GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

Date: 3rd March 2021

Subject: Update: Greater Manchester Health & Social Care Response to COVID-19

Report of: Sarah Price: Interim Chief Officer, Greater Manchester Health and Social Care Partnership (GMHSCP).

PURPOSE OF REPORT:

This enclosed report provides an update to the Committee on how the Health & Social Care system in GM is responding to the COVID-19 pandemic.

RECOMMENDATIONS:

The Joint Health Scrutiny Committee is asked to:

- Note the update

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UPDATE: GREATER MANCHESTER HEALTH & SOCIAL CARE RESPONSE TO COVID-19

INTRODUCTION

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.

VACCINATION PROGAMME

Greater Manchester has rapidly established a delivery model that has safely administered vaccines at pace and scale (over 680,000 as at 17th February). We have deployed a place-based delivery model in GM comprising multiple delivery channels to meet the needs of the population and address inequalities. As a result, we met the first national target of offering first dose vaccinations to JCVI (Joint Committee on Vaccination and Immunisation) Priority Groups 1 to 4 by mid-February.

At its meeting on 16th February, the Community Coordination Cell supported a 3 Horizons' proposal for the short, medium- and long-term ambitions for the GM Mass Vaccination Programme. Horizon 1 sets out the current focus on JCVI priority cohorts 1 to 9 up to April 2021. Horizon 2 focuses on efforts to vaccinate the entire adult population by the end of this year. Horizon 3 describes emerging thinking on how the vaccination programme can be implemented sustainably in the long term beyond the pandemic.

Work is underway to develop an approach which is sustainable and part of an integrated whole system model. This will provide a future focused approach to a COVID Mass Vaccination Programme as part of GM's evolving wider vaccination function and health protection model. Feedback from the system has emphasised the importance of a person-centred approach; a sustainable funding and staffing model; and interoperability across the GM system and with future vaccination and immunisation programmes.

Following input from the Mass Vaccination Expert Reference Group a Health Inequalities Framework has been developed to inform localities on considerations they should be making to increase uptake of vaccines to key groups with higher vaccine hesitancy. The Community Coordination Cell has received examples of locality working to reduce inequalities, such as the establishment of culturally sensitive clinics and outreach programmes in Rochdale, and a dedicated 'vaccination declines' follow up service in Oldham.

Plans are underway to develop the next phase of the GM Vaccination Workforce Bureau. A phased approach over the course of a six month 'proof of concept' period will initially focus on: short term recruitment; and training and organisational development for vaccinators, including establishing a central bank of vaccinators to support staffing at vaccination sites. Future goals of the bureau will be to retain this workforce capacity to support the system in a broader sense, for example during seasonal pressures such as the yearly flu campaign.

DISCHARGE

The Health & Social Care system has maintained an unflinching focus on safe and effective discharges from hospital since the start of the year given the severe pressures on hospital capacity. The benefits of the work have shown through in the new daily Discharge Sit Rep: more

discharges than admissions are consistently happening during weekdays in Greater Manchester This contributed to occupancy levels in hospitals in GM beginning to drop below 85%.

A GM Discharge Group, comprised of all localities, put a range of measures in place to improve discharges:

- A GM Mutual Aid process developed by Directors of Adult Social Care
- A revised Discharge to Assess process – using the minimum information needed for safe transfer of care
- A Discharge Forward Plan
- Embedding the VCSE offer more firmly as part of the discharge pathway
- The roll out of Oximetry at Home.

There remains a challenge on weekend discharges, which are consistently lower. Work is underway with the GM Hospitals Chief Operating Officers' group to understand the feasibility and extent of resource required to improve weekend discharge rates to weekday levels. Proposals will be brought to the Community Coordination Cell.

A temporary Super Surge Admission Avoidance scheme was set up to support the avoidance of hospital attendance and direct patients toward the most relevant services in the Urgent and Emergency Care (UEC) system as opposed to A&E. A review of patients interacting with UEC services during the scheme showed that 111 out of 180 patients (62%) were deflected away from the Emergency Department for treatment in different services. The scheme has now been stepped down as planned. The learning will be captured to explore how this way of working can influence business as usual in GM, and how the programme can be re-escalated in future when the system faces high levels of demand.

GM HOSPITAL CELL

The GM hospital system has been managing extremely high levels of demand. By late January, GM hospitals were already utilising surge capacity in critical care and had begun to open additional beds to prepare us for 'super-surge' eventualities. The position in our general and acute (G & A) beds was even more challenged. At the peak of wave 3, we saw a higher number of COVID patients in beds than at any point in waves 1 and 2 (1,467).

We have begun to see demand reduce. However, the rate of decline in bed demand varies considerably across sites and it is also currently slower than elsewhere in the country. In addition, community prevalence is still high in GM.

In the face of the significant pressures from bed occupancy we have continued to balance priorities as much as possible and work hard as a system, including our mutual aid arrangements. For example, since the last PEB meeting, the Hospital Cell has overseen the transfer across hospital sites of 23 critical care patients.

As we start to see a decline from the wave 3 peak, albeit slowly, we are establishing our recovery arrangements to prioritise those most clinically urgent patients, along with those who have been waiting longest for treatment. Our approach is to work as one system, as we have done already in areas such as endoscopy and cancer. We are confident that this approach will enable us to treat the highest priority patients but, if we continue to see a slow rate of decline in COVID demand, there will clearly be implications for our recovery trajectory.

RECOMMENDATIONS

The Joint Health Scrutiny Committee is asked to:

- Note the update