

Greater Manchester Joint Commissioning Board

Date: 19 October 2021

Subject: Chief Officer Update

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.

RECOMMENDATIONS

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report

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INTRODUCTION

The enclosed report is an update from the Chief Officer of the Greater Manchester Health and Social Care Partnership on how the Health and Social Care system in Greater Manchester is responding to the challenges presented by the COVID-19 crisis and system recovery over the past month, as well as our transformation into an Integrated Care System following the announcement of the NHS Bill.

SYSTEM PRESSURES

COVID Rates

The most recent GM Contain Cell Assessment outlines how case rates have remained high in Greater Manchester in recent weeks. All boroughs have seen a decrease in overall rates and over 60s rates. Highest rates remain in Secondary school aged group and in all boroughs, with most boroughs seeing on-going increases. We expected a rise in cases attributed to children returning to school. We are seeing impacts from both an increase in detection and in actual school-associated transmission.

Urgent Care

Hospitals continue to be very busy. Children's hospital activity has increased due to the return of children and young people to schools, and more mixing and socialising together. This is typical for this time of year, though after less contact with others, and protracted restrictions on mixing and travel, as well as enhanced infection control measures, it's likely that some people's immunity has reduced causing a more serious illness to usual. Attendance and admissions are a combination of respiratory and emotional health and wellbeing issues.

In Urgent Care, both 999 calls and incidents have remained broadly stable, but response times are worsening for categories 2 and 4¹. The number of patients conveyed to ED showed no change over the last week, but turnaround times are showing a small improvement. 111 activity is also broadly stable. There has been an underlying improvement in the longer waiting times for answer, even though call pick up remains challenged and an increase in calls abandoned gives cause for concern. Both Cells will continue to work with NWS colleagues and the GM Urgent Care team to identify additional ways to support patients waiting for a long time for an ambulance.

Discharges

This month, the number of people requiring discharge has been higher than the 'new baseline' which was set when the focus on discharges was renewed in January 2021.

¹ Category one is for calls about people with life-threatening injuries and illnesses.

Category two is for emergency calls.

Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home.

Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist.

This is due to the high and sustained demand pressures in emergency departments alongside continued COVID admissions and elective recovery. Capacity issues in domiciliary care also appear to be impacting effective flow back home and into the community.

The number of long lengths of stay in Greater Manchester have also increased by 20%, though North West peer systems have increased by around 200% on average. GM has therefore succeeded in limiting this increase in long lengths of stay despite the pressures encountered in the system currently.

A high number of out of area patients ready for discharge/repatriation have also been reported, 25% of this number are to outside of the GM region which indicates that neighbouring systems are also facing challenges to discharge.

Elective Recovery

Outpatient activity continues to be above pre-Covid levels and both day case and elective activity levels have improved. The total number of patients waiting continues to incrementally increase though the number waiting over 52 weeks has stayed stable and makes up less than 10% of the total waiting list. Across Greater Manchester, we have a range of measures to reduce waits including providing weekend clinics, mutual aid between hospitals including the independent sector and greater use of technology to enable more people to be seen.

'While You Wait' Launch

The While You Wait website aims to provide further information and advice, along with handy resources, to help patients manage their physical and mental wellbeing while waiting for hospital care. This includes:

- How to stay as fit and healthy as possible while you wait for your treatment, both physically and mentally
- Where to find any extra support either online or in your local community
- Where to find further information about waiting lists
- We will provide updates to ensure the latest information is available, so please do check back on a regular basis

The website is now live and has been developed with multiple stakeholders in GM including the VCSE, Healthwatch and primary and secondary care clinicians. It is recognised that further work is needed on the readability of the site before it is launched.

A second phase, focused on localities, is planned for launch in October. The locality version will place a greater emphasis on face-to-face contact. An interactive map of locality level assets for patients to access is currently under development.

Primary Care

Primary care is experiencing high demand and remains under significant pressure. Over the past few months there has been a rise in the instances of abuse towards staff. Abuse in any form towards our staff and patients will not be tolerated, accepted, or ignored. All staff have the right to work in a safe environment and in Greater Manchester we are taking a zero-tolerance approach to abuse and aggression.

Primary care leaders have highlighted this month that the sector is approaching a level of risk where it is becoming more difficult to manage staff and patient welfare and wellbeing, given levels of emotional burnout and trauma following the pandemic and sustained pressures. Locality level plans have been developed in response and system level support such as the work of the pressures task and finish group, cross-system accelerator bids and continued communication with regional and national colleagues.

Key pieces of work undertaken by the Primary Care Pressures task and finish group have included progress on the rollout of seven dental schemes aimed at improving access and reducing inequalities, a review of appointment type (e.g., virtual and face-to-face), which revealed that both nationally and in GM, around 40% of appointments are telephone appointments, the commissioning of a Homeless Sight Testing service at two city centre sites in Manchester, progression of the development of a baseline offer of occupational health across Primary Care providers in Greater Manchester, an analysis of recent NHS 111 call data to understand trends in demand and utilisation and a series of actions in response to the continuing pressures on community pharmacy services.

Update Following Incident at Florence House – 17th September

In addition to the action plan detailed in September's update to GM Health and Care Board, Florence House welcomed a visit from Sajid Javid, Secretary of State (SoS) for Health and Social Care, on Sunday 3rd October. A number of GM colleagues were in attendance along with past and present staff of the practice, including several of those who were present during the assault on 17th September. Staff appreciated the opportunity to explain how the incident felt and welcomed the SoS to the frontline. The SoS appeared to be open to an ongoing relationship with GM and was grateful to speak to the Florence House staff. In addition to speaking about the Florence House incident, there was some discussion with the SoS about support in regard to the press, highlighting that the national media are instrumental in supporting the relationship between citizens and the NHS.

Adult Social Care

Localities are responding to the pressures as a result of variation in care home bed availability both within and between the localities. The issue of increased demand impacting bed availability appears to be due to the lowering of restrictions and discharge policies are exposing more people to care than previously.

Home care agencies remain under severe pressure. GM Directors of Adult Social Services continue to escalate the key issues and develop actions to mitigate pressures.

Recent sitreps have shown that the number of unvaccinated care staff has fallen dramatically across GM which is partially due to big pushes in providers to ensure staff vaccination and ensuring that our data is of good quality at locality and system level. Further guidance for staff who have passed the 16th September point for vaccination is expected in the coming weeks, with the Directors of Adult Social Services supporting providers in the system to make sense of the guidance as it is released. An aggregated system view of the potential impact of the mandatory vaccination programme is being developed by the Mass Vaccination Programme team.

Community Services

This month's community services pulse check reports have shown sustained pressures in a couple of localities, mainly due to increased service demand and workforce shortages. Localities are reviewing their local capacity and demand models to help address challenges in the system. All staff absence levels, though high this month, have not reached the levels they were during the summer holiday period. COVID related absence has remained static. The work of the LCO Network Board has been devoted to identifying system resilience issues and mitigation as we move into the winter.

Mental Health

It is widely acknowledged that there are significant backlogs within mental health services, in the face of both rising demand and long-standing challenges which have been exacerbated by the pandemic. All services are experiencing an increase in demand from the start of 2021 with referrals to community mental health teams growing significantly. Slight reductions in pressures on inpatient bed capacity have been reported this month, along with a reduced number of delayed transfers of care and out-of-area placements.

A 24/7 crisis helpline has been developed for anyone who needs it and work has started in setting up mental health urgent care centres at each acute hospital across Greater Manchester to provide a safe space for people to access support and assessment, away from busy high-stimulus departments.

On the 1st October 2021, Greater Manchester Mental Health NHS Foundation Trust went live as being lead provider for adult low and medium secure services and Pennine Care NHS Foundation Trust as lead provider for children and young people's specialist mental health inpatient services as part of the NHS-Lead Provider Collaboratives approach as detailed in the NHS Long Term Plan. An NHS-Lead Provider Collaborative is a group of providers of specialised mental health, learning disability and autism services who have agreed to work together to improve the care for their local population. They will do this by taking responsibility for the budget for their given cohort population, enabling local services to be more influential in the redesign of pathways.

Winter Planning

Over the course of the past month, focus has been given to preparations for the coming winter period. As part of local winter planning for 2021/22 NHSE&I has requested that GM completes a winter assurance template, covering:

- Winter Planning System Flow Assessment – Indicating preparedness ahead of winter by demonstrating achievement against a series of key deliverables.
- Identifying the top three local risks ahead of winter.
- Further Support – identifying what further support is required, either regionally or nationally ahead of winter.

The GM submission outlines locality responses regarding compliance and assurance levels, a summary to show common risks and support needed across GM and locality winter assurance responses. The top three risks identified overall were:

- General concern regarding the sustained high demand across the system;
- Staff wellbeing and burnout;
- Pressures on paediatric services in light of an anticipated surge in Respiratory Syncytial Virus (RSV) rates over the winter period – a comprehensive action plan is being rolled out in preparation for this pressure.

Further mitigatory action to these issues is referred to as part of Greater Manchester's CSR submission and H2 planning below.

COMPREHENSIVE SPENDING REVIEW (CSR) SUBMISSION AND H2 PLANNING ROUND

Greater Manchester has proposed a Levelling Up Deal to Government ahead of the Spending Review and Levelling Up White Paper, which will deliver a London-style transport network with affordable London-level fares, accelerating our plans for a net zero future with better, greener homes and communities: and better jobs and skills. Within this broader Deal, we have set out the support we need so that our health and care system can recover from the pandemic, so we can move as quickly as possible

to reduce waiting lists, and so we can continue to make gains in improving population health and wellbeing across GM.

There are four core elements to the submission:

- Tackling the backlog in elective care
- Tackling the backlog in community care
- Transforming adult social care
- Expanding health innovation

The 'H2' 2021-22 Operational Planning Guidance was released by NHS England on 30th September. It sets out the key delivery requirements for the remainder of this year, with particular focus on clearing long waits and activity volumes at hospital site level, as well as supporting the health and wellbeing of staff and reducing inequalities in care.

Plans in response to the guidance will be co-ordinated at system level through a weekly GM Planning Group which features senior leaders from all sectors, locality representatives will also be sent invitations. The final submission deadline for plans to the regional office is 16th November 2021.

VACCINATION PROGRAMME

As of 11th October, we have delivered a total of 3,803,802 vaccinations across GM (7-day increase of 17,823). This equates to 1,988,100 total first doses (7-day increase of 8,381) and 1,815,702 total second doses (7-day increase of 9,442). All pregnant women in Greater Manchester are being encouraged to take up the offer of a lifesaving Covid-19 vaccine whatever stage of pregnancy they are at. Women can book through the National Booking Service (NBS). The National Booking Service (NBS) is now allowing eligible people to book their Covid-19 booster vaccine appointments in vaccine sites that are on the NBS.

School Aged Immunisation Services have begun in schools across Greater Manchester, though the programme has been difficult to operate in light of the high rates of COVID transmission in schools. We would urge parents and carers to complete the consent forms and support their children's health and education.

The programme continues to work toward national targets of ensuring that all care home residents have received their booster by 1st November, and to ensure that all staff have been vaccinated with their second doses by 11th November.

Hospital hubs and PCNs in GM continue to co-administer the flu and COVID vaccines where the required provisions are in place - as well as care homes and domiciliary services.

UPDATE ON DEVELOPMENT OF ICS SHADOW ARRANGEMENTS

The Greater Manchester Partnership Executive Board (PEB) and Greater Manchester Health and Care Board (HCB) approved the proposals for GM Integrated Care System shadow governance on 22nd September 2021. This included the priority of setting up and operating the Joint Planning and Delivery Committee (JPDC) and the stepping down of the Partnership Executive Board.

The shadow JPDC will be the focal point of the GM level shadow governance arrangements. The nationally mandated Board and Committee will then be established in the lead up to the Integrated Care Board (ICB) going live in April 2022, taking account of the anticipated model Terms of Reference and guidance when published.

The GMHSCP Governance Group met to draft the Terms of Reference (TOR) for the JPDC and recognised the committee has two distinct phases where its structure, functions and responsibilities will differ:

- a) Operating in shadow form between October 2021 and March 2022 and;
- b) Post April 2022, when part of the established ICB governance structure

The shadow Joint Planning and Delivery Committee will oversee processes to ensure that Locality programmes, Provider Collaborative programmes and GM enabling programmes work together coherently. There will be a strong focus on delivery of national and locally determined standards and outcomes working collaboratively with locality boards.

RECOMMENDATIONS

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