CHIEF OFFICER UPDATE – COVID 19 RESPONSE

October 2020

The enclosed report is an update from the Chief Officer of the Partnership on how the Health and Social Care system in Greater Manchester is responding to the COVID-19 crisis. The report covers key developments in our COVID-19 response in the last month.

NHS PHASE 3 RECOVERY – CAPACITY AND DEMAND/WINTER PLANNING

Last month, we submitted the Phase 3 recovery plans (covering the remainder of the current financial year) for Greater Manchester to NHS England/Improvement. The item on Recovery on today's agenda will cover those plans in greater detail.

The focus has now moved toward restoring and maintaining routine NHS services over the winter alongside a potential second COVID peak. NHS England has requested a surge plan from each provider on the management of emergency admissions accounting for the potential impact of a second wave of COVID and what support would be needed. This is being led by GM Gold Command on behalf of providers in Greater Manchester. The Community Co-ordination Cell is looking at capacity in the community and strengthening situation reporting to ensure we can monitor pressure in the system alongside planning for increased capacity.

A Task and Finish Group, led by GM Gold colleagues, is carrying out modelling work to identify potential second wave scenarios and their impact on the bed base and critical care services.

TACKLING INEQUALITIES

The GM system, across all ten localities, has recognised the inequalities that have been exposed by the Covid-19 pandemic and is taking steps to respond to these. Our plans to tackle inequalities have also formed part of our Phase 3 response.

We are building on work to date with the Institute of Health Equity (IHE) and Sir Michael Marmot for GM to become the first Marmot City Region. A collaborative programme of work is underway to address inequalities during and after the pandemic which includes the development of an Inequalities and COVID-19 Monitoring Framework and indicators with ongoing analysis. This is being mainstreamed into a live GM COVID-19 dashboard. Localities across GM will adopt and embed the COVID-19 indicator set into locality plans and monitoring frameworks. The resultant analysis and recommendations completed by March 2021 will focus on how GM can reduce the inequitable impacts of COVID- 19 and work to build a more equitable and healthy recovery.

A stocktake paper produced by the Partnership to address the recommendations deriving from the PHE report *Disparities in the Risks and Outcomes of COVID-19*, outlined all the groups and

panels that exist within GM in relation to both equalities and inequalities. This stocktake raised the question of how these are co-ordinated and connected to the overall leadership across GM.

This led to the establishment of a GM Tackling Inequalities Board, which has now started to meet. The Board is chaired by Councillor Brenda Warrington from Tameside and its membership includes the GM Mayor plus a wide range of stakeholders from across GM with Wirin Bhatiani representing JCB. The Board will work alongside the newly established GM Independent Panel on Inequalities chaired by Professor Kate Pickett which will focus on our recovery.

As part of our approach to Phase 3 planning, all NHS Organisations across GM have identified named inequality leads and champions. These leads will be brought together as a virtual learning community for peer support and sharing best practice.

Across Greater Manchester there are strong examples of activities being undertaken in all ten of the localities to identify and mitigate risks against the most vulnerable in our communities. These fall into the common thematic areas set below:

Targeted Communications & Engagement

Use of public health data and community insight to develop tailored engagement programmes and communication materials, translated into different languages and for visual impairment, to reduce infection and spread of COVID-19 amongst the most vulnerable.

Risk Assessments

GM risk assessment guidance has been developed and a tool has been rolled out to ensure risks were identified and appropriate mitigations were enacted to protect those most vulnerable across Trusts, CCGs, PCNs and social care. To date 95% of general practice staff have had a risk assessment, which is higher than the rest of the Northwest and England as a whole.

Use of Data and Insight

Insight into the risks and the inequalities highlighted by COVID-19 on BAME and vulnerable communities has been used to anchor plans and decision making for both service re-design and recovery plans.

The Voluntary, Community and Social Enterprise Sector

All localities and GM have engaged proactively alongside the VCSE to work together to support community actions in various ways – for example, local Humanitarian Centres providing coordinated and holistic support for those in need including shopping services; befriending support etc.

CONTACT TRACING

As part of the city-region response to containing the spread of COVID-19, Greater Manchester has established Contact Tracing arrangements that enhance the national arrangements, including:

- The establishment of integrated city-regional Contact Tracing arrangements for Level 1 (Complex Contact Tracing) of the national test and trace arrangements.

- The implementation of Locally Supported Contact Tracing (LSCT) whereby Local Authorities receive a list of positive cases not reached by the national Test and Trace team for local follow up.

These enhancements have been placed under considerable strain, partially due to the surge in cases, and partly due to underlying issues with the national test and trace system.

GM Level 1 Contact Tracing arrangements have been in place since 8th June 2020 and represent a whole system approach to managing complex contact tracing incorporating a GM Integrated Contact Tracing Hub, locality functions in all 10 local areas, and single points of contact for Greater Manchester Police, Greater Manchester Fire & Rescue Service and all hospitals in GM.

To mitigate the risks associated with the pressures on the service, and to attempt to manage demand more effectively, the following steps have been taken collaboratively across GM:

- Established a GM Contact Tracing in Schools Cell to ensure effective demand and consequence management across all 10 GM localities;
- Produced GM guidance for parents/carers to reduce the likelihood of onward infection in education settings and to simplify parental decision-making;
- Co-produced GM guidance for nurseries, schools and colleges to enable locally led contact tracing to take place in a timely, effective and safe manner;
- Co-produced GM guidance for Higher Education settings to enable locally led contact tracing to take place in a timely, effective and safe manner;
- Established a prioritisation framework, via Public Health England (PHE), to ensure that priority focus is given to contact tracing associated with settings where the levels of risk, vulnerability or disruption is greatest;
- Put in place 7-day coverage of the GM hub arrangements, 4 weeks in advance of the planned full 7 day a week ‘go live’ to ensure weekend signposting, advice and guidance.

These have been supplemented at a regional and national level by the following additional actions:

- Establishment of a Department for Education Helpline for education settings;
- Alternative front-end call handling put in place for PHE North West to increase the number of call handlers to answer, triage and direct calls;
- Mutual Aid deployed from within PHE for the North West region;
- Redeployment of staff within the North West to areas of greatest demand;
- Rapid recruitment and onboarding of additional staff by PHE NW;
- Piloting new model of national surge capacity team of Contact Tracers working with PHE South West and North East;

- Working with NHS Business Services Authority to develop surge administrative and data handling team- initially for NW deployment;
- Review and proposed amendment of national escalation criteria from T2 to T1 to reduce the volume of cases being escalate;
- National review of need for additional sector specific helplines.

However, even at full capacity the GM Hub will be unable to meet the levels of demand that are entering the GM system. As such, there will be a continued need for prioritisation – and we have a framework in place for this.

Locally Supported Contract Tracing (LSCT) – Level 2

All 10 GM areas have agreed to implement Locally Supported Contact Tracing (LSCT) whereby Local Authorities receive a list of positive cases not reached by the national Test and Trace team for local follow up.

The principle underpinning LSCT is that local services are best placed to reach and engage local people who have tested positive for COVID-19, to support them to self-isolate and to elicit details of their close contacts who should also self-isolate.

The roll out of LSCT has proved to be highly problematic due to unexpected levels of demand and process issues emanating from the National Test and Trace (NTT)

The high number of cases being escalated from NTT to local systems under LSCT is far in excess of those modelled by the national team (10 to 20 times higher) which is creating an enormous amount of demand on localities with no additional resources and with no national staff being redeployed. The proportion of cases that are being escalating for local follow up is growing and is now approximately 75% of all cases.

Even though LSCT is intended to be utilised when a positive case has not been reached by the national team after 24 hours, this is often not the case. There are significant delays in escalation taking place, and a much greater time period has lapsed by the time that a case is escalated. There are also examples of cases being escalated from NTT, but where it then becomes clear that the national team are still attempting contact. This is leading to duplication and confusion.

Individual locality areas have proactively created local approaches to managing and mitigating these issues. To add some consistency across the GM system, and to tackle the underlying issues, the following steps are being taken:

- Issues have been escalated to the national leads for resolution;
- A joint policy position to support local prioritisation and maximise impact has been developed by the GM Directors of Public Health;
- A wider proposition to Government is being finalised seeking additional investment of staff and financial assistance from the national system to local systems.

MASS TESTING

National issues relating to testing capacity and turnover of results have been acutely felt in Greater Manchester over the past month.

It is understood that there is no way to establish extra Pillar 1 testing capacity at this time and we are unable to repurpose other existing lab capacity due to a shortage of reagents needed. The GM Mass Testing Strategy established a set of priorities in April. This is now being reviewed to prioritise those who are symptomatic and key workers. In response to the number of outbreaks in schools, testing for index cases through Pillar 1 is also being looked at.

In the light of Pillar 2 testing capacity pressures faced by the national testing system, a model is being developed to enable broader access to a limited pool of Pillar 1 tests available to services based in the Community in GM.

The Mass Testing Expert Group have now been commissioned to perform work on a plan for what testing will look like in future in GM. This plan is being drafted alongside current work, which makes a series of asks around resource, oversight, and accountability to the national team so that local systems can have more control of their testing programmes. Increased understanding of what capacity is available will better enable prioritisation and focus on areas with more cases.

URGENT & EMERGENCY CARE BY APPOINTMENT

Last month, we updated on plans to introduce changes to how patients access urgent and emergency services in Greater Manchester following a significant reduction in Emergency Department (ED) attendances during the initial phase of the COVID-19 pandemic.

The Community Coordination Cell has been reviewing the business case for the rollout of the Urgent & Emergency Care (UEC) by Appointment Model. The model, along with the '111 first' initiative and the concept of booking people into Urgent Care and pre-ED streaming is thought to be required to be implemented nationally from this December and was approved by the Community Cell in principle earlier this year. As part of this, it was agreed that each locality would determine how the models should be implemented locally.

In order to do this, most localities want to use the existing Clinical Assessment Service infrastructure for the 111 first interface, with a smaller number of localities using their own infrastructure. The business case also includes the resource requirement for the development and linking of the IT infrastructure to allow direct booking of patients from ED into the services of different localities. Both cells are currently working through the costs of the model, including the IT infrastructure, with a view to making a final decision for GM as a system.

ADULT SOCIAL CARE

National and GM restrictions have meant that care home visits are not currently allowed in any circumstances except at the end of life. This has been the situation for over six months, and the severe emotional impact on residents and families is widely recognised.

A paper presented to the Community Coordination Cell on 1st October proposed COVID secure visiting methods, such as: window visits, drive through visits, and the use of heated, COVID-secure garden pods and conservatory repurposing. This could be done with funding available for Infection Prevention Control. These kinds of visits are not currently allowed under Government

guidelines. There was also discussion at the Cell regarding balancing the risks of the rates of community transmission in GM with the emotional impact of not allowing these visits to happen.

The Community Cell supported the proposals on care home visiting and offered further feedback on the paper. This will be factored into a new draft to be presented to the GM COVID Committee for forwarding to the Government to request permission to implement.

We have given consideration this month to our short, medium- and long-term actions for the sustainability and adaptation of the Care Home Market in Greater Manchester. The Community Coordination Cell received a presentation on market sustainability, which included:

- An overview of the current GM market and the developing future ambition for it;
- The need for the development of a collaborative response to meet a growing complex needs capacity gap;
- Further embedding of the Living Well at Home programme;
- Workforce redesign – blended roles and skill mixing;
- Different commissioning models;
- Diversification of care provision.

The Cell welcomed the paper, and endorsed the requests within in, which were:

- For a refreshed commitment to think ‘Home First’ – recognising that most of people’s lives should be spent at home;
- Collaboration and co-operation, recognising that whilst bed numbers as we know them will reduce, other capacity will increase/change. There is no intention to get back to 100% care home occupancy;
- Support for payment and system reform;
- Support for new commissioning models;
- Jointly remodelling and/or decommissioning services when required.

The Community Cell received an overview of the Winter Plan for Adult Social Care. The update featured confirmation that Infection Prevention and Control funding for Care Homes, Home Care and Supported Living has been extended to March 2021. The funding will be linked to several assurance measures. For example, the consistent delivery of whole-home testing and a ban on staff moving between Care Homes.

POTENTIAL DISCONTINUATION OF PRIADEL

On 1st October, a paper was presented to the Community Coordination Cell outlining approaches which could be taken in response to the planned discontinuation of the drug Priadel from April 2021. Priadel is the main Lithium Carbonate treatment used for people living with bipolar disorders in GM.

If the change went ahead, it would result in a new regime for approximately 2,250 high risk patients in GM, giving rise to potential safety implications for this patient group. There is also a significant potential financial impact on Primary Care drug budgets, as the closest alternative treatment is likely to be significantly more expensive.

When the Community Cell considered this issue, it recommended that a joint proposal on management of these patients should be drafted between Primary Care and Mental Health colleagues. A communication to Ministers, the Secretary of State and the Competition and Markets Authority would also be prepared by senior leaders in GM.

However, since the initial discussions at the Cell, the Competition and Markets Authority has announced an investigation into the withdrawal from the market of Priadel. It is understood at this time that the decision to remove the drug from the market may now be reversed due to this scrutiny. The Cell welcomed this news and reflected that work will continue to plan for the safe handover of patients between Primary and Secondary Care services if this decision is reversed.

COMMUNITY SERVICE METRICS

A suite of agreed Community Service metrics is being developed for GM. This is a significant development since data from community services has previously been limited compared to the data collected from hospitals. This work is in advance of many other areas in the country and regional and national colleagues are showing an interest in it.

The Business Intelligence Team is now finalising a list of metrics whereby community services data can be provided that set out an aggregated picture of staffing levels and capacity. A suite of data definitions has now been agreed, and a pilot project will begin this month with District Nursing data.

COMMUNICATIONS

The GM Communications team have taken on a more reactive strategy this month due to the rising rates of COVID positive cases. There has been focus on appealing to the public to play their part in stopping further spread of the virus, particularly in relation to the increased number of people arriving at health provider sites with suspected COVID symptoms. Advice on testing and what to do if children have symptoms has also been shared with schools and parents.

For the restoration of services, Endoscopy is still a key issue, both in terms of available capacity for diagnostics and in terms of patient non-attendance. Communications materials have been produced including a ‘walk through video’, articles and patient information.

A Cancer social media toolkit has been produced in response to the pandemic, reinforcing key messages around symptoms, attendance, the importance of engagement with treatment and appropriate safety measures. This was shared with localities across GM.

Ahead of Winter, toolkits have been developed on self-care/minor conditions Ailments include: Gastroenteritis/ Abdominal pain, Tonsillitis, Sore throat, Earache, Fever, Rash, Wounds. The Toolkit includes graphics featuring Greater Manchester GPs sharing self-care advice. This has been shared on social media and in parent groups/forums.

For Mental Health, there has been a focus on Suicide Prevention. This has included work being done with barbers to help them to recognise someone who may be struggling with thoughts of suicide.