

Greater Manchester Joint Commissioning Board

Date: 20 April 2021

Subject: Chief Officer Update - COVID-19 Response

Report of: Sarah Price – Interim Chief Officer – Greater Manchester Health & Social Care Partnership

PURPOSE OF REPORT:

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 pandemic.

The report covers key developments in our COVID-19 response during March 2021.

The Board is asked to note that an additional verbal update will be provided at the meeting itself to cover the latest developments on the vaccination programme.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report

CONTACT OFFICERS:

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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 during March 2021.

The report starts with updates from the vaccination programme, and then considers the various aspects of the ongoing response.

VACCINATION PROGRAMME

Greater Manchester has rapidly deployed a place-based delivery model in GM comprising multiple delivery channels to meet the needs of the population and address inequalities. We continue to make significant progress vaccinating JCVI priority Group 1 to 9. By 15th March 2021, we had reached the milestone of one million people in Greater Manchester having received a vaccination.

A dashboard has been developed to enable localities to view vaccination rates for staff and residents across care homes in each locality. A further mapping resource is in development that will highlight those homes with the highest rates of non-vaccination for staff, residents or both, to enable localities to quickly view the locations of those homes with the greatest risk and respond accordingly.

Supply issues

Confirmation of the final supply and delivery dates for PCNs and Pharmacies for week commencing 29th March and 5th April (1st and 2nd doses) was received on 24th March, but late on 29th March a notification was received that deliveries for w/c 5th April for 1st dose supplies have been stopped and any first dose appointments need to be covered from existing stock. Assurances have been made that adequate 2nd doses will be provided.

Short-life vaccination stock has been moved to pharmacy sites and the Mass Vaccination Centre to ensure minimal wastage and individual PCN cohorts 1 to 9 sessions are being run to improve cohort penetration before the constrained supply period.

Forward plans

The programme has identified a series of horizons: 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. This future focused approach to a COVID Mass Vaccination Programme is 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 sustainably in the long term beyond the pandemic.

All localities have finalised their PCN position in terms of planning for delivery of Phase 2 (vaccinating cohorts 10 to 12). The process has started to request expressions of interest to

administer vaccinations from community pharmacies across the system with decisions to be made on 21st April, and community pharmacies going live from 10th May.

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.

Inequalities

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.

Significant scrutiny is being applied from the North West Region on variation of performance of cohorts and inequalities across localities, which included a 'deep-dive' into the 10 lowest uptake PCNs across GM - predominantly within Manchester, but also Bolton and Rochdale localities. GM are requesting additional flexibility in vaccinating cohorts 10 to 12 where this would help improve uptake across families, enabling us to vaccinate inter-generational households within our most diverse and underserved communities.

In recognition of the need to support a wider and more extensive set of activities around inequalities, a further £3million of funding nationally has been made available from 26th March with regions invited to submit funding applications. Priority will be given to applications from areas that are assessed as having significant vaccine uptake inequalities and/or have not received community champion funding, that are novel or innovative approaches, or address an historically underserved community. Each locality in GM is being offered support, if required, to make an application.

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 number of medically fit patients awaiting discharge remains low. The occupancy of General & Acute beds in GM has now fallen below 85% and the proportion of non-COVID patients in hospital beds compared with COVID patients is increasing.

The Discharge Group are doing some focused work to understand barriers to discharge and working with Directors of Adult Social Services to track and monitor progress in aid of flow out of hospital and back into the community. The response required will feature more organisations than Health and Social Care alone. The advantage of Greater Manchester is that a whole system approach can be taken in response to these challenges, such as working closely with housing associations and the VCSE.

The Community Cell received a summary of feedback from localities on learning from discharge processes and how to apply this to business as usual. For example, Oldham are conducting live audits into lengths of stay to understand the key reasons underpinning the longest waits. Bolton have recently established a real time data capture which enables the tracking of people through the hospital and will be used to embed learning into hospital processes moving forward. The next stage is to set up a working group to focus on the key themes from this work to embed them across GM.

PRIMARY CARE

Primary Care Sit Rep reports have been provided throughout the month. The position as at 26th March is outlined below:

- General Practice is at OPEL Level 1 maintaining a 100% submission rate. The self-isolation rate is 2% and the percentage of staff available is at 92%. During the month, further progress has been made to roll out the “pulse check” across Greater Manchester with additional practices in Bury, Salford and Tameside & Glossop using the new framework. Most practices report demand at either level 5 (business as usual) or level 6 (slightly increased demand) through this check.

NHS England has announced a further £120million of additional funding for General Practice through April – September 2021. This is expected to be used against the same seven priorities as the COVID Capacity Expansion Fund in 2020/21: GP numbers, Oximetry at home, Long COVID, support for shielding/Clinically Extremely Vulnerable patients, chronic disease backlog, learning disabilities and backfill for staff absence.

- Community Pharmacy is at OPEL Level 2. 29% of reporting pharmacies (178) are reporting that they are ‘challenged but coping’. The percentage of pharmacy staff self-isolating has remained stable at 3% with 93% of the workforce available to work overall. The number of pharmacies applying for a variation in opening hours due to pandemic pressures remains low, with requests only granted where directly linked to pandemic pressures (eg self-isolation). This indicates that, on the whole, pharmacies are managing to maintain full-service availability.
- Dental Services show an OPEL rating of Level 2. 156 practices state that they are ‘challenged but coping’ although 22 practices report significant challenges. On staffing, the self-isolation rate is 2% and the percentage of staff available is 97%. Some practices continue to be concerned around the target of delivering 45% of the usual quarterly contract activity within this final quarter in the context of COVID restrictions, although indicative figures show circa 70% of practices are on target to achieve this. Activity data takes eight weeks to finalise, so final figures will not be available until June.
- Colleagues from the GM Primary Care team presented a paper to the Community Cell on 16th March, providing an overview of the work across GM of Primary, Secondary, and Community Dentistry services during the pandemic, including a report on oral health activity delivered by the Partnership. The paper highlighted the actions taken to address health inequalities and to improve access to dental services to ensure patients can access services in a safe way. Through working collaboratively there is real potential to

reduce the numbers of children waiting for treatment and help address health inequalities. The Cell agreed that learning and innovation through the collaborative GM dental commissioner/ provider working should be preserved as an example of good practice.

- Optometry providers are recording an OPEL level 3 rating due to resilience challenges expressed by providers. 116 practices face challenges but are coping; 9 sites report significant challenges; 5 sites state they are closed. The percentage of self-isolating staff remains low (1%) and the percentage of staff available to work is 95%.

ADULT SOCIAL CARE

Care Homes are reporting OPEL Level Score 2 as at 30th March. Bed capacity in homes open to admissions is at 13.2% (2,564 beds). The number of homes open to admission has increased during the month and is currently at 78% (410 of the 526 submitted). The number of homes supporting at least one resident with Symptoms/Positive Test has fallen to the lowest since October 2020. On 30th March, Oldham and Trafford reported zero service users with COVID19 in their care homes and Bolton and Oldham Home Care providers have reported zero service users with COVID; this is a significant milestone to note.

Localities are being supported to encourage the uptake of vaccination by care home staff and lessons learned are being shared across the system in support of this.

Home Care Providers report OPEL level 2. The number of agencies open to new referrals has remained relatively stable (currently 265 out of 280 submitted). The percentage of staff available stands at 94.6%. The percentage of providers supporting at least one resident with COVID/symptoms has decreased from 7.9% (22) to 4.9% (14).

COMMUNITY SERVICES

On the Community Services Sit Rep report, five localities are reporting at OPEL level 2 (challenged status) – mainly due to staff absence and vacancies - and five are reporting at OPEL Level 1. Overall, the picture has been stable over the past four weeks. A group has been convened to review and update the OPEL thresholds to make them sensitive enough to capture issues relating to Community Services demand and impact on the workforce as the system moves through recovery.

MENTAL HEALTH

A rise in mental health demand and a reduction in available staff was reported towards the end of the month. Variation in bed occupancy levels is reported across GM, but all provider occupancy is above 90%, Wigan are reporting at 97.6% and concerns around capacity have been escalated regionally. Delayed Transfers of Care and Out of Area placement numbers are also increasing, and national pressures on CAMHS beds continue.

An update on plans to establish Crisis Alternatives for people experiencing acute mental health need was given on 25th March. Resource conversations are proceeding, and teams

are poised to mobilise services such as Crisis Cafes and Listening Lounges in collaboration with VCSE organisations over the coming months.

Eating disorders in children are escalating – work continues to establish a pilot programme providing alternative community support to families as a short-term solution due to limited available bed capacity.

There is work underway in response to a legacy of people ‘falling through the gaps’ between Primary and Secondary Care if they have particular mental health diagnoses such as Personality Disorders. This work aims to make the community mental health service offer more fluid to these groups and will increase the potential service user base to feature groups which have been underserved in the past. The approach proposed by the GM Mental Health Executive was endorsed and the Community Cell will receive updates on this work throughout the year as it develops.

URGENT & EMERGENCY CARE

The GM Urgent and Emergency Care (UEC) Steering Group’s current focus is on the UEC by Appointment programme, the interface with 111 and Clinical Assessment Services (CAS). The GM CAS has been embedded and extended for a further 12 months and evaluation of this programme has begun.

Despite flow into the community remaining consistent, localities are experiencing higher than average demand pressure on Emergency Departments. North West Ambulance Service have confirmed a rising number of A&E attendances across the region and that there is an urgent need to understand the groups which are presenting this demand.

In terms of next steps, UEC steering group representatives will be attending locality UEC Boards to present thinking around what the next stage priorities would be for the sector across the city region. Now is an opportune time to consolidate learning and agree forward priorities as the system moves into recovery.

HOSPITAL CELL UPDATE

A year has passed since the Hospital Cell arrangements were established and the pressures on the hospital system from wave 3 have begun to ease – the number of COVID patients in our beds is steadily reducing day-by-day. However, the rate of decline in bed demand still varies across hospitals and some sites remain at very high occupancy levels. Acuity across GM is high which is resulting in people remaining in critical care for long periods of time.

In that context, our attention is now firmly fixed on our recovery arrangements and prioritising those most clinically urgent patients, along with those who have been waiting longest for treatment.

Aligned to these principles, our approach in GM is to continue the system-working which has worked so effectively through managing the earlier stages of the pandemic. To that end, we are adapting the focus of our daily Gold Command meetings to ensure recovery gets the

attention and momentum it needs and that we deploy a system approach to our workstreams with primary care and other partners.

ELECTIVE RECOVERY

A national recovery board has been established and a set of principles agreed at the regional level, which GM contributed to and describe a sensible approach to achieving a sustainable recovery which is equitable for our patients. The GM Hospital Cell presented headlines from the GM NHS Provider High-level Elective Recovery Plan to the Community Cell on 16th March. This overview was submitted to NHSE North West Region on 15th March and outlines GM's approach to recovery of elective service performance.

The plan includes narrative on how to address the overall waiting list and opportunities to transform services in the process. The plan also highlights priority specialities for recovery and innovation. It was noted that this is an early iteration based on a short-notice request from NHS England and that this narrative will develop when official templates are released at the end of March.

It was recognised that the challenges to recovery are applicable to the entire GM system and that both Hospital and Community Co-ordination Cells should address these together as part of a joint process. Further iterations should strengthen the focus on the patient journey and reducing inequalities. The availability and resilience of the workforce were recognised as being a potential limiting factor to the extent of elective recovery and it was agreed that the impact on the workforce should be monitored carefully to ensure that there is no untoward impact on staff wellbeing or patient care.

The GM Elective Reform programme was stood down during the first wave of the pandemic in March 2020, with the programme resource being re-directed towards the pandemic response. However, during March it was agreed that the GM Elective Recovery and Reform Programme Board be re-established.

The Board will provide oversight of Elective recovery plans throughout the year as well as ensuring reform through restoration of services. This recognises that the COVID19 recovery phase offers an opportunity to 'build back better', with an uncompromising focus on reducing health inequalities. There will be continued emphasis on productivity and maximising capacity, including through collaboration with providers across the system.

The proposed approach to recovery as summarised in "Transforming Elective Care in Greater Manchester 2020-2024"; a strategy document which has received input from stakeholders across NHS commissioning and provider organisations, has been supported and will provide regular updates to the Community Cell from the elective team as this work develops.

CONTAIN AND RECOVERY

On 23rd March, an overview of the work of the Contain Cell and the GM-wide Recovery programme was presented to the Community Cell. A 'one year Living with COVID Resilience Plan' was agreed in September 2020 by the GMCA to help steer system wide

responses to the ongoing pandemic. The GM Recovery Co-ordination Group is tasked with overseeing the plan's delivery. Localities and the Partnership Team are on the group membership. A progress report on the Plan was presented to the Combined Authority on 26th March¹.

An impact assessment is included and indicates the growing severity of negative impacts of the pandemic across the City Region – more entrenched and long-term issues such as poverty and inequality are of great concern to the group. The latest focus of the group is how Greater Manchester responds to the easing of lockdown over the next few months.

The Greater Manchester Strategy (GMS) will be refreshed over this year and will build on the collective learning from the pandemic. The refresh will provide an opportunity for a GM-wide review and reimagining of our future post-COVID with sustainability and equality being at the centre of our recovery. The GMS refresh is expected to be completed by September, with Health and Social Care as one of the key policy areas in the strategy.

COMMUNICATIONS

A series of blogs written by the GM Cell chairs and Sir Richard Leese were released this week in reflection of marking one year since lockdown began.

The GM 'Keep Doing Your Bit' campaign is due to launch soon. This extension of last year's 'Do Your Bit' campaign will now cover an element on vaccine uptake. A customisable communications pack will be shared to the system so that community champions and local leaders can target communications and messaging on a local level.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report.

¹ Agenda Item 10: [\(Public Pack\)Agenda Document for Greater Manchester Combined Authority, 26/03/2021 10:15 \(greatermanchester-ca.gov.uk\)](#)