NHS
in Greater Manchester

# Strategic Approach to Recovery

June 2022

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NHS in Greater Manchester

# 1

# Background

# Background



## Scale of the Challenge

- The COVID-19 pandemic has disproportionately impacted on GM and the Northwest. It has hit harder and for longer, so we are slower to recover.
- Over 450,000 people are currently waiting for treatment compared to 220,000 before COVID-19. 104 week waiters were unknown pre-pandemic, yet now we have 3,500. More startling still, we had just 124 people waiting over 52 weeks before COVID-19 and now we have around 30,000.
- Mental health demand and acuity is high as a direct consequence of the Covid-19 pandemic with national predictions for mental health needs to remain at elevated levels for some time to come.
- The rates of mortality from COVID-19 in GM are 25 percent higher than in England as a whole.
- GM has also experienced highly unequal mortality rates: the COVID-19 mortality ratio in the most deprived decile was 2.3 times greater than in the least deprived decile between March 2020 and January 2021.
- We have continuing staff absences and significant underlying vacancies.
- The ICS brings organisational change and uncertainty in the short term, but also the opportunity for increased system collaboration – in each of our localities and across GM.
- We have significant revenue deficits and disabling capital constraints.

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# Approach

# Approach



## System Architecture and Approach to Recovery

- Recovery activity is taking place in all areas of the health and social care system.  This documents provides the framework to guide system recovery for the 8 system level work programmes.
- This strategy will focus on those things that providers should do collectively or are best placed to convene on behalf of the GM ICS, but will also reflect critical contribution of others across the GM system
- Each Locality will have a form of recovery plan and we expect it will use its Locality Board to track and oversee progress
- The scale of the challenge requires us all to work together and we will be judged together
- Recovery is long term, so our approach must look beyond immediate operational planning
- A series of programme boards and sub-groups exist across GM already – we are working together to develop this recovery strategy, which will then inform a shared system workplan
- The ICS offers the opportunity to do things at scale where it adds value or to do things once rather than 10 times. Through PFB we can coordinate the contribution of NHS providers, but this needs to be done in concert with the rest of the system
- Consider spatial planning and codifiable methodology to identify those things that we need to do together

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# Work Programmes

# Work Programmes



- Urgent and Emergency Care
- Elective Care
- Cancer Care
- Vulnerable Services
- Mental Health
- Clinical Support Services
- Community Services
- Children and Young People

# Work Programmes



## Each Work Programme will:

- Remain focused on the problem we need to address
- Identify and lead on priority actions to enable recovery
- Sequence these into immediate, medium term and long term
- Reflect the 22/23 operational plan and inform future iterations
- Have clear governance, and reflect the collaborative leadership with GM ICS
- Require resourcing, through the alignment of current system resources
- Ensure that all system partners are appropriately engaged
- Respond to local challenges and reflect local experience, but focus on collective action
- Deliver ambitious system wide transformational programmes to provide a sustainable recovery

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# Urgent and Emergency Care

# Urgent and Emergency Care



## Problem

- GM is consistently failing to achieve 4-hour and 12-hour A&E targets, and is often the worst performing ICS in the region for Ambulance handover times.
- High numbers of patients are occupying hospital beds who are fit for discharge - impacting on flow, A&E targets and elective recovery

## Governance

- Multiple stakeholders required to have an impact
- Nominated PFB CEO = Silas Nicholls
- CCC – Lead – Steve Dixon
- GM UEC Programme Board

## Key Actions

- Sequence actions into 8-12 weeks; medium term/Winter planning; long term transformation
- Ensure that 111, 999 and CAS Services are supported to manage patients
- Prioritise ambulance handovers and category 2 response times
- Standardisation of offer – eg SDEC
- Reducing the number of patients who have no reason to reside through robust locality discharge plans
- Improving hospital flow by reducing unnecessary conveyance to emergency care; reducing attendances and reducing the number of patients admitted
- Support Primary and Community Care to help manage demand in UEC
- Virtual wards and other digital solutions
- Workforce as an enabler

# Urgent and Emergency Care



## Immediate Action

- Ambulance handover& category 2 improvement
- Prepare for NHS Pathways changes
- Front door streaming programme – complete phase 1
- CAS service extension planning
- Virtual Wards (all age)
- UCR stocktake
- Discharge / trajectory / NRTR improvement
- ICS wide coordination of CYP UEC pressures through GM wide CYP cell, regional and ICS surge plan

## Medium Term Action

- NHS 111 call handling improvement
- Review UEC Hub & NWAS divert / deflection policy
- Consistent SDEC and UCR offer across all systems
- Care Home alternative response
- Embedded D2A standards
- Public engagement
- Embed CYP virtual wards to maximise avoidable attendance and admissions

## Long Term Action

- Direct referral to SDEC from 111 / 999 / HCP
- 111 as single point of contact for MH crisis with standalone response capability
- Domiciliary care / Care Home workforce upskilling / career pathways
- Outbound booking to community services from ED

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# Elective Care

# Elective Care



## Problem

- Over 470,000 people, equivalent to one in six people in GM are now waiting for elective care.
- As of 13 May, 28,512 patients have waited between 52 and 78 weeks and a further 4,508 between 78 and 104 weeks.
- 10% (43,617) of patients currently on a waiting list live in one of our most deprived areas.

## Governance

- GM Elective Recovery and Reform Programme Board
- Includes system wide partners to ensure system ownership of both the recovery and reform priorities
- Nominated PFB CEO Lead = Fiona Noden
- CCC lead – John Patterson

## Key Actions

- Well developed and in train through COOs
- Creation of surgical hubs
- Productivity and efficiency
- Use of the Independent Sector
- Waiting list management
- Elective care transformation

# Elective Care



## Immediate Action

**Integrated elective care:** Implementation of referral optimisation policy, care navigation hub pilot, consistent approach to PIFU and A&G. Further develop While You Wait resources and implementation of the My Recovery App

**Surgical Hubs/Green Sites:** Review learning from the existing surgical hubs and develop options for potential expansion of the approach including standards for theatre productivity.

**Productivity and efficiency:** Establish GM productivity framework and review of current productivity with GM COOs

**Independent sector**: Develop GM strategy for use of the ISP linked to clear understanding of demand and capacity. Identify capacity specifically to support the delivery of 78 week waits. Implement robust contract management and co-ordination mechanisms for utilisation of ISPs

**Waiting list management:** Develop 78 week wait plan for GM.. Develop demand and capacity model to understand medium and long term requirements including potential 'bounce back' and with an understanding of the impact on health inequalities

**Children and Young People (see theme 11):** Implement high volume, low complexity pathways and aligned surgical hubs by speciality with adult recovery. Clinically led design of optimum end to end pathways for paediatric medical and surgical specialities

## Medium Term Action

**Integrated elective care :**. Implementation of peri operative care coordination teams. Flexible approach to outpatients and virtual consultations

**Surgical Hubs/Green Sites:** Widen the implementation of surgical hubs to protect capacity for elective activity ahead of winter

**Productivity and efficiency:** Improving and standardising patient pathways. Focus on high volume low complexity pathways to improve wait times. Identify and implement opportunities to increase system theatre utilisation. Reducing length of stay for elective patients and overall day case rate. Expansion of virtual wards to increase capacity available for elective activity.

**Independent sector**: Further develop a sustainable model for working with ISPs including oversight and management arrangements

**Waiting list management:** Develop approach to eliminate 52 week waits. Understand impact of 'bounce back' on the overall wait list and model impact on capacity requirements

**Children and Young People (see theme 11):** Reduce waiting times to within national standards through GM-wide approach to paediatric elective recovery with common clinical prioritisation, establishment of dedicated paediatric surgery hubs, sharing of best practice to maximise activity and implementing end-to-end pathway transformation.

## Long Term Action

**Integrated elective care :** Expansion of proactive Long Term Condition Management with rapid access to clinical advice.

**Surgical Hubs/Green Sites:** Expand portfolio of specialties and procedures to be supported through surgical hubs

**Productivity and efficiency:** Identify and reduce unwarranted variation. Implement system wide 7 day working. Expansion of Virtual support systems to patients waiting , preparing for treatment and recovery.

**Independent sector:** Deploy a sustainable partnership model with the ISP.

**Waiting list management:** Ongoing monitoring of delivery of long waiters plan and impact on health inequalities

**Children and Young People (see theme 11):** Embed wider Getting it Right First Time and capacity opportunities to sustain safe and resilient elective services for children and young people

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# Cancer Care

# Cancer Care



## Problem

- Prior to COVID-19, GM was not meeting core Cancer Constitutional Standards, with the main 62 day RTT standard not achieved since 2017/18.
- The pandemic has exacerbated the issues and made recovery more significant. Specifically timely access to front line diagnostics in line with the national Best Practice Timed Pathway (BPTP) milestones
- The equivalent of five additional theatres required, five days, every week, to address the cancer surgical backlog. Modelling refresh to be completed June 22

## Governance

- Cancer Alliance and established programme structure
- Wider system engagement, including commissioning
- Nominated PFB CEO Lead = Roger Spencer
- CCC – Anita Rolfe

## Key Actions

- Whole system, pathway approach including delivery of BPTP
- Maintain Cancer hub and mutual aid (green site approach)
- Increase surgical and diagnostic capacity for cancer at all sites
- Innovation acceleration
- Single Queue in specialist Diagnostics
- CDC contribution
- Pathway Improvements – Colorectal (FIT) - Breast (Breast pain) – Lung (complex treatment clinic)
- Long term plan compliance (early diagnosis)

# Cancer Care



## Immediate Action

- System compliance with existing BPTP (4)
- Increase surgical treatment capacity, reducing %patients over 28 days clinical criteria for P2
- Implement GM Cancer Recovery Board with associated governance and freedom to act
- Deliver increased first line diagnostic capacity and reporting dedicated to cancer (increase capacity/risk assess delaying other cohorts)
- Procurement Board and full business case to delivery Single Queue diagnostics roll out, including PET and Interventional Radiology
- Accelerate roll out and compliance with FIT testing, dermatascope use, utilisation of TULA, oncology outpatient consolidation
- Develop delivery plans for (3) new BPTP – Skin, H&N, Gynaecology
- Accelerate delivery of Breast pathway proposal
- Establish Dermatology work programme (linked to vulnerable services)

## Medium Term Action

- Sustainable increase in diagnostics through CDC
- Enhanced mutual aid and approach to treatment and diagnostics including reporting
- Implement GIRFT recommendations
- Deliver all BPTP
- Pathway redesign – Skin
- Implement GM Lung model of care and accelerated roll out of targeted lung health check

## Long Term Action

- Single cancer record system across GM
- Single PTL for key specialities
- Continued pathway innovation and transformation
- Design and Implement BPTP for tumour sites where national guidance does not exist
- Expand specialist cancer workforce

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# Vulnerable Services

# Vulnerable Services



## Problem

- There is no nationally recognised definition of what constitutes a vulnerable or fragile service, though it is widely recognised that some acute services are not sustainable in their current form.
- Prior to COVID-19, the Improving Specialist Care programme sought to address existing issues and challenges with the provision of acute services across GM.
- Existing service fragility has been exacerbated by the pandemic, with increased demand on diagnostics, longer waiting times, and in some specialties, greater workforce challenges.

## Governance

- Currently through EMDs and PFB
- No lead PFB CEO, but agreed need
- Learn from ISC Programme approach

## Key Actions

- Developing a process to assess which fragile services require GM support based upon our codifiable methodology (input from work at Stockport / East Cheshire)
- A routine assessment of services to identify any that red flag
- Ensuring appropriate clinical leadership
- Developing a process to develop agreed solutions in a timely fashion
- Agreed dermatology as test case with NCA as lead provider

# Vulnerable Services



## Immediate Action

- Developing and agreeing a process to assess which fragile services require GM support based upon our codifiable methodology (input from work at Stockport / East Cheshire)
- An initial assessment of services to identify any that red flag
- Progress dermatology as test case with NCA as lead provider
- Alignment to system workforce plans in mitigation of vulnerable services

## Medium Term Action

- Regular re-assessment of services for potential vulnerability and identification of services requiring GM support.
- Developing a process to develop agreed solutions in a timely fashion.
- Ad hoc support for Trusts and Sectors to develop sub-GM scale solutions.

## Long Term Action

- Continuous process of service resilience oversight
- Where appropriate, follow NHS England guidance on “Planning, assuring and delivering service change for patients” to implement appropriate service change solutions.

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# Mental Health

# Mental Health



## Problem

- Greater Manchester in the lowest quartile nationally for mental health funding pre-Covid-19.
- The pandemic has created significant additional demand for mental health services, particularly from younger people, and has adversely impacted some of our populations who are already most disadvantaged.
- Mental health demand and acuity remains high as a consequence of the pandemic – a move to “recovery” is premature.

## Governance

- Greater Manchester Mental Health, Learning Disability and Autism Programme Board with supporting system-wide workstreams
- Significant engagement with system partners
- Specialised Mental Health Provider Collaboratives in place for Adult Secure (GMMH) and CAMHS (Pennine Care)
- Nominated PFB CEO Lead = Neil Thwaite

## Key Actions

- Continue to support high levels of mental health needs
  - Ongoing provision of crisis services that are funded non-recurrently to enable the increased number of people in crisis to be supported including increase in liaison and system working with GMP and NWAS.
  - Continuation of co-ordinated access to Independent Sector capacity, discharge schemes and alternatives to admission, currently funded non-recurrently, reducing the risk of system destabilisation.
- Recover long waits - additional support to tackle waiting lists that have grown during Covid-19. Short term, targeted input would have a big impact in reducing numbers of waiters in these areas including physical health checks for people with a Severe Mental Illness.
- Expand and transform services through implementation of the Long Term Plan for Mental Health.
- Addressing inequalities - proactive approach to supporting Children and Young People now to reduce the impact of mental health problems and working in partnership to support people with a Serious Mental Illness to access housing and employment.
- Longer-term baseline investment - in addition to implementing the Long Term Plan, with demand substantially above pre-Covid-19 levels, services across the NHS, primary care and VCSE partners, working with Local Authorities, must be adequately resourced going forward in order to support this fundamental shift in the mental health needs of the GM population.

# Mental Health



## Immediate Action

**Actions from April 2022 to September 2022:**

1. Continue non-recurrently funded services for people in crisis and increase in liaison and system working with GMP and NWAS.
2. Continue non-recurrently funded services providing additional capacity to support increased levels of demand and acuity including North West Bed Bureau and discharge schemes.
3. Implement new post-covid mental health services.
4. Explore opportunities to immediately enhance community-based services for Children and Young People, in particular Eating Disorders (cross-referenced in Children and Young People's Plan).
5. Mobilise Long Term Plan implementation for 2022/23:
    - Mobilise schemes with agreed investment
    - Transfer Long Term Plan delivery to Provider Federation Board, overseen by GM Mental Health, Learning Disability and Autism Partnership Board
    - Establish new Programme Director role and co-ordinated approach to workforce planning in mental health

## Medium Term Action

**Actions from October 2022 – March 2023:**

1. Work with commissioners to review and determine ongoing funding arrangements for crisis/increased demand and acuity based services from 2022/23.
2. Work with commissioners to review funding proposals for core CAMHS services for 2023/24.
3. Implement Long Term Plan for mental health agreed trajectories for 2022/23 including expanding crisis alternatives and exploring options for a single Greater Manchester helpline, enhancing community-based support and support for Children and Young People.
4. Develop proposals for funding to recover long waits for services, including Physical Health Checks for people with a Severe Mental Illness.
5. Work with commissioners on plans to address baseline funding of core services, including VCSE services, from April 2023.
6. Work with local and GM-wide partners to develop wider, community-based wellbeing strategies.

## Long Term Action

**Actions from April 2023 onwards:**

1. Work with GM Integrated Care Board on plan to expand mental health funding on a parity basis.
2. Work with wider system partners to secure housing options for people with complex needs.
3. Work with wider system partners, including Local Authority and NHS Anchor Institutions, to expand employment opportunities for people with a Severe Mental Illness.
4. Implement Long Term Plan for Mental Health agreed trajectories for 2023/24.

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# Clinical Support Services

# Clinical Support Services



## Problem

- Requirement to deliver 120% of pre-pandemic diagnostic activity, with current planning trajectory demonstrating that more work is required to reach this target.
- Between 10% and 20% shortfall in cancer diagnostics dependent upon modality.
- A significant shortfall remains in diagnostic capacity despite planned mitigations.

## Governance

- Clinical Support Services Board and supporting infrastructure
- Imaging and Pathology Network Boards
- Nominated PFB CEO Lead = Owen Williams

## Key Actions

- Further development of the networks with appropriate leadership and governance to drive standardisation and optimisation of our assets.
- Building on the successful digitisation of PACS/VNA to deliver leading edge and interoperable IT solutions.
- Develop new, innovative and collaborative workforce models and solutions to sustain diagnostics.
- Implement the CDC programme to create essential new diagnostic capacity within localities as soon as practical.
- Continue to source new and replacement equipment including additional CT scanners and MR capacity, home workstations, mobile X-Ray, and ultrasound equipment.
- Drive major efficiency gains through for example bulk purchase, reduced installation costs, avoiding duplication, reduced outsourcing and increased integration.

# Clinical Support Services



## Immediate Action

Continuation of additional lists wherever possible to assist with recovery

Continuation of Early Adopter and Year 1 Community Diagnostic Center plans.

Recruit to key posts for the networks to deliver the statements of work.

Full implementation of PACS system across all sites and planning for GM wide PACS Based reporting

Begin work on data standardisation across providers (dependant on recruitment of Business Intelligence lead and data analyst roles)

Introduce first phase of digital Pathology at Stockport NHS FT

Agree 3 year roadmaps for digital

Update system wide capital plan for imaging

Agree workforce strategy for Pathology

## Medium Term Action

Approval of Year 2 CDC Business Cases.

Develop and seek approval of a GM outsourcing model including operational and financing

Introduce digital Pathology Phase 1 across all providers

Complete FBC for Phase 2 of Digital Pathology

Further development of the networks with appropriate leadership and governance to drive standardisation and optimisation of our assets

Develop new, innovative and collaborative workforce models and solutions to sustain diagnostics

Implement the CDC programme to create essential new diagnostic capacity within localities as soon as practical

Submit SFBCs for CDCs for all GM localities

New LIMS systems deployed across MFT, NCA, Bolton, Stockport and Tameside & Glossop.

## Long Term Action

Establishment of GM CDCs in all localities

Roll out of GM outsourcing model

Develop further connectivity plans for all GM LIMS systems

Expand provision of Digital Pathology to increase

Building on the successful digitisation of PACS/VNA to deliver leading edge and interoperable IT solutions

Drive major efficiency gains through for example bulk purchase, reduced installation costs, avoiding duplication, reduced out-sourcing and increased integration

Develop single queue for diagnostics

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# Community Services

# Community Services



## Problem

- Longstanding differences in the way community health and care services are organised, with differential levels of investment, capacity and joined up urgent community care pathways between localities.
- Lack of robust data on community capacity and activity, and significant variation in data capture across the system, meaning the scale of the backlog and of unmet need is not visible – though it is likely to be significant.
- Chronic workforce issues within some community services and in domiciliary care services, though these tend to be less visible than acute services.

## Governance

- Nominated PFB CEO Lead = Karen James
- Building on LCO Network

## Key Actions

- Robust community data capture (to understand demand and available capacity)
- Based on the outcomes of the current planning round, identify key actions to deliver the community service waiting list recovery trajectory
- Identify opportunities for transformation of pathways and models of care to improve effectiveness, productivity and resilience in community services
- Create a single workforce development plan to articulate gaps and future needs across community health and care services
- Identify opportunities for enhanced integration across the system through the emerging operating model, and to identify and invest in digitisation of community services.
- Working at neighbourhood level, identify opportunities to align primary care capacity with community services capacity.

# Community Services



## Immediate Action

**Data Capture**

Consistent data capture of community service activity and demand

**Best Practice on Driving Productivity at System level**

This will include enabling more conditions to be managed at home and in the community via:

Crisis Response 24/7 with ambulance divert

Community care coordination hubs

Primary care led intermediate care beds

D2A

Integrating Neighbourhood Care:

MDTs working at local neighbourhood (30-50K) level inc Neighbourhood leadership.

Risk stratification at local neighbourhood level.

## Medium Term Action

**Workforce Planning**

New role development programmes

Education and development programmes that support clinical teams to delivery new digital and virtual models of care including virtual wards

**Health and Social Care collaboration**

accelerating delivery of the operational plan ambitions for virtual beds, transformation of service pathways etc

developing a core GM model for integrated health and care community services

Develop proposals for direct provision of domiciliary care by NHS providers to stabilise services

**Digital**

Ensuring providers of community health services, including ICS-commissioned independent providers, can access shared care records as a priority, to enable urgent care response and virtual wards.

## Long Term Action

**Workforce Planning**

Ambitious plans to work with academic partners to increase community nursing and AHP workforce within the GM system

**Health and Social Care collaboration**

Providing comprehensive data to cohesively respond to national policy on integration, shared outcomes and pooled funding proposals.

**Digital**

Identifying digital priorities to support the delivery of out-of-hospital models of care.

**Best Practice on Driving Productivity at System level**

Population health management approach:

Using data to drive interventions with individuals and cohorts of people.

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# Children and Young People

# Children and Young People



## Problem

- Children and Young People have been impacted on in multiple ways by the pandemic, with associated risks to their mental and physical health, as well as their wider development.
- 1 in 6 young people now has a diagnosable mental health problem and considerable backlogs exist for physical health services.
- There is a risk that the inequalities gap for our Children and Young People will widen as a result of the pandemic

## Governance

- The GM Children's Board oversees the delivery of the GM Children and Young People's Plan on behalf of the Combined Authority.
- The GM Children and Young People's Health and Wellbeing Executive was established to oversee the delivery of the health agenda for Children and Young People on behalf of the GM Health and Social Care Partnership.
- A range of existing forums across mental and physical health and social care are already overseeing delivery of key recovery actions.

## Key Actions

- Children's Mental Health including provision of Tier 4 as well as core CAMHS Services
- Long Term Conditions Management and the prevention of avoidable hospital admissions
- Provision of and access to Therapies for Children and Young People, eg Speech and Language Therapy, Occupational Therapy, Physiotherapy, Creative Therapies
- Defining and addressing issues which can be described as "Social Paediatrics", including whole family support in the context of Mental Health
- Eating Disorders
- Autism/ ADHD/ other Neuro Developmental issues
- Recognition and support for the role of parents and parenting in the development of our Children and Young People
- Ensuring a focus on hospital recovery including addressing the elective backlog, notably in Children's Secondary Care Dental services

# Children and Young People



## Immediate Action

To improve the whole system integrated response to Children and Young People presenting with high risk, complex social care and mental health needs including the development of a shared accountability framework and alternatives to hospital admissions.

We will continue to co-ordinate efforts to manage the increased demand for emergency hospital services.

## Medium Term Action

To improve the whole system pathway for eating disorders including prevention, early intervention, alternatives to admission and the management of medical emergencies in eating disorders in line with the MEED guidance.

We will reduce waiting times for children and young people waiting for planned hospital care in a fair and equitable way, in-line with national waiting time standards as a minimum. (78 weeks)

To improve Tier 4 interfaces with the whole system including admission, alternatives to admission and discharge.

To build a speech and language workforce which meets the future needs of our Children and Young People.

To increase the number of children in year 6 who are a healthy weight.

To reduce the number of children attending hospital as a result of asthma, epilepsy and diabetes.

## Long Term Action

To improve early intervention and prevention pathway for Child and Adolescent Community Mental Health Services in line with the NHS Long Term Plan ambition to mobilise Mental Health Support Teams working in schools and colleges, building on the support already available, which will reach 30% of GM's 5-18 age population.

We will reduce waiting times for children and young people waiting for planned hospital care in a fair and equitable way, in-line with national waiting time standards as a minimum. (52 weeks).

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# Enablers and Themes

# Enablers and Themes



- Workforce
- Finance
- Digital and Innovation
- Health Inequalities

# Enablers and Themes



## Finance - Priorities

- Target investment to support sustainable recovery.
- Develop investment plan to address fundamental system shortfalls priority area such as diagnostic capacity
- Greater oversight of assets and shared responsibilities
- Common principles across GM, including on risk share
- Retain focus on affordability and sustainability
- Provide expertise for potential market management and market entry

# Enablers and Themes



## Workforce - Priorities

- Health and wellbeing & real focus on retention (Global best practice)
- Effective workforce planning linked to service system pressures e.g. diagnostics
- Standardise approach to temporary workforce
- Partnerships with HEIs
- Portability and flexibility of our workforce
- Workforce productivity
- Learning and development – inc digital skills, new roles
- Recovery of pre-pandemic health care training
- OD Programme

# Digital and Innovation - Priorities

- Aligned to Workforce planning in addressing system pressures.
- Accelerate shared care record across GM
- Improved data availability particularly for community services
- Data driven decision making at system level
- Risk stratification and a greater understanding of population health, so that we use data to drive interventions and reduce future demand.
- Remote monitoring and virtual wards
- Access to single list solutions
- Interoperability of clinical support systems – eg PACS and LIMS
- Digital pathology and AI to drive better patient outcomes and productivity
- Ensure HInM and NIHR targeted at recovery
- Build on GM Innovation Accelerator status

# Health Inequalities



## Cross System Actions

- Focused action to address the unwarranted disparities from the pandemic affecting our diverse communities and those most ‘at risk’
- Building Back Fairer at GM which includes bold and ambitious recommendations on how to reduce health inequities
- Developing digitally enabled care pathways in ways which increase inclusion and pro-actively guard against worsening access
- Accelerating community led interventions and preventative programmes which proactively engage user led organisations
- A significant focus on wellbeing and the wider determinants of health inequalities for people with a Severe Mental Illness.
- Strengthening leadership and accountability to hold the system to account to advancing equality and addressing inequalities
- Ensuring datasets are complete and timely demographic data informing disparities and actions to reduce and remove them
- Collaborating locally in planning and delivering action

## Priorities for Providers

- Collecting inequalities data to inform decision making both at individual organisation and system level: as a minimum these data, should cover ethnicity, age, gender, disability, and deprivation.
- Making data transparent to all decision makers, including those for whom contact with patients is their day-to-day business
- Adopting and fully embedding accessible information standards
- Ensure changes in processes or service delivery are supported by robust Equality Impact assessments
- Offer more flexible services
- Further engage and involve communities to increase public trust in the services we are providing
- Specific focussed work with partners including health, VSCE, housing and employment to address the widened gap in health inequalities for people with mental health issues.

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# Locality Recovery Action

# Broader System Engagement



- Recovery Strategy initially focused on collective actions of providers
- But engagement through CCC and on individual programmes underlined benefit of describing whole system approach
- Included recovery themes for primary and social care and VCSE from localities
- The strategy maps broader system contributions to individual programmes and the governance arrangements ensure that GM programme boards are representative

# Community Themes



## General Practice (1)

- Tackling health inequalities – health checks, increase in diabetes prevention activity, structured medicine reviews for priority groups
- Focus on Mental Health and Learning Disabilities
- Improved access including face to face and extended access capacity
- Anticipatory care, enhanced health in care homes and identification of frailty
- Early diagnosis and cancer prevention – including increasing screening uptake and public campaigns
- Focus on national contract and delivery of PCN Directed Enhanced Service
- Focus on recruitment and embedding of Additional Roles Reimbursement Scheme, (ARRS), PCN roles
- Implementation of Community Diagnostic Hubs

# Community Themes



## General Practice (2)

- Recovery of long term conditions management
- Delivery of primary care at scale via PCNs and local neighbourhood delivery models
- Increased capacity through estates, workforce support and digital
- Continued management of Covid-19 through hot clinics and alternative models
- Supporting elective care recovery and ‘waiting well’ e.g. through MDT approaches
- Emphasis on children’s services
- Population Health Management focus

# Broader Primary Care (1)

**Paediatric Dental Care**

- Sustaining Child Friendly Dental Service – ensuring children can be seen and treated in primary care that would otherwise be on a long waiting list for specialist assessment and treatment

**Stabilisation of patients**

- Roll out of Access Plus service – operating as a referral service via Urgent Dental Care Services. Patients either seen at the urgent care service or by an urgent dental centre and if they require further treatment to stabilise their oral health, a referral is made to a dental practice on the scheme

**Urgent Dental Care**

- Continuation of Urgent Dental Centres – currently 47 UDCs across GM supporting patients with dental and soft tissue infections, severe dental and facial pain, pain that cannot be controlled by the patient following self-help advice and fractured teeth/tooth

**Oral Health Improvement**

- Continuation of programme following stocktake of all oral health activity being undertaken across GM

# Broader Primary Care (2)

**Implementation of new services**

- GP / UEC Community Pharmacy Consultation Service, (CPCS)
- Discharge Medicines Service
- Hypertension Case Finding
- Secondary Care Smoking Cessation
- New Medicines Service Integration
- GM Care Record roll out for community pharmacy

# Broader Primary Care (3)

**Workforce Support**

- Establishment of a dental workforce bank (as part of GM workforce bank)
- Development of retention activity – initial focus for dental nurses
- Phase 2 of Kickstart Programme across all primary care
- Health and wellbeing support through the Primary Care Excellence Health and Wellbeing Programme

**Continuation of Community Urgent Eye Care Service**

**Supporting Elective Care Recovery**

- Glaucoma – 33 Optometrists (to date) have completed the Professional Certificate in Glaucoma, with the intention of supporting Glaucoma monitoring in the community
- A similar model will be in place to support Wet AMD identification, with optometrists undertaking the Professional Certificate in Medical Retina

# Community Themes



## Social Care (1)

- Joint action plans e.g. with hospitals, community health and social care to ensure the right type, level and quantity of care is available
- Achieving sustainable change by fundamentally rethinking how mainstream services should be delivered across the whole system and in partnership with residents
- Inclusion of national reform activity e.g. fair cost of care exercise
- Pathway revisions
- Implementation of operating models
- Promotion of Living Well at Home model
- Place based care/delivery
- Prevention

# Community Themes



## Social Care (2)

- Population outcomes (population health) and prevention
- D2A and discharge improvement
- Digital inclusion
- Living Well model and community mental health services
- LDA
- Market management
- Role of VCSE

# Community Themes



## VCSE

- Generally speaking the content of the plans is reflective of the maturity of the relationship between the CCG and their locality's VCSE sector
- Encouragement can be taken from so many tangible examples of VCSE involvement via commissioned services, grants and strategic relationships across most plans, although these are at different levels of development
- Plans reference the role of the VCSE sector as part of the service delivery landscape, but not always the important strategic role it can play in place, in particular providing a route to engagement with communities that have likely been hardest hit
- Some plans explicitly mention the VCSE role as part of the covid response, and how the learning from this will be applied to recovery, but some haven't included this
- It is possible in some cases, that further positive work has taken place since the plans have been developed, meaning that the documents don't fully recognise the current stage of development with regard to VCSE engagement and involvement.

# 14

# Turning Strategy into Action

# Turning Strategy into Action



- Each programme finalises work programme and agree relevant metrics / KPIs
- Programme governance drives recovery
- SRO held to account by PFB / ICB
- New single cell provides point of escalation for operational intervention and prioritisation decisions
- Recovery strategy / plans feature in common data set for ICB
- Recovery strategy built into system escalation framework
- Recovery strategy sits alongside GM ICS Strategy