



# Summary of *Implementing phase 3 of the NHS response to the Covid-19 pandemic*



## Introduction

On 31 July 2020, NHS England and NHS Improvement set out the third phase of the NHS response to Covid-19 in a letter<sup>1</sup> to all NHS organisations, GP practices and providers of community health services. The letter has been supplemented by additional guidance<sup>2</sup>. This briefing summarises the key points of the guidance and the phase 3 planning submission requirements.

## 2020/21 phase 3 planning submission guidance

The phase 3 implementation process will be led by integrated care systems (ICS) / sustainability and transformation partnerships (STP), with a draft submission required by 1 September. The final submission is to be made by 21 September. Local systems are also required to submit their local people plans by the same date. ICSs and STPs are expected to work with their local CCGs and providers to correlate activity and workforce plans. A commentary is required to accompany the plan which sets out the key elements which will drive patient activity and performance. The commentary should also include details of how services will be restored to help address health inequalities.

The planning metrics have been reduced to reflect the priorities set out in the letter of 31 July and plans should include forecasts of activity and performance for the last 7 months of 2020/21. The guidance sets out the detailed requirements for each section of the submission template, with further support available on the FutureNHS platform. Regional leads will work with ICSs and STPs throughout the process.

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<sup>1</sup> NHS, *Third phase of NHS response to Covid19*, 31 July 2020

<sup>2</sup> NHS, *Implementing phase 3 of the NHS response to the COVID-19 pandemic*, 7 August 2020

The submission template does not include details of internal ICS or STP sign off. It is assumed that by submitting the plan, local systems are confirming that all partners have agreed to it.

## Mental health planning

The guidance states that all CCGs are expected to achieve the mental health investment standard (MHIS) in 2020/21. The planning process, which closes on 21 September, will be important in determining how additional funding is allocated to achieve this. The trajectories that organisations and local systems include in the plan should aim to meet the specific deliverables set out for mental health in the *NHS mental health implementation plan 19/20-23/24*<sup>3</sup>, however they must be realistic and recognise that Covid-19 may impact some of these. The guidance highlights that plans must also be feasible and have triangulated activity, finance, and workforce.

The guidance confirms that the total annual allocations for transformation funding remain in place, although the mechanism for the funds to flow is yet to be confirmed. It is expected that investment will continue in 24/7 crisis lines, but the impact of digital transformation should be evaluated before moving onto the next phase of this work.

National assurance activities and data collections will resume for mental health services from quarter two.

## Areas of focus for the rest of the year

The guidance sets out three areas of focus for the rest of 2020/21:

- the expansion of improving access to psychological therapies (IAPT) service, with money available to augment salary replacement costs
- proactive reviews for all patients on community mental health teams' caseloads to prevent relapse or escalation of mental health needs, with funding to increase staffing forming a significant component of CCG baseline uplifts
- ensuring that local access to pathways, consultation and advice is clearly advertised for children and young people as they return to school, with provision expanding to meet the needs of the most vulnerable.

## Restoration of adult and older people's community health services

This guidance supersedes that issued for community health services in March and April 2020. It is now expected that all services which were reduced or stopped as a result of that guidance are now reinstated.

## Urgent actions to address inequalities in NHS provision and outcomes

The guidance places a significant focus on ensuring that as services are restored, steps are taken to address the inequalities that have become even more apparent during Covid-19.

### Action 1: Protect the most vulnerable from Covid-19

The guidance states that ICSs and STPs are expected to work with local authorities and other partners to mitigate the risks associated with people's relevant protected characteristics. This requires insight and understanding of local communities developed through engagement with those at risk of exclusion and tools such as population health analysis.

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<sup>3</sup> NHS, *NHS mental health implementation plan 19/20-23/24*, July 2019

## **Action 2: Restore NHS services inclusively**

As NHS services are restored, the guidance states that steps should be taken to support groups who may have unequal access to diagnosis and treatment. Monitoring, through monthly NHS reporting, will compare service use and outcomes across a range of settings, with greater refinement of local inequality data by 31 October 2020.

## **Action 3: Develop digitally enabled care pathways in ways which increase inclusion**

Covid-19 has seen rapid development and roll-out of digitally enabled care, creating more flexibility and widening access. However, the guidance highlights that digitally enabled care can also increase health inequalities and NHS organisations are asked to ensure that all patients, no matter the method of interaction, receive the same level of treatment. Four specified new care pathways should be tested for achieving a positive impact on health inequalities, with system reviews including actions, published by 31 March 2021.

## **Action 4: Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes**

Local NHS systems should address local priorities to improve preventative services. At the same time, progress is expected in four areas:

- improve uptake of the flu vaccine in at risk groups
- develop priority lists in primary care for preventative support and long term condition management
- identify everyone with a learning disability on GP practice registers and complete annual health checks and
- implement continuity of carer for at least 35% of women in maternity care by March 2021.

## **Action 5: Particularly support those who suffer mental ill-health**

The long-term impact of Covid-19 may contribute to or exacerbate mental health problems. The guidance requests that all local systems validate their plans to deliver mental health transformation and expansion for the rest of 2020/21, paying particular attention to groups facing inequalities. It is expected that mental health data should improve in both quality and completeness by 31 December 2020.

## **Action 6: Strengthen leadership and accountability**

The NHS people plan<sup>4</sup> set an expectation that NHS organisations should identify a named executive to lead on tackling inequalities by October 2020. In addition, the guidance asks that each NHS board publishes an action plan to show how its board and senior staff will match the ethnic composition of the overall workforce or community.

## **Action 7: Ensure datasets are complete and timely**

The guidance states that all NHS organisations must record ethnicity for all patients by 31 December 2020, so that datasets accurately reflect the activity undertaken.

## **Action 8: Collaborate locally in planning and delivery**

All of the above actions need to be overseen by local systems and system plans should take account of each aspect of addressing inequalities. An overall account of delivery against these actions, and use of resources, is required by each local system by 31 March 2021.

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<sup>4</sup> NHS, *We are the NHS: People Plan for 2020/21 – action for us all*, July 2020

Areas with greatest inequalities have received additional funding through CCG allocations which the guidance states should be used to address these actions and local priorities to tackle inequalities.

## **Using patient-initiated follow-ups as part of the NHS Covid-19 recovery**

Patient-initiated follow-up (PIFU) has been implemented by some providers of secondary care, both during and prior to Covid-19. The guidance states that it can have benefits to patients through reducing unnecessary visits to clinical settings and improves engagement with managing their own health. For clinicians, it helps to manage caseloads and ensures that they only see those people who need to be seen and, for systems, it can have a positive impact on waiting list and service costs. However, it is acknowledged that it may not be a suitable approach for everyone, and the appropriateness should be carefully considered.

The guidance sets out an example checklist to implement PIFU, along with a list of specialties where it may be appropriate. A number of case studies are also included.

The guidance does not require any action to be taken but offers PIFU as a possible tool in Covid-19 recovery.

## About the HFMA

The Healthcare Financial Management Association (HFMA) is the professional body for finance staff in healthcare. For 70 years, it has provided independent and objective advice to its members and the wider healthcare community. It is a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through its local and national networks.

The association also analyses and responds to national policy and aims to exert influence in shaping the wider healthcare agenda. It has particular interest in promoting the highest professional standards in financial management and governance and is keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

The HFMA offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. The qualifications are delivered through HFMA's Academy which was launched in 2017 and has already established strong learner and alumni networks.

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