
CHIEF OFFICER UPDATE – COVID 19 RESPONSE

January 2021

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.

PRIMARY CARE

General Practice has maintained an excellent submission rate for Sit Rep reports across the month - a 100% rate across the month. Most practices have continued to report green status throughout the month whilst the number reporting amber status has varied each week – but has remained between the range of 30 to 40 practices in each report during the month. General Practice has been at OPEL level 2 (Challenged but Coping) throughout the month.

The overall proportion of general practice staff self-isolating remained at around 2% throughout the month – but there were indications of increased numbers in individual localities towards the end of the month. GM teams are on hand to support localities on issues presented by staff absence.

In addition to the existing Pharmacy and Dentistry Sit Reps (which have been at OPEL level 2 during the last month) we have also now introduced an Optometry Sit Rep. There has been good uptake of the new Sit Rep with response rates nearing 90%. The latest OPEL score for Optometry (as of January 7th) is level 3. There are significant PPE shortages in Optometry practices – these are being dealt with by the GM team.

At its meeting on 15th December, the Community Coordination Cell received a paper from the Primary Care Cell outlining the available Occupational Health offers for primary care staff across the 10 localities. Feedback from the exercise showed variation in this provision across GM.

The Community Cell agreed that there is risk associated with not providing this service equitably across GM, and that there should be urgent implementation of support to mitigate risks – for example, needle stick injury as part of the COVID vaccination programme. Longer term issues, such as funding and developing the Occupational Health offer, will be reviewed by Cell.

Discussions at both the Primary Care Cell and Community Co-ordination Cell recommended incorporating capacity and demand data into the Primary Care OPEL report to provide a broader perspective of practice resilience. There is also a recognition that the current OPEL report is not sufficiently sensitive or responsive to identify where practices are particularly challenged. It has been agreed that the Primary Care Cell will revisit the Sit Rep and overall OPEL reporting process.

As part of this process, the Primary Care Cell has approached Manchester Health and Care Commissioning, who have developed a more dynamic approach which they have offered to share across GM. This relies on practices self-declaring a “Pulse Check” rating. Those practices who declare they are facing significant increases in demand are contacted by the primary care team to understand what additional support needs are required.

The Community Coordination Cell recognised that Primary Care is under a great deal of pressure and that the Pulse Check may provide a more appropriate means of measuring and supporting responses to these pressures. It is important that what is rolled out does not conflict with how localities are reporting currently. It was proposed that an engagement process is undertaken with the localities to understand what is already in place locally before any formal decision to go ahead is made by the Cell.

ADULT SOCIAL CARE

The Care Homes Sit Rep shows that the OPEL score has remained at level 2 across the last month with the proportion of homes open to admissions in some form remaining above 70% for the month. In the latest report (7th January), the number of homes which are open to admissions in some form is at 78% (408 from 403 reported). The total proportion of residents with COVID-19 or symptoms is currently at 1.8% (266).

For Home Care providers, the most recent report (7th January) shows the proportion of providers with at least one client positive for COVID-19 is at 7.9%. The number of agencies open to new referrals is at 257 of the 275 who have submitted data.

COMMUNITY SERVICES

On the Community-Services Sit Rep report, OPEL levels across the ten localities fluctuated between 1 and 2 through the month. Workforce challenges were reported in some localities – but these are being managed locally.

The Community Services Sit Rep is now more detailed with indicators on:

- Access to Services;
- Bed Availability and Occupancy;
- Workforce;
- Resources;
- Staff Absences;
- Discharges

MENTAL HEALTH

On 8th December, the Community Coordination Cell received a presentation relating to the GM Mental Health Executive’s initial plans for 2021-2024 in response to funding announcements via the NHS Long Term Plan.

The presentation outlined locality level models for community mental health services, underpinned by a set of shared GM principles. The community mental health models are

intended to act as a broad catch all but will also facilitate links to specialised services for employment placement support and for people living with eating disorders and personality disorders.

The Cell received an overview of the proposed model for crisis response, which focuses on triage and frontline services such as crisis cafés and listening lounges. Priorities over the next three years include extending the services developed during the COVID pandemic (e.g. Crisis Lines) and expanding what is available for people in GM to access. Plans are being designed with peer support from frontline workers, experts by experience, clinicians and VCSE colleagues in the spirit of genuine co-production.

Both presentations were supported by the Cell membership. Engagement of these plans across the GM system will continue over the next month. It was noted that the funding routes for the programmes described were different, so the Cell emphasised the importance of planning processes being fully joined up.

Colleagues from the Mental Health VCSE Leadership Group also presented a proposal for plans to address barriers to dealing with non-clinical demand surges related to mental health, such as the increases seen during the COVID pandemic.

The proposal focused on the development of a VCSE specific staff bank in bid to ensure that organisations can access support in a timely manner when responding to surges in demand. The proposal also referred to plans to support organisations in the delivery of extended hours services. It is accepted that whilst many services operate 9-5 Monday to Friday, mental health issues and exacerbations can happen at any time. The Cell supported the proposal, praising it as a clear example of the value of co-production and connection across the system.

URGENT & EMERGENCY CARE

'111 First' went live nationally on 1st December and is now embedded in all GM localities. A first cut of data taken from the early weeks of programme operation was presented to the Community Cell on 7th January. The report suggests that the 111 First programme appears to be working as intended to either book people into appointment slots in A&E (thus giving hospitals a chance to prepare) or, where appropriate, booking people directly into specialty services. Measures to ensure that those who Do Not Attend services also appear to be working as planned.

Due to the 'soft launch' of the programme over Christmas there appears to be some capacity which is not yet being utilised. This capacity is expected to be filled over the coming weeks as demand for emergency services grows. Routine monitoring and evaluation of the programme through the lens of patient experience and outcomes has begun and will advise the future operation of the model.

An update on the ambulance dashboard was provided to the Cell on 3rd December. The dashboard features a broad array of measures to provide greater detail on how the Urgent Care system in GM looks in the event of surges and ambulance diverts. The dashboard will also offer evidence to support leaders to make decisions around formal divert processes.

CANCER

The latest Cancer Sit Rep (7th January) shows that referral rates continue to be above 95% of pre COVID levels. There has been an expected drop in referrals over the Christmas period with some

variation across GM. The GM Cancer team are strengthening their focus on the longest waiters to ensure they are monitored regularly and treated as quickly as possible.

VACCINATION PROGRAMME

Colleagues from the COVID Vaccination Programme team have provided updates to the Community Cell throughout the month.

As of the latest update to the Cell (7th January), approximately 47,000 people in GM have received their first vaccine dose. 75 vaccination sites are expected to be live in GM from the end of January, up from 32 at the end of December. Providers administering the vaccine report that effective mutual aid arrangements are supporting the system to avoid vaccine wastage and fill missed appointment slots.

On 7th January, colleagues from the GM Workforce team presented a paper to the Cell proposing approaches to maximise the staff available to support the vaccination programme as it develops. A GM COVID 19 Workforce Hub has been established to provide a comprehensive package of support across the vaccination programme and support with the provision of a trained workforce for the Mass Vaccination Centre. The lead provider for the Mass Vaccination Centre will be Northern Care Alliance, with Tameside and Glossop ICFT as lead employer.

The paper outlined actions to mitigate workforce capacity issues as the vaccination programme develops. Actions include short term reassignment of clinical staff, considering a lead employer to support the PCN models in delivery, and the go-live of a GM wide recruitment campaign for vaccinators. The Cell noted and approved the proposed forward plan.

A recent national announcement has advised that hospital sites will be responsible for the vaccination of all health and social care staff. The Cell understand that capacity at the Mass Vaccination Centre can also be used for Health and Social Care staff.

Early modelling relating to the required expansion of the vaccination programme was also presented to the Cell in the first week of January. An overview of how data flows from the vaccination sites into the national system and back to GP surgeries was provided, as was a briefing of the challenges faced to accessing this data from the national team. Whilst efforts to gain more access and control of this national data continue, colleagues in the Intelligence cell have proposed that a standardised PCN vaccination Sit Rep is rolled out across GM for leaders to understand delivery in the system.

At the Cell on 7th January, a set of immediate next steps for the vaccination programme were outlined as:

- A significant push to ensure that all care home residents receive their first dose of the vaccine as soon as possible;
- Continued follow up with the national team to receive more assurance on future vaccination stock delivery dates and access to data;
- Continued expansion of vaccine provider sites – such as the Tranche 5 hospital sites and community pharmacy sites.

- Refining the modelling to understand the workforce requirements and supply required to hit the national vaccination target by the expected date
- Working creatively to maximise the rate of vaccination – such as drive-thru sessions

TESTING UPDATE

On 15th December, the Community Coordination Cell received an update regarding progress with the testing programme. There are now substantial proposals for testing at scale. GM submitted a bid which would allow specific groups to be reviewed and prioritised for testing. These groups include care home residents and staff, students and schools, high risk people, those in other front-line occupations, and geographical hotspots with any additional focus identified by localities.

Permission to proceed with the proposal was received last month. Localities have created plans for their testing sites, with the military available to support the setup of sites and training provision.

LEARNING DISABILITIES REVIEW

The Community Coordination Cell received a presentation on 8th December showing the work done in response to the Office of National Statistics (ONS) data on deaths during the first wave of COVID-19 and Greater Manchester's forward plan based on the learning from this. The presentation covered three key themes:

- An overview of enquiries completed after the ONS report: Reviews completed by NHS England and Bristol University show that people with Learning Disabilities were significantly overrepresented in the number of people who lost their lives and faced the poorest outcomes during the first wave of COVID;
- GM Activity undertaken in response to the ONS Findings: Including priority COVID testing, priority flu vaccinations, annual health checks and the recognition that there was a need to step up the offer to people with Learning Difficulties in GM.
- 'What good looks like': Understanding the best practice that can be implemented to improve the offer, such as ensuring that the right leadership is in place, co-production and implementation of person-centred care and increased understanding of Learning Disabilities via training packages.

The Cell appreciated the importance of this work and supported the forward plan.

LONG COVID SERVICE SPECIFICATION

Colleagues from the GM Strategic Clinical Network presented a service specification for the support of people living with Post-COVID19 syndrome or 'long COVID'. The specification has been developed by SCN leads and shaped by national guidance and oversight from the GM Medical Executive. It sets out what the services should look like, what is already available, and outlines actions required at a GM-level.

The paper proposes a four-tier model with increasing intensities of specialist service and support to those experiencing the most serious/complex symptoms. The specification paper presented to

the Cell focused mostly on the highest tiers: 3 and 4. Services for these tiers occur in three places: acute phase when a patient is admitted; post-acute between 4 and 6 weeks; and post-acute for those who continue to struggle with symptoms after 12 weeks.

The Cell supported the proposal of a tiered approach and the detail around tiers 3 and 4. It was felt that there is more work to do on the lower tiers, the staffing requirements and to pull together the services that are already in place for people living with Long COVID in GM. A further update on the developing specification will be provided to the Cell.

SHARED OUTCOMES FUND – OUT OF HOSPITAL MODEL

On 3rd December, colleagues from the GM Homelessness and Health group presented a bid to be made to the Department of Health and Social Care's Shared Outcomes Fund. The bid proposes the establishment of a COVID care accommodation scheme for homeless people. The scheme will enable timely and safe discharge of this vulnerable group from acute settings when they are medically optimised but are COVID positive. The proposal recommends providing these patients with a safe place to receive continued interventions as they move through recovery and into onward accommodation.

The proposal advises the establishment of 15-20 accommodation units, assisting residents via provision of primary care in-reach to be provided by Salford Primary Care Together and an expansion of their local service inclusion model in partnership with existing hospital discharge processes. It was clarified that whilst most of the demand for this service is expected to come from Salford and Manchester, this accommodation will be accessible to people from all GM localities.

The Community Coordination Cell endorsed the bid and requested that an update on its progress is provided at a future meeting.

DISCHARGE CAPACITY AND DEMAND

On 7th January, the Discharge to Assess working group presented the outputs of the work to understand discharge capacity and demand across the localities. The report identified why GM levels of discharge are lower than average North West and National rates. The outputs of the report suggest that more must be done in GM to ensure that the numbers of simple discharges are increased in the short term, and focus must be given to our small number of super long lengths of stay as these will release markedly more bed days.

Given rising rates and transmission of COVID expected to hit GM over the coming period, the Community Cell agreed that discharge must be considered an immediate priority alongside the COVID vaccination programme. A group of senior leaders will be coming together in the short term to advise on key next steps for the system.

UPDATE FROM ELECTIVE RECOVERY GROUP

On 5th January, the Community Coordination Cell endorsed a paper proposing a single GM pathway for the care of people on waiting lists for Glaucoma and urgent eye care. This pathway has been developed in order to minimise the risk of sight deterioration and blindness to people on waiting lists for their eye care, given the disruption of elective care due to the pandemic.

The pathway has a single specification for all of GM which includes the training of primary care optometrists to offer repeat measures and enhanced referrals with the aim of reducing false positives referred into secondary care. The paper also proposed a continuation of COVID urgent eye care services in the community.

The Cell also supported a paper proposing the rollout of Patient Initiated Follow Up (PIFU) across providers in GM. PIFU involves joint work across primary and secondary care to ensure that patients are empowered to look out for symptoms and changes in conditions and request a follow up directly with their specialties without having to be re-referred back into services via their GP.

COMMUNICATIONS

The Communications Team updated the Community Coordination Cell on progress on flu vaccine uptake. The Cell welcomed the positive news that there has been an increase in flu vaccine uptake in 2-3-year olds this year. Easy read, specific, and translated materials have been created for the Muslim community based on insight and engagement work this year into perceptions surrounding the flu vaccine. Targeted communications are being developed for rollout to under 65 at-risk groups and pregnant women to boost uptake in these cohorts.

There has also been wide media coverage of the COVID vaccine rollout, with a wave of emotive stories from patients and providers being reported at Locality, GM, regional and national levels.

The 'Hats off to key workers' campaign launched on social media in December and focused on thanking all health and social care staff for their incredibly hard work this year.