

Greater Manchester Joint Commissioning Board

Date: 21 July 2020

Subject: Recovery Planning – Health & Social Care Priorities

Report of: Su Long, Chief Officer, Bolton Health & Care

PURPOSE OF REPORT:

In Greater Manchester three phases of recovery have been identified. It is recognised that these timeframes will not be discrete from one another, and there will be ‘blurring’ between timescales and phases, and that multiple phases are likely to be operational at once.

1. Release of lockdown (0-2months)
2. Living with Covid (0-12months)
3. Building back better (0- beyond 12 months)

To support the restart and Living with Covid phase in Greater Manchester work is now underway to develop a bold Living with Covid one year Recovery Plan for social/economic recovery. This will not only make the most of Greater Manchester’s most important asset, its people, but support more sustainable and equitable growth as we build back better to continue to make GM a world-leading city region. In doing this Greater Manchester is not starting from scratch however. The ambitions laid out in the Greater Manchester Strategy and Local Industrial Strategy remain the same. However the actions we might need to take to achieve those ambitions need to be reviewed.

In that context this paper identifies some key reflections on the health and care response to Covid 19, and how we operated as partners through that response. It then outlines the key priorities and considerations of recovery planning as it relates to health and care.

KEY ISSUES TO BE DISCUSSED:

The paper identifies beneficial developments which might be important to sustain as a contribution to recovery alongside key considerations and priorities for recovery which address the significant negative impacts experienced through the pandemic.

The recovery framework seeks to order those priorities according to the relevant timeframes for aspects of recovery both in relation to service provision and to societal effects.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Discuss the recovery framework, priorities and key considerations.
- Support the development of more detailed action plan responding to this framework

CONTACT OFFICERS:

Su Long, Chief Officer, Bolton Health & Care - Su.long@nhs.net

Warren Heppolette, Executive Lead, GMHSCP - warrenheppolette@nhs.net

SYSTEM ENGAGEMENT

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

The framework and priorities outlined in this paper have been developed through discussion involving each of the sectoral groups. It should be noted that this has taken place in the context of the governance of the Covid response and therefore principle engagement has been through the Hospital Cell, Community Coordination Group and the GM Recovery Coordination Group.

1.0 INTRODUCTION & BACKGROUND

- 1.1. In Greater Manchester three phases of recovery have been identified. It is recognised that these timeframes will not be discrete from one another, and there will be ‘blurring’ between timescales and phases, and that multiple phases are likely to be operational at once.
 1. Release of lockdown (0-2months)
 2. Living with Covid (0-12months)
 3. Building back better (0- beyond 12 months)
- 1.2. To support the restart and Living with Covid phase in Greater Manchester work is now underway to develop a bold Living with Covid one year Recovery Plan for social/economic recovery. This will not only make the most of Greater Manchester’s most important asset, its people, but support more sustainable and equitable growth as we build back better to continue to make GM a world-leading city region. In doing this Greater Manchester is not starting from scratch however. The ambitions laid out in the Greater Manchester Strategy and Local Industrial Strategy remain the same. However the actions we might need to take to achieve those ambitions need to be reviewed.
- 1.3. Greater Manchester has always had an understanding of our challenges and opportunities and the coronavirus pandemic has brought many of these into sharp focus. Recognising the pandemic provides a one-off opportunity to look forensically at those issues and opportunities, and capitalise on this restart and rebuilding phase is an opportunity to re-set and progress further GM ambitions. The stresses and risks which were faced by our city-region pre-covid still exist, and as Greater Manchester lives with Covid, and move past the pandemic our planning and delivery must build the foundations for strengthened and improved responses not only to the pandemic, but also those other stresses both current and future; most notably inequalities and climate change.
- 1.4. The city-region is beginning to move out of the lockdown phase, with businesses, the economy and society re-starting, with appropriate adaptations to accommodate the ‘new normal’, and recovery planning is already underway across Greater Manchester. It should be re-stated that as the pandemic is ongoing, the response phase has not finished. Therefore, while recovery planning is underway there will continue to be a ‘double running’ of response and recovery activity, and learning from the initial response phase will continue to shape future actions. In the co-design and delivery of Greater Manchester’s Living with Covid Plan with all parts of GM society we will continue to listen to our citizens and businesses, responding to issues raised and continually learning as Greater Manchester lives with Covid 19.
- 1.5. In that context this paper identifies some key reflections on the health and care response to Covid 19, and how we operated as partners through that response. It

then outlines the key priorities and considerations of recovery planning as it relates to health and care.

2.0 REFLECTIONS ON KEY DEVELOPMENTS DURING COVID-19 PANDEMIC

- 2.1 Colleagues have reflected that the response phase demonstrated both significant cooperation and accelerated service transformation. In thinking of restoration and recovery, there is an appetite to ensure that the best of those developments and joint working arrangements are retained. The examples in individual districts will be numerous, but even selecting those aspects we have worked collectively on at the GM level they include:
- Level of mutual aid across acute, primary, community, social, mental health
 - Transparent real-time situational and pressures reporting for all sectors with key demand/capacity risk
 - Rapid conversion at scale from face to face consultations to telephone or video in primary care, voluntary sector and mental health psychological and crisis support, some outpatients
 - Care homes and hospices truly part of local integrated response
 - VCSE leadership and capacity in supporting the humanitarian assistance and key front line services
 - Single digital care record to support improved front line decision making for health and care professionals
 - Improved (& digitally supported) support to care homes from primary care
 - Delivery of 24/7 crisis mental health response ahead of long term plan timescale
 - GM Clinical Assessment Service taking calls from 999 and 111 and directing them to local support
 - GM commissioned single bereavement helpline
 - Delivery of a Nightingale hospital, led and supported by health and care partners across GM rather than separate to the system
 - Single GM approach to supporting homeless people during the pandemic
- 2.2 There will be other examples of course, but we can reflect on the ways of working which have enabled these developments and recognise them as we consider how we collaborate successfully through recovery.
- Relationships and health and care integration within localities and across GM have stood us in good stead
 - Acceptance that transparency and consistency of reporting supports good decisions
 - Rapid decision making supported by whole system represented action groups (commissioners and providers in same rooms) and by an attitude of compromise and 'good enough' to implement
 - Lifted and standardised best practice (e.g. Manchester primary care pathway)
 - Integrated neighbourhood working with community based support from VCSE
 - A thriving volunteering community, supporting each locality in its response

3.0 HEALTH & CARE RECOVERY FRAMEWORK

- 3.1. In discussion across the GM system a series of headline opportunities and priorities have presented themselves in the context of this recovery work. They are relevant to, and visible within, the framework for action which follows but stand out for 3 key reasons:
- They confirm ambitions which stretch across each of the phases of recovery (short, medium and long term);
 - They are relevant to GM as a whole and not the Health and Social Care Partnership alone; and
 - They are relevant to GM's representation and influence with national partners.
- 3.2. The priorities affirmed include:
- *Tackling Inequality* – as we move through recovery this will be immediately relevant to the restoration of services, the effects of that disruption to the most vulnerable groups and the long term effects of economic exclusion. It will guide our further work with Sir Michael Marmot and the Institute of Health Equity and apply fresh impetus to the role of healthcare institutions as economic anchors and approaches to community wealth building.
 - *Retaining positive service innovation* – there is a strong appetite to retain and build on the progressive developments signalled in section 2 and recognise the extent to which those changes have accelerated the realisation of some of our long term public service reform ambitions. It is important of course that we undertake a rapid review of the benefits of those changes as part of this process and are careful to address any issues which may arise in the context of such rapid implementation.
 - *Contributing to Staying Safe in GM* – As public confidence affects the processes of returning to work, participating in leisure activity and moving around the city region, it also affects the public's considerations in seeking healthcare. Overcoming any public fear associated with accessing healthcare and ensuring all elements of society act to reduce the risk of further infection will be ongoing priorities. At the same time, there is an opportunity to support people's own ambitions to improve their health and provide greater protection from the virus and its effects.
 - *Building a resilient social care market* – whilst not a new finding, the longstanding concerns for the fragility of the care market have been exposed through the crisis. GM has the opportunity to illustrate an alternative future for social care, building on the first phase of Living Well At Home, and work with Government as part of a national exemplar.

3.3. Health & Care Recovery Draft Framework for Action

3.4. It is important to note that the population affected increases as you read down the table below. The work needs to start now on each of these action areas, but they reflect different timescales and phases of recovery. A more detailed action plan is in development under this draft framework:

Phase	Objective	Scope
Next 6 weeks	Respond to Covid: continuing to use current data and insight to continue to guide response needed for those affected by the virus and sustaining the capacity to respond to new cases.	Health & Care
Next 6 weeks	Restart non-covid services: Prioritising together to restore core services (such as planned care services, and the proactive management of long term conditions). Recognising limitations on physical capacity and care provision processes arising from infection prevention measures.	Health & Care (with asks of transport, etc)
Living with covid	Respond to health & care issues worsened/ caused by covid <ul style="list-style-type: none">- Physical health- Mental health- Children's services and support	Health & Care
Living with covid	Support longer term those remaining at home & vulnerable Continued support to shielded and vulnerable residents	Community first, neighbourhood based, whole system support (humanitarian response, etc)
Build back better	Reduce the widening inequality gap <ul style="list-style-type: none">- Acknowledging and positively responding to inequalities in all aspects of Greater Manchester life- Ensuring opportunities for the inclusion and embedding of social value as part of GM's recovery design and delivery (including high level framework of priorities for action)- Ensuring no resident or business is excluded from being successful in GM due to digital exclusion and isolation	Whole GM system with influence from health & care
Build back better	Take the longer term opportunities <ul style="list-style-type: none">- Restarting economy / society without reversing the climate gains made- Rebuilding confidence of people to live, work, invest and visit in our towns and cities including recognising the value of cultural investment- Investment to capitalise on recognised GM economic opportunities particularly in low carbon, e.g. housing retrofit; digital, e.g. smart data; health innovation, e.g. medicines manufacture; and, advanced materials & manufacturing, e.g. PPE manufacture and re-shoring supply chains	Whole GM system with influence from health & care

4.0 RECOMMENDATIONS

4.1. The Greater Manchester Joint Commissioning Board is asked to:

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- Support the development of a more detailed action plan responding to this framework