Greater Manchester

Joint Commissioning Board

Date: 15th March 2022

Subject: Chief Officer Update

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

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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. It also includes an update on ICS development.

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 has responded to the challenges presented by the COVID-19 pandemic over the last month. It also includes an update on ICS developments in Greater Manchester.

ICS DEVELOPMENTS

Following the announcement of the revised date for the formal commencement of the ICS (now 1st July 2022), colleagues from across the Partnership have continued to work on the key decisions to establish the ICS.

A crucial part of establishing the ICS is the appointment to leadership roles. On 8th March, we announced Mark Fisher as the Chief Executive Designate of the Greater Manchester Integrated Care Board. Mark is currently Director General and Secretary to the Grenfell Tower Public Inquiry. Before this, he was Director of the Office for Civil Society and held director roles within the Department of Work and Pensions. We welcome Mark to Greater Manchester and look forward to working with him as we continue our journey to improve the health of our population through the ICS.

The appointment process for the other statutory ICB executive roles continues. The week beginning 14th March will see the interviews for the Finance Director and Medical Director with the Chief Nurse interviews to follow shortly after.

In February, we were able to announce the appointment of two non-executive directors to the Integrated Care Board: Richard Paver has been appointed Chair of the Audit Committee and Shazad Sarwar, Chair of the Remuneration Committee.

Richard brings with him over 40 years' experience as a qualified accountant. Recently retired, he spent 8 years as Treasurer for Greater Manchester Combined Authority, responsible for preparing for transition to newly devolved powers in Greater Manchester. With extensive chair and non-executive director experience, Richard has complementary insight to local government and education sectors and strong connections across Greater Manchester. In his retirement, Richard continues to hold a number of chair and trustee roles.

Shazad has a breadth of community and public sector experience and has been a member on both audit and remuneration committees. He holds a portfolio of board roles including Non-Executive Director for Lancashire and South Cumbria NHS Foundation Trust, Non-Executive and Deputy Chair of Airedale NHS Foundation Trust, where he led on patient safety and

quality and post Care Quality Commission inspection, and Non-Executive Director of East Lancashire Hospital. Shazad is currently a Managing Director at a specialist consultancy that provides strategic support and advice to the public, private and third sector.

PRIMARY CARE

Sustained pressures were reported across Primary Care across the month as reflected in Sit Rep reports. This is across general practice, dental, optometry and community pharmacy. The Primary Care team are in contact with localities to understand challenges within the system.

We received confirmation this month that national funding has been received to support general practice security and safety. GMHSCP have also contributed funding to ensure support can be provided for all parts of primary care. The GM team is working closely with CCG leads to confirm how the money will be spent and discussions are underway with GM commissioners and local representative committees to facilitate security and safety measures for dental, optometry and community pharmacy providers.

A task and finish group has been established to review the Special Allocation Scheme (SAS). The scheme was introduced in 2004 to provide general medical services in a secure environment for patients that meet the criteria. There are 10 SAS providers across GM with arrangements across the 10 localities and on average 170 patients are allocated to the service each year. Short term actions include continuation of joint working with the national team to review the directed enhanced service directions on SAS and the Policy and Guidance Manual to ensure a consistent approach.

The task and finish group will continue to review the service focusing on risk assessments, patient reviews and implementation of local escalation pathways. There will be training support to SAS teams including de-escalation training and risk assessments. The group will also facilitate the development of patient communications to raise awareness across general practice.

The Urgent and Emergency Care (UEC) Community Pharmacy Consultation Service (CPCS) pilot will be launched in the next few weeks in Bury and Tameside & Glossop. Where patients attend urgent care sites (A&E, Urgent Treatment Centres), with a suitable non-urgent need, they will be referred to the UEC CPCS service. There may be occasions where a GP appointment is needed and, in these circumstances, the patient will be referred to their practice. Work is underway to mobilise the pilot, including development of communications and signing of business cases. The pilot will conclude in September with a view to being rolled out across GM.

ADULT SOCIAL CARE

Overall, the social care picture remains high risk and pressured with workforce a key stressor in home care, however the situation appears to be slowly improving.

A focused piece of work on booster vaccination uptake is taking place noting hotspots in GM so localities can work individually with care homes where needed. Work with the Public Health team is underway around improving vaccination uptake amongst people with learning disabilities.

MENTAL HEALTH

Although ongoing pressures in the system remain, an improving position was noted across Mental Health services towards the end of February with most indicators trending positively.

A closer look at use of crisis lines will be taking place to understand increases in this area looking at how data is captured and measured. It was noted that outcomes when patients go directly to mental health crisis lines are better in terms of duration of call, patient experience and impact on staff.

An evaluation of all the nationally funded schemes in GM on DTOC (Delayed Transfers of Care) is underway with the intent to identify those that need to continue as well as identifying any additional initiatives. As housing remains an issue in mental health to support DTOC, work is taking place with the VCSE and housing colleagues on a strategy to support people to move and access more alternative accommodation than currently is available.

DISCHARGE

The number of patients with no reason to reside remains high across GM but trends are showing a continuous reduction in numbers over a 7-day rolling average.

A system-wide effort to maintain momentum and focus on discharge and flow remains with all localities working towards the GM target ambition for numbers of no reason to reside. Several localities have made great strides in working towards this target and are very close to reaching their ambition; the situation remains closely monitored where localities remain challenged in reducing numbers.

CANCER

In February, cancer referrals returned to being above pre-COVID levels after falling over the Christmas period. There is variation between organisations and tumour sites and a significant backlog remains across cancer services.

Clinical workshops took place in February focused on Breast Services in Greater Manchester. Key actions arising from the workshops included:

- Support and encouragement to achieve high levels of primary care engagement with the new GM Cancer digital breast education programme and GP registrar breast placements, to improve the quality and appropriateness of referrals to secondary care, whilst protecting pathways that lead to earlier diagnosis of breast cancer
- Implementation of a consistent mastalgia pathway, enabling women with breast pain to be managed outside the resource-intensive triple assessment clinic and hence supporting recovery of the 2-week wait national cancer waiting time standard. Further work is required to understand the detailed financial model behind the proposal and link to the wider work on recovery in GM
- Improve engagement and collaboration with the National Breast Imaging Academy (NBIA) and the North West Imaging Academy (NWIA) to best support the training and expansion of the North West breast imaging workforce
- Accelerate the upskilling of the radiology workforce with regional funding of identified training programmes.

To deal with the recognised long standing service vulnerabilities and ensure stability the following actions were agreed:

- Develop an options appraisal for moving forward the agreed model of care
- Apply the options appraisal to North Manchester and Tameside
- Ensure the options appraisal approach can be used as a template to inform other decisions on the model of care

MASS VACCINATION PROGRAMME

As of 20th February, we have delivered a total of 5,550,184 COVID-19 vaccinations across GM. This includes 2,131,981 total first doses; 1,981,466 total second doses; and 1,436,737 booster doses (7-day change of 10,638).

First dose uptake is 78.7% in cohorts 1-16 across GM. The second dose conversion rate is 94.4%. First dose uptake for healthy 12-15-year-olds is 49.1%. Booster uptake is 77.1% across all eligible cohorts.

The system continues to focus on closing inequality gaps and maximising uptake, particularly for those considered most vulnerable and at-risk groups. In order to support locality delivery, the GM team is working to secure and allocate funding to deploy peripatetic teams for targeted interventions and household visits. This includes a bid which has been submitted to region for teams to target the remaining Learning Disabilities population.

The Government announced on 17th February that children aged 5-11 years in England will be offered a low-dose COVID-19 vaccine. JCVI advice concluded that the move would help protect the very small number of children who become seriously ill with Covid. Vaccinations to this cohort will be led by community pharmacies and the Mass Vaccination Centre; although national booking system slots will not be live for this cohort until the end of March. The GM team are currently engaging with localities to understand their pharmacy provision to identify key risks and clarify the 5-11 model prior to mobilising.

There will now be an offer of a second booster this spring, to be administered six months after a previous dose for adults aged 75 years and over, residents in a care home for older adults and individuals aged 12 years and over who are immunosuppressed or have weakened immune systems. Adults will be offered a Pfizer or Moderna vaccine, while children aged 12-18 will receive Pfizer. Further planning guidance from the National team is expected in due course.

GM has secured funding for a six-week pilot to record vaccinations given overseas, expanding a service that has previously been offered at just one vaccine centre. It will be rolled out further across the city region if successful, focusing on sites with a high proportion of diverse and student populations.

ELECTIVE RECOVERY PROGRAMME

The GM system is working through the implications of national elective recovery plan as part of the NHS planning round.

A strong focus on inequalities continues in the elective programme. For example, each GM Clinical Reference Group is reviewing their data for their specialty to understand the impact of COVID for their waiting list by protected groups and to consider impact of current processes in exacerbating inequalities.

The work to improve performance in elective care continues. A number of key actions were agreed by the GM system in February. These were:

- Ensure each locality has submitted a locality referral optimisation plan including a trajectory for improvement developed in collaboration with the main acute provider(s)
- Continue to develop locality plans for expanding the use of Patient Initiated Follow Up (PIFU)
- Provide examples of best practice on addressing health inequalities through elective recovery
- Identify a sector willing to be involved in the GM smart triage pilot
- Maintain GM locality/community representation at the GM Elective Recovery and Reform Board

WORKFORCE WELLBEING PROGRAMME

Workforce Wellbeing is a vital strategic priority for Greater Manchester. There has been significant investment in wellbeing support across GM – this has included the GM Well-Being Toolkit. The Toolkit is being updated and will be relaunched on 24th March.

A GM system Health and Wellbeing Oversight Group has been established to develop a system level insight into the Wellbeing activities, developments and opportunities and create informed and impactful HWB provision for our workforce through our programmes and investments.

Practical working groups have been set up around mental health first aid and training, GM Wellbeing Champions and the Menopause. Emerging themes have been identified through the working groups including:

- Sustained impact of fatigue, burnout, recovery and trauma closure
- Ongoing mental wellbeing and psychological safety through uncertainty and change
- MSK prevention / response to absence levels
- Suicide prevention, and response to critical incidents
- Wider pre-pandemic impacts on wellbeing
- Sickness, absence, presenteeism and the impacts of Socio-Economic inequalities
- Increased need to raise the profile of Wellbeing Champions & Leads in the workplace
- Opportunity to network Wellbeing Guardians and Strategic Leads from across Greater Manchester

RECOMMENDATIONS

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