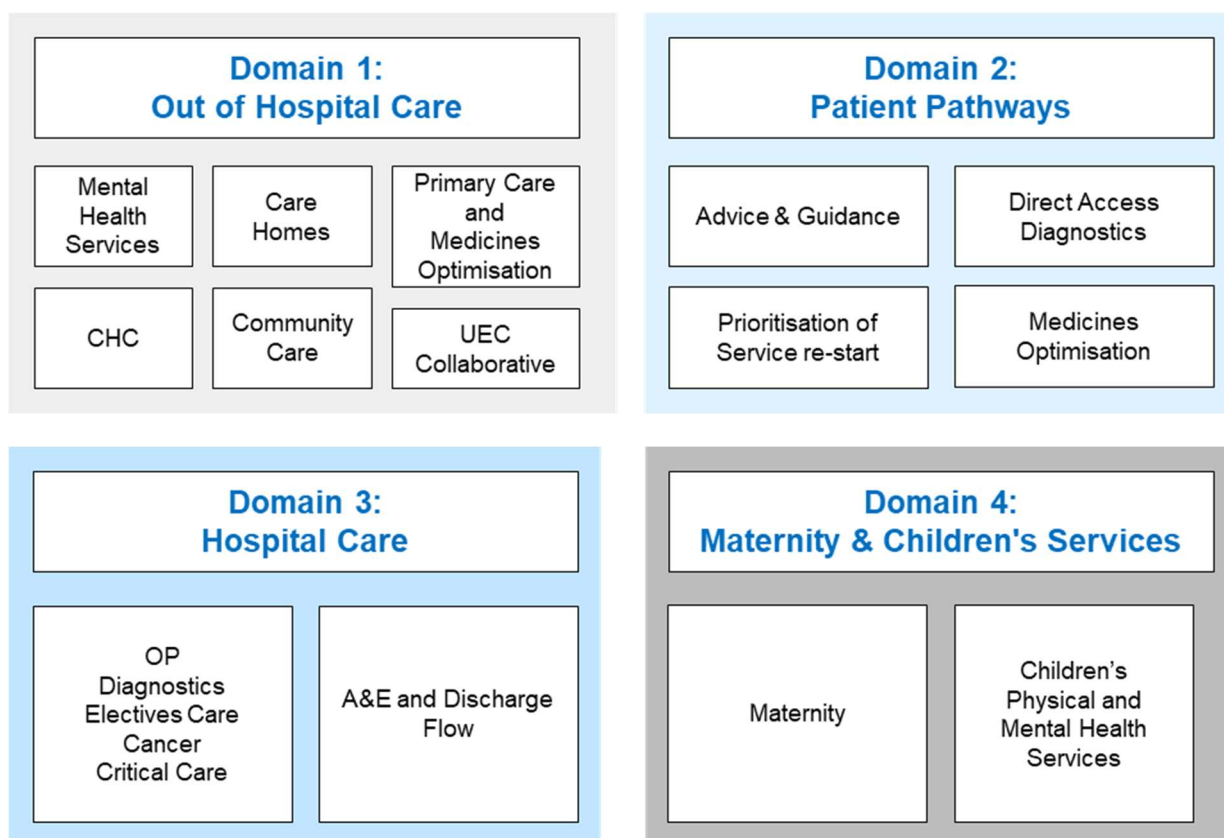
15. We have set up a new Recovery Oversight Group which brings together Chief Operating Officer and Director of Strategy Group to oversee operational recovery. We are also in the process of setting up four Recovery Taskforce Groups:

Proposed Governance Structure for System Recovery and Stabilisation



16. These groups will not duplicate work already underway in organisations but will help the system to identify interdependencies between plans and opportunities for working differently. They will ensure an equitable approach is adopted across the system and allow cross-system identification of constraints and joint problem solving. They will link with existing 'expert' groups including JCG, the HR Directors Group, the Digital Enabling Group and the Financial Planning and Performance Group.

17. The Recovery Taskforce Groups will focus on four domains as follows:



18. Like the Recovery Oversight Group, these groups will build on (and not duplicate) the work undertaken within organisations, identifying interdependencies, joint problem solving opportunities and ensuring an equitable approach. They will develop a detailed understanding of potential risks and develop solutions. They will also seek to embedding the positive transformational changes that we have implemented to date and look for innovative solutions within the recovery plan moving forwards.
19. These groups will undertake detailed work to determine how and when to 'switch back on' services. This will include working with the 'enabling functions' (including workforce, digital and estates) to capture and take on board the views of these expert groups, undertaking a detailed capacity and demand analysis (including determining the impact of the increased waiting list/ backlog), identifying constraints and determining solutions and determining the impact on both Covid and non-Covid services.

3. RECOMMENDATIONS

The STP Board are asked to:

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

24 June 2020