Greater Manchester Joint Commissioning Board

Date: 20 April 2021

Subject: Summary Update Report from the Greater Manchester Joint Commissioning Board Executive

Report of: Rob Bellingham, Managing Director, Greater Manchester Joint Commissioning Team

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PURPOSE OF REPORT:

As members are aware, in the months where the full JCB does not meet, a JCB Executive meeting is held. To ensure proper connectivity from the Executive to the Board, it is proposed that each meeting of the JCB will receive a summary of the work done via the Executive.

PROGRESS UPDATE:

The JCB last met in public on the 20th October 2021. Since then, the Executive met on the 17th November 2020, 15th December 2020, 16th February 2021 and 16th March 2021.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to formally receive and approve the Record of Decisions made by the JCB Executive during this period.

The following recommendations are specifically presented to the JCB for consideration and approval:

HOMELESSNESS AND A BED EVERY NIGHT

- To agree to make a commitment to supporting homeless healthcare as a system wide priority and approve a £1m per year investment for each of the next two years, subject to confirmation of affordability by Chief Financial Officers.
- To agree that the homeless healthcare programme develops the required infrastructure to allow for commissioning of GM wide activity and formalises the arrangements of the GM Homelessness and Health Group.
- To support a system wide prioritisation of homeless healthcare and adoption of inclusion health principles across all of its commissioning and delivery.

IMPROVING SPECIALIST CARE

- To support the proposal for GM to restart work to deliver the agreed models of care for Breast Services, Vascular, Benign Urology and Paediatric Surgery, acknowledging:
  - The particularly high urgency and fragility of Breast Services, as evidenced by the increased workforce resilience challenges April 2020 - March 2021.
  - The progress made in Vascular and Paediatric Surgery.
  - The need for further exploratory work to determine next steps for Benign Urology, considering the context of Healthier Together and evaluation of the emerging collaborative rotas between the Wigan and Bolton units.
- To acknowledge the complexities associated with the Paediatric Medicine model of care, including: whether the Surgical and Medicine models should be aligned, the outstanding areas of the Part B model requiring system agreement, and the reliance on improvements to community based services as an enabler to delivery.
- To endorse the restart of work on the new Neurorehabilitation model across acute and community-based services.

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GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

GM JOINT COMMISSIONING BOARD EXECUTIVE – RECORD OF DECISIONS

JCB EXECUTIVE – 17TH NOVEMBER 2020		
Covid 19 Response Update	The report provided an update on how the Health and Social Care system in GM is responding to the COVID-19 crisis. The report covered key developments in our COVID-19 response over the last month.	The Executive noted the content of the report.
GM Health and Partnership Review – Update for JCB members	As members are aware, we are currently engaged in a review process relating to the next steps for our Health and Social Care Partnership. The following reports had been produced to update JCB members on the work undertaken since we last met and next steps: - ▪ Briefing note following the GM Partnership Executive Board on 30th October 2020 ▪ GM Health and Social Care Partnership Review – Proposal and Next Steps	The Executive: - • Noted the content of the update reports • Supported the proposals for leading and progressing the 5 key areas of work • Confirmed the intended timeline for completion • Supported the approach to facilitating system development
Joint Commissioning Team – Work Programme Update	In May 2020, the JCBE received a paper setting out the GM Joint Commissioning Team's work streams and priorities in light of the Covid-19 pandemic. The paper provided a further update in this regard, setting out updates on existing programmes, as well as an update on proposed additional pieces of work.	The Executive: - • Noted the update and approved the actions set out in Section 2 of the report including the Terms of Reference for the review of Assisted Conception Services.
JCB EXECUTIVE – 15TH DECEMBER 2020		
Covid 19 Response Update	The report provided an update on how the Health and Social Care system in GM is responding to the COVID-19 crisis. The report covered key developments in our COVID-19 response	The Executive noted the content of the report.

	over the last month.	
Future Direction of the GM Health and Social Care Partnership	As members are aware, we are currently engaged in a review process relating to the next steps for our Health and Social Care Partnership. The following reports had been produced to update JCB members on the work undertaken since we last met and next steps: - ▪ National "Integrating Care" paper – summary and implications for GM ▪ GM Health and Social Care Partnership Review – Proposal and Next Steps	The Executive: - ▪ Noted the content of the update reports. ▪ Agreed to the proposed next steps and timeline for completing this work to ensure we provide a GM response to the 4 questions in the ICS document by the national deadline of 8th January 2021.
GM Improving Specialist Care Programme Update	There were two key areas for consideration by the JCB Executive: - **1. Extension of the pause to the GM Improving Specialist Care (ISC) Programme until 30 March 2021** The key points of the requirements for an extension to the pause were provided in Appendix 1 of the report. **2. Review of the urgency for re-starting to address fragile or unsustainable services within the scope of ISC** It was proposed that we undertake a rapid review of the status of the following services: • Breast Surgery, Benign Urology, Vascular Surgery, Paediatric Surgery and Medicine The outcomes of the review, to be undertaken from January 2021, would be: 1. To determine the level of urgency for re-starting business case development for each individual service – with the exception of the Paediatric Medicine Model of Care which was at a less advanced stage and requires further work	The Executive - 1. Supported the continued pause of the GM Improving Specialist Care Programme until 30 March 2021. 2. Considered the future implications and risks this brings to the services in the scope of the Programme. 3. Supported the proposal to undertake a rapid review of the status of Breast Surgery, Benign Urology, Vascular Surgery, Paediatric Surgery and Medicine and provide an update report to the February 2021 JCB Executive. **Please note that the update report was deferred and submitted to the 16th March 2021 JCB Executive.**

	before the business case stage. 2. To provide evidence for the JCB to support re-starting the work where it is agreed to be urgent. 3. To re-start work to resolve the historic issues of fragile, unsustainable specialist services - where the issues have persisted through the Covid-19 pandemic and the system-wide changes which have taken place during 2020. In brief, the review would recognise that changes had taken place across the system, collaboration and restoration of services were a more dominant focus and very recently the funding and planned commencement of changes under 'Healthier Together' had been confirmed. Many aspects of the models of care proposed through the ICS Programme were predicated on the funding of the Healthier Together business case. The scope would be – subject to confirmation by JCB: • Breast Surgery, Benign Urology, Vascular Surgery, Paediatric Surgery and Medicine • The GM Health and Care system • Potential impact of Healthier Together from 1 April 2021 • View of patients, clinical leaders, providers, commissioners and regulators • Current and prospective specialist service provision • Quality and safety, accessibility, workforce and financial sustainability indicators The proposal brief was outlined in Appendix 2 of the report.	
Mental Health Commissioning Update	The briefing provided an update on NHS-Led Provider Collaboratives for Mental Health Specialised Services in Greater Manchester as they move into the next stage of	The Executive: : • Noted the content of the update report and joint work that had taken place to date regarding the development of

	development.	Provider Collaboratives.
Specialised Commissioning Update	NHS England and Improvement (NHSEI) have set out recommendations to changes in legislation to devolve direct commissioning functions to local systems by April 2022. This will see the closer alignment of NHSEI's direct commissioning responsibilities with the strategic commissioning functions of systems. The paper was intended to frame a discussion in GM to be taken forward over the coming weeks and months. Whilst we are expecting a roadmap for the transition to these new enhanced roles, the GM Specialised Commissioning Oversight Group (GMSCOG) had started to explore potential candidate areas for collaborative commissioning that will build assurance of the 'readiness' of the GM system for specialised commissioning responsibilities as these become statutory. The next step is to join up plans and test this new way of working and move away from activity-based commissioning. The paper described the steps we can take to move forward with early candidate areas for system level commissioning to trial new financial arrangements in 2021/22 to simplify contracting and financial processes.	The Executive: • Noted the key changes to the current financial framework that NHS England and Improvement is considering introducing for 2021/22 across specialised commissioning to be considered in GM system conversations over coming weeks and months. • Supported the continued development of early candidate areas for GM system level commissioning via the GM Specialised Commissioning Oversight Group. • Supported the proposal to trial new financial arrangements in 2021/22 to simplify contracting and financial processes. • Supported the inclusion of Specialised Commissioned Services in GM recovery planning to ensure that we are working collectively to plan for recovery of services equitably both within localities and at specialty level.
JCB EXECUTIVE – 16TH FEBRUARY 2021		
Covid 19 Response Update	The report provided an update on how the Health and Social Care system in Greater Manchester is responding to the COVID-19 pandemic. The report covered key developments in our COVID-19 response over the last month.	The Executive noted the content of the report.
GM Health and Social Care Partnership Future Model – Update and Discussion	Members received a presentation which provided an update on the GM Health and Social Care Partnership Future Model, following several workshops to consider the locality construct.	The Executive noted the content of the report. Their feedback following the discussion was noted.
Breast Services Resilience	The report provided an update on work undertaken by the GM Breast Services Resilience & Sustainability Group,	The Executive: -

and Sustainability Update	established to support breast services in GM during the Covid-19 pandemic and during the pause of the GM ISC Programme.	▪ Noted the content of the report and update ▪ Supported the continuation of the GM Breast Services Resilience & Sustainability Group pending the re-start of the GM ISC Programme ▪ Supported the development of the delivery plan for DIEP surgery
Homeless Healthcare and "A Bed Every Night"	The report provided an update on continuing work on homeless healthcare and 'A Bed Every Night'. It set out a proposal for investment to support continuation of this agreed priority area of work. The current investment agreement from JCB into 'A Bed Every Night' ends in March 2021. The paper set out a revised investment proposal, incorporating an ongoing ask from GMCA, but with a focus on a transition towards investment into homeless healthcare, in line with previous JCB discussions.	The Executive: - ▪ Noted the update ▪ Agreed to make a commitment to supporting homeless healthcare as a system wide priority and approved a £1m per year investment for each of the next two years, subject to confirmation of affordability by Chief Financial Officers. ▪ As set out immediately above, that the proposal be considered by CCG Chief Finance Officers for confirmation of affordability, prior to enacting. ▪ Agreed a sliding scale of investment that balances resourcing requested for ABEN accommodation and resourcing specifically for homeless healthcare activity. ▪ Agreed the homeless healthcare programme develops the required infrastructure to allow for commissioning of GM wide activity and formalises the arrangements of the GM Homelessness and Health Group. ▪ Supported a system wide prioritisation of homeless healthcare and adoption of inclusion health principles across all of its commissioning and delivery.

JCB EXECUTIVE – 16TH MARCH 2021		
Covid 19 Response Update	The report provided an update on how the Health and Social Care system in GM is responding to the COVID-19 crisis. The report covered key developments in our COVID-19 response over the last month. A Covid-19 Vaccination Presentation titled "GM Horizon Planning" was also provided. The slides had been produced to help evolve Greater Manchester's approach to deliver the Covid 19 Mass Vaccination Programme over the short, medium and long term planning horizons in order to meet the national ambitions. It also starts to consider how the Mass Vaccination Programme integrates with other immunisation programmes as part of a whole systems approach to vaccination and health protection within Greater Manchester.	The Executive noted the content of the report.
Future Direction of the GM Health and Social Care Partnership – Update regarding delivering the GM ICS Model – Vision, Objectives & Functions	The paper proposed a headline vision and objectives for the GM ICS Model; proposed functions at the system level and proposed principles of good collaboration to guide how we work together based on our learning through collaboration over a number of years.	The Executive noted the content of the report. Their feedback following the discussion was noted.
GM Improving Specialist Care Programme Update	The paper provided a summary of the focussed, rapid review of the specialist clinical services Benign Urology, Vascular, Breast, Paediatric Surgery and Paediatric Medicine. Until a pause from March 2020, necessitated by Covid-19, these work streams were the focus of business case development for new models of care, under the GM Improving Specialist Care Programme (ISC), with the exception of the Paediatric Medicine Model of Care which required further work before the business case stage. The report provided the JCBE with an update on the historic issues associated with unsustainable specialist services and the impact of the COVID-19 pandemic and relevant system-	The Executive - ▪ Noted the content of the update report. ▪ Endorsed the process and methodology adopted for this rapid review. ▪ Supported the proposal for GM to restart work to deliver the agreed models of care for Breast Services, Vascular, Benign Urology and Paediatric Surgery, acknowledging: ○ The particularly high urgency and fragility of Breast Services, as evidenced by the increased workforce

	wide changes which had taken place since March 2020 - today. In addition, the paper described: ▪ The clear consensus that the previous drivers and case for change remain applicable for each individual service, and have been exacerbated by COVID-19. ▪ The evidence and information described by providers, clinical leaders and commissioners indicating the level of urgency and support to re-start the work, with an agreement on the form of business case and GM governance required. ▪ The proposal that implementation can run concurrently and aligned with COVID-19 recovery work. Please note that the paper also set out key issues requiring future discussion (page 2 of the report).	resilience challenges April 2020 - March 2021. o The progress made in Vascular and Paediatric Surgery. o The need for further exploratory work to determine next steps for Benign Urology, considering the context of Healthier Together and evaluation of the emerging collaborative rotas between the Wigan and Bolton units. ▪ Acknowledged the complexities associated with the Paediatric Medicine model of care, including: whether the Surgical and Medicine models should be aligned, the outstanding areas of the Part B model requiring system agreement, and the reliance on improvements to community based services as an enabler to delivery. ▪ Endorsed the restart of work on the new Neurorehabilitation model across acute and community-based services. ▪ It was agreed that as Trafford was not represented at the meeting, the proposal would need to be submitted to the Joint Commissioning Board on Tuesday 20 April 2021 for formal approval. **Please note: The ISC Programme Update Report that was originally submitted to the Executive in March has been attached as an Appendix to the Decision Record for ease of reference.**
Joint Commissioning Team Work Programme Update	In May 2020, the JCB Executive received a paper setting out the GM Joint Commissioning Team's workstreams and priorities in the light of the Covid-19 pandemic. A subsequent paper presented to members in November 2020 provided an update of the status of the work streams considering GM had moved into phase 3 recovery. The paper provided a further	The Executive noted the content of the update report.

	update in this regard.	
Breast Services Screening Update	An update regarding the restoration of breast screening services was referenced under matters arising and a paper was circulated for information following the meeting.	Paper circulated for information following the JCB Executive meeting on 16th March 2021.

Greater Manchester Joint Commissioning Board Executive

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Date: 19th March 2021

Subject: Improving Specialist Care – Rapid Review

Report of: Sarah Price, Chair of ISC Programme Board and Interim Chief Officer, Greater Manchester Health and Social Care Partnership.

PURPOSE OF REPORT:

This paper is to provide the Greater Manchester Joint Commissioning Board Executive with a summary of the focussed, rapid review of the specialist clinical services Benign Urology, Vascular, Breast, Paediatric Surgery and Paediatric Medicine. Until a pause from March 2020, necessitated by Covid-19, these work streams were the focus of business case development for new models of care, under the GM Improving Specialist Care Programme (ISC), with the exception of the Paediatric Medicine Model of Care which requires further work before the business case stage.

The report provides the JCB with an update on the historic issues associated with unsustainable specialist services and the impact of the COVID-19 pandemic and relevant system-wide changes which have taken place since March 2020-today.

In addition, the paper describes:

- The clear consensus that the previous drivers and case for change remain applicable for each individual service, and have been exacerbated by COVID-19.
- The evidence and information described by providers, clinical leaders and commissioners indicating the level of urgency and support to re-start the work, with an agreement on the form of business case and GM governance required.
- The proposal that implementation can run concurrently and aligned with COVID-19 recovery work.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board Executive is asked to:

- Endorse the process and methodology adopted for this rapid review

- Support the proposal for GM to restart work to deliver the agreed models of care for Breast Services, Vascular, Benign Urology and Paediatric Surgery, acknowledging:
    - The particularly high urgency and fragility of Breast Services, as evidenced by the increased workforce resilience challenges April 2020-March 2021.
    - The progress made in Vascular and Paediatric Surgery.
    - The need for further exploratory work to determine next steps for Benign Urology, considering the context of Healthier Together and evaluation of the emerging collaborative rotas between the Wigan and Bolton units.
- Acknowledge the complexities associated with the Paediatric Medicine model of care, including: whether the Surgical and Medicine models should be aligned, the outstanding areas of the Part B model requiring system agreement, and the reliance on improvements to community based services as an enabler to delivery.
- Endorse the restart of work on the new Neurorehabilitation model across acute and community-based services.

KEY ISSUES REQUIRING FUTURE DISCUSSION:

- Mobilisation approaches may vary by service depending on progress made to date, level of urgency, and reconfiguration requirements. A 'one size fits all' approach to implementation is not supported.
- A reinstatement of 'standalone' ISC governance is not recommended. It is important that the appropriate processes are followed, especially with regards to public consultation, but a refreshed governance approach is welcomed.
- A pragmatic approach to alignment and integration of ISC work and recovery programmes is needed. A detailed paper regarding current recovery infrastructure may support subsequent JCB discussions on this topic.

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SYSTEM ENGAGEMENT

Please complete the information below to outline the discussion with sectoral governance groups prior to submitting to the GM Joint Commissioning Board. If it is not appropriate / deemed necessary for a discussion with a particular group please state why.

PRIMARY CARE ADVISORY GROUP (PCAG)
Has the paper been discussed by PCAG? NO
If no please outline the reason: N/A

PROVIDER FEDERATION BOARD (PFB)
Has the paper been discussed by PFB? (no):
If no please outline the reason: insufficient opportunity – to be arranged

WIDER LEADERSHIP TEAM (WLT)
Has the paper been discussed by WLT? NO
If no please outline the reason: N/A

STRATEGIC PARTNERSHIP EXECUTIVE BOARD (PEB)
Has the paper been discussed by PEB? NO
If no please outline the reason: insufficient opportunity – to be arranged

GM CCG DIRECTORS OF COMMISSIONING (DOCS)
Has the paper been discussed by DoCs? Yes

Date of meeting: 9 March 2021
Key points to be fed into JCB:

- There is an urgent need to restart work on Breast Services due to significant challenges and concerns regarding workforce resilience
- Benign Urology was also highlighted as particularly fragile, particularly within the North West Sector
- DoCs recommend a refreshed approach to governance that takes into account the demands of recovery and the current momentum of existing GM forums.

GM CCG CHIEF FINANCE OFFERS (CFOS)
Has the paper been discussed by CFOs? NO
If no please outline the reason: await decision by JCB

GM LA HEADS OF COMMISSIONING (HOCS)
Has the paper been discussed by HoCs? NO
If no please outline the reason: N/A

GM ACCOUNTABLE OFFICERS
Date of meeting: 12 March 2021
Additional points to be fed into JCB, which have been incorporated into this report:

- Importance of the links of this work (services in the review) with Healthier Together implementation.
- Commissioner involvement is essential in all aspects of the work going forwards.
- Recommend to refer in the report to implementation by CCGs of the Neurorehabilitation services Model of Care. Implementation of the new service changes were also paused due to COVID-19.

RAPID REVIEW METHODOLOGY

1.1 Semi-structured interviews

1.1.1 A series of semi-structured interviews with providers, commissioners and clinical leaders were conducted in February-March 2021, to gather information and explore risks, relationships and dependencies regarding key in scope services and changes to the Greater Manchester system during 2020. The full schedule of stakeholder interviews can be found in appendix 1.

1.1.2 Interviews focused on understanding stakeholder views and the associated evidence and rationale regarding: new or unanticipated provider-led opportunities for addressing fragile unsustainable specialist services; system changes and impacts during 2020; whether a whole system programme is required to ensure services are recoverable and sustainable; and whether other services are fragile and unsustainable to a greater degree. See appendix 2 for detailed interview transcripts.

1.2 System engagement

1.2.1 In addition, the collective views of GM Chief Operational Officers, the ISC Executive, and GM Directors of Commissioning have been included in this review and are described in section 3.

1.2.2 It is recommended that the collective view of PFB is tested at the earliest opportunity.

1.2.3 GM CCG Accountable Officers were briefed on the main points in Section 4 and provided views, incorporated into this version.

1.3 Criteria used to evaluate urgency:

1.3.1 Workforce

1.3.2 Service compliance

1.3.3 Variation in service quality and delivery

1.3.4 Readiness to restart the work

1.3.5 Risks/impact of not restarting work on each specialist service

1.3.6 Additional factors emerging during information gathering.

2 VISION FOR THE GM HEALTH AND CARE SYSTEM

2.1 Has the vision for the GM Health and Care System changed since March 2020?

2.1.1 Stakeholders unanimously agree that the vision has not changed since March 2020. Deep-seated, historical issues and drivers underpinning the models of care have broadly remained the same and have mainly been exacerbated by COVID-19. Providers described some locally organised mutual aid and collaborative working to mitigate particularly urgent risks and issues including increasingly fragile workforce and reduced capacity. These initiatives are described in section 3.

2.1.2 However, mutual aid and collaborative working is in place as a short-term measure, and without implementing a whole system programme, services are not sustainable. The exception to this is the vascular service, where progress has been made towards fulfilment of the model of care out with PCBC development.

2.1.3 Stakeholders agree that reconfiguration is inevitable and important. The infrastructure required to achieve the vision may look different in this landscape compared to pre-April 2020. A clear need was articulated for GM to provide system level oversight to ensure standards, consistency, equity etc.

2.2 Lessons learned from COVID-19 and associated response and recovery programmes

2.2.1 COVID-19 created a burning platform and a consensus to work collaboratively. The introduction of red and green sites has been informed by system-wide capacity and demand, resources and infrastructure. Harnessing such principles and enthusiasm can support quicker delivery of reconfiguration.

2.2.2 Rapid change can happen where there is momentum and appropriate oversight and governance at GM level is accompanied by provider engagement. Once the appropriate level of regional governance has been completed, consultation requirements met, and clear parameters defined, decisions can be enacted quickly at a local level.

2.3 Potential impact of Healthier Together from April 2021

2.3.1 Healthier Together was cited as evidence of another driver for GM to restart work to deliver the agreed models of care, due to the number and level of interdependencies and the downstream impacts to specialist services once Healthier Together is implemented.

2.3.2 Paediatric Surgery and Benign Urology in particular were highlighted as being dependent on the delivery of Healthier Together. Once infrastructure and resources are concentrated on fewer sites, existing challenges, including the availability of surgical staff, will be exacerbated.

3 STAKEHOLDER FEEDBACK AND ANALYSIS OF IN SCOPE WORKSTREAMS: APRIL 2020-MARCH 2021

3.1 Thematic analysis

3.1.1 A number of consistent themes and assertions emerged from interviews and information gathering and are presented in the accompanying PPT slides.

3.2 Feedback from the ISC Executive

3.2.1 An extraordinary meeting of the ISC Executive team was held to review the findings of the rapid review and to agree recommendations and issues to be shared with JCB for their March meeting.

3.2.2 Based on the consensus within the system and the information gathered during the review, the ISC Executive supported the recommendations outlined at the start of this paper. These recommendations are focused on 'what' work should be restarted by GM, and why.

3.2.3 The ISC Executive acknowledged the need for further discussions about 'how' implementation of the work should be approached. These issues are outlined at the start of this paper.

3.3 Feedback from GM Directors of Commissioning

3.3.1 The Directors of Commissioning were engaged via their monthly meeting and there was a clear consensus that the fragility of Breast services has increased such that work to implement the ISC model of care should be restarted in April. Workforce resilience is a major concern, particularly in Tameside and Glossop, to the extent that service disruption could result from the loss of only one or two staff members.

3.3.2 Benign Urology was also highlighted as particularly fragile, especially within the North West Sector.

3.3.3 It was proposed that a refreshed approach to ISC implementation is welcome and required in the current context of COVID-19 recovery. The capacity for transformation alongside recovery needs to be considered, as well as the momentum and efficiency of existing groups such as the Paediatric Surgery ODN, rather than automatically reverting to full programme governance as per the previous iteration of ISC.

3.4 Feedback from GM Provider Trusts' Chief Operational Officers (COOs)

3.4.1 The COOs position is that whilst the burning platform of COVID-19 has changed the context in which we find ourselves analysing the next steps for ISC, the vision remains relevant and reconfiguration is inevitable. Although the challenge of recovering elective activity should not be underestimated, and will be with us for years, the collaborative response to COVID-19 - such as the green site pathway principles – and the high level of flux in the system, has created new perspectives and opportunities that can lead us to reconfiguration quicker.

3.4.2 The COOs recommend that governance and implementation of ISC and recovery should be brought together. This would enable both solutions to be developed synergistically and avoid retrofitting and/or duplicating work.

3.4.3 From the perspective of elective recovery work, the COOs' assertion is that Benign Urology and Breast Services are particularly urgent and should be prioritised for implementation.

3.5 Summary analysis - Breast services

3.5.1 The drivers and case for change associated with Breast Services have been magnified as a result of COVID-19. This includes: radiological and surgical workforce shortages in key staffing groups; service resilience; anticipated growing demand; variation in service quality, delivery and access to clinical trials, consistent high-quality patient experience; continuous improvement; and variations in commissioning specifications.

3.5.2 Workforce shortages are by far the biggest driver in service resilience and reconfiguration is required to ensure service sustainability. Commissioner-led resilience work in 2020 has also been hampered by this challenge.

3.5.3 Clinical and Provider leads spoke of the high levels of fragility associated with Breast services that have been exacerbated by COVID-19. Through significant recovery efforts it is expected that pre-COVID-19 performance can be regained by April 2020, creating an opportunity to dovetail/re-introduce ISC work. In particular, focus is required on the North East Sector.

3.6 Summary analysis - Vascular

3.6.1 The case for change remains as urgent as it did in March 2020 including: difficulty in recruiting and retaining specialist staff; achieving compliance with national specification; and variation in referral, assessment and treatment times. Shortages of Vascular Interventional Radiologists and other specialists have broadly remained the same, although the impact of this has been mitigated somewhat through consolidation of activity described in 3.3.2 and 3.3.3.

3.6.2 Since March 2020, progress has been made towards implementing the proposed model of care. Activity was transferred from the Wythenshawe unit to MRI as of October 2020.

3.6.3 The challenges previously facing Oldham's vascular service – primarily Consultant recruitment have persisted during COVID. Since the end of 2020, NCA and MFT have been working together to implement a mutually supportive solution. From April 2021 Oldham activity will be delivered by MFT staff (on the Oldham site). Fulfilment of the proposed model of care (moving activity from Oldham to MRI) is dependent on MFT's ability to create theatre and ward space to accommodate an additional set of lists.

3.6.4 There is a requirement for ISC to provide oversight and governance to ensure that the benefits of the model of care are realised and that implementation reflects the needs of the GM population. The ISC programme is in a position to objectively shape the GM network, and facilitate sharing of best practice into providers across GM, including the community. Therefore it is recommended that JCB support the recommendation to restart business case development for vascular.

3.7 Summary analysis - Benign urology

3.7.1 The urgency to address the case for change – including workforce shortages, particularly in the North-West sector; unwarranted variations in outcome and performance; and unwarranted variation in referral management – remains as urgent, if not more so, as it did in March 2020.

3.7.2 Shortages of Consultants and other grades has always been the biggest challenge and an imbalance remains in the distribution of staff across GM.

3.7.3 COVID-19 has prompted innovative changes in service delivery for example through technology utilisation (virtual appointments) which allows for more efficient estates use, improves patient experience, and reduced variation in referral management. However, workforce enablers are fundamental to consistent and sustainable improvements.

3.7.4 Local organisational and service realignments may mitigate workforce fragility, however whilst ISC remains on pause there is a lack of co-ordinated GM-wide oversight. Therefore, there is an urgent imperative to restart the work on Benign Urology.

3.7.5 Areas where there has previously been system disagreement should be of priority focus if work restarts. Namely, definition of spoke sites contributed to a stall in progress at PCBC stage. The model of care proposed Stockport, Salford, MRI, and Oldham, with a fifth site at Bolton, further work is needed to evaluate this to determine if the level of work exists to achieve standards.

3.8 Summary analysis - Paediatric medicine

3.8.1 The case for change remains the same as it did in March 2020, including: increasing population and activity; high volumes of low acuity activity being seen at emergency departments; limited paediatric workforce; interdependencies with surgery; variation in provision, outcomes and response to national and local standards; and the need to deliver financial efficiencies.

3.8.2 In community services already long waiting lists have been exacerbated by COVID-19. Investment to reliably establish Children's Community Nursing Teams has been cited as an essential enabler to any possible reconfiguration of paediatric medicine services, both in the Model of Care and echoed unanimously by clinical leads during the review. This work could begin whilst agreement is sought on the Part B (reconfiguration) element of the Model of Care.

3.8.3 COVID-19 has also impacted acute paediatric activity levels in the period March 2020-2021. The majority of providers both within GM and nationally have reported a decrease in presentations across urgent care and emergency departments, planned admissions (e.g. for investigative work), and outpatient and inpatient activity[11]. A key example of this is the significant reduction in Bronchiolitis infections, historically a primary driver of paediatric front door presentations in winter. There is no reason to suggest rates will remain low once infection control measures are eased.

3.8.4 The identified case for change has not been resolved over the past year. Considering the proposal to align the medicine and surgical models – there remain four key topics associated with reconfiguration of Paediatric Medicine that the system did not agree on: the possibility of differentiated Emergency Departments; the co-dependency of inpatient units and emergency departments and the implications; the viability of short-stay paediatric assessment units (SSPAUs) without further on-site inpatient beds; and the interdependency of paediatric critical care L1 and L2. Securing system agreement on these topics is required to finalise the reconfiguration element of the model of care.

3.9 Summary analysis - Paediatric Surgery

3.9.1 Demand for paediatric surgery has remained constant yet as a result of COVID-19 all specialties have reduced or stopped outpatient, assessment and elective work, with the main focus on emergency surgery, P1 and P2 activity.

3.9.2 There are elements of the surgical model that need to go fast and are linked to existing work; surgical specialty pathways should be linked with recovery. This was described by clinical leads as important and something that needs to happen quickly. The surgical model is dependent on delivery of Healthier Together which will have a significant impact if infrastructure and resource are concentrated on fewer sites.

3.9.3 Mutual aid and collaborative working has recently been introduced through the ODN in order to reduce the backlog of elective work. Combined with expansion of Consultant Grades at RMCH, this could present opportunities to enable appropriate CPD and up-skilling of Consultant Surgeons and Anaesthetics in paediatric care delivery, for example through outreach from the tertiary centre.

4 KEY POINTS, RECOMMENDATIONS AND NEXT STEPS

4.1 Rapid review key findings

[1] RCPCH, The Impact of COVID-19 on child health services report, https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-report#introduction

4.1.1 Stakeholders unanimously agreed that the vision for the GM Health and Care System remains the same. The collaborative working that has emerged as a result of the COVID-19 pandemic will not ensure the sustainability of fragile services; a system-wide programme is needed to achieve the vision.

4.1.2 Broadly speaking, the case for change for Breast Services, Benign Urology, Vascular, and Paediatric Surgery and Medicine has not changed, and some of the drivers – especially workforce shortages – have been exacerbated as a result of COVID-19 pressures. COVID-19 may have prompted new ways of working such as an increase in virtual appointments and mutual aid, but fundamentally services remain unsustainable without system-wide reconfiguration.

4.1.3 Implementation should reflect the current context; significantly, recovery demands will impact resource availability and stakeholder appetite to restart the work. However, the collaborative response to COVID-19 - such as the green site pathway principles – and the high level of flux in the system, has created new perspectives and opportunities that can lead us to reconfiguration quicker.

4.1.4 The opportunity provided by the recent funding agreement for the Healthier Together business case is beneficial to some aspects of this work. Furthermore, the implementation of other workstreams, in particular the new service model for Neurorehabilitation should re-commence with the same urgency.

4.1.5 Whilst a refreshed approach would be welcome to determine how the work is implemented, a clear requirement was articulated for some form of system level oversight to ensure standards, consistency and equity are delivered as per the models of care.

4.1.6 Both Commissioner and Provider involvement are essential to taking the work forward.

4.2 **Recommendations:**

The Greater Manchester Joint Commissioning Board Executive is asked to:

4.2.1 Endorse the process and methodology adopted for this rapid review

4.2.2 Support the proposal for GM to restart work to deliver the agreed models of care for Breast Services, Vascular, Benign Urology and Paediatric Surgery, acknowledging:

4.2.2.1 The particularly high urgency and fragility of Breast Services, as evidenced by the increased workforce resilience challenges April 2020-March 2021

4.2.2.2 The progress made in Vascular and Paediatric Surgery

4.2.2.3 The need for further exploratory work to determine next steps for Benign Urology, considering the context of Healthier Together and evaluation of the emerging collaborative rotas between the Wigan and Bolton units.

4.2.3 Acknowledge the complexities associated with the Paediatric Medicine model of care, including the outstanding areas of the Part B model requiring system agreement and the reliance on improvements to community-based services as an enabler to delivery.

4.2.4 Endorse the restart of work on the new Neurorehabilitation model across acute and community-based services.

4.3 Next steps

4.3.1 Engage key financial governance forums including the GM CCG CFO group.

4.3.2 Consider how programme governance and oversight and business case development could be tailored to suit the current context.

4.3.3 Explore the opportunities for alignment and integration between COVID-19 recovery programmes, particularly the elective reform programme, and ISC work.

4.3.4 Consider the role to be played by the GM Partnership Medical Executive going forwards.