

## Greater Manchester

### Joint Commissioning Board

Date: 21<sup>st</sup> June 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 developments in the Health and Social Care Partnership.

#### **RECOMMENDATIONS**

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report

#### **CONTACT OFFICERS:**

Paul Lynch, Deputy Director, Strategy and System Development

## **INTRODUCTION**

The enclosed report is an update from the Chief Officer of the Greater Manchester Health and Social Care Partnership on developments in the Health & Social Care Partnership in the last month.

## **DEVELOPING THE GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP**

Work continues to establish the Integrated Care System (ICS) in Greater Manchester by 1<sup>st</sup> July following the confirmation of the new Health and Care Act.

In Greater Manchester the new arrangements mark the latest stage in the city region's journey to more joined up working, which has developed since our health and social care devolution deal in February 2015. Our system will be called GM Integrated Care Partnership and will be made up of two statutory elements:

- Greater Manchester Integrated Care Partnership Board, involving all the different organisations which support people's health and care
- NHS Greater Manchester Integrated Care (NHS GM), a new organisation, overseen by a Board, to support integration within the NHS to take a joint approach to agreeing and delivering ambitions for the health of the population

There will be similar partnerships in each of GM's ten districts or localities. Our system partnership will operate at three levels: neighbourhood, locality and Greater Manchester and will have a single vision and strategy.

We have now confirmed the Executive structure for NHS GM. Progress is being made on appointing the NHS GM executive roles which have not yet been filled: Chief Officers for strategy and innovation, and population health and inequalities and Chief Delivery Officer. Interviews for the Chief Nurse role have been held and the appointment will be announced shortly. At the time of writing, we are waiting for final confirmation of the place-based leads in all ten localities.

Each of the localities has undertaken a readiness assessment in preparation for the start of the ICS. This has confirmed the main features of the locality model:

- A Locality Board to ensure the priorities are decided together in the locality and support the effective joint stewardship of public resources benefiting health
- A Place Based Integrated Care Lead with dual accountability to the local authority and to NHS GM
- A place-based provider collaborative or alliance providing comprehensive integrated care at neighbourhood and place levels
- A means of ensuring clinical and care professional input and leadership to place based working

### NHS GM Functions Workshop

A face-to-face workshop brought together accountable officers, place based leads, functional leads, current executives and others to talk through the principles and proposed operating models for the different functions which will be part of NHS GM. Each lead set out their current thinking, which has been developed with input from people across the functions, as well as stakeholders. Each function will support both the new organisation and play a vital role in the rest of our ICS, Greater Manchester Integrated Care Partnership. The focus at the workshop was on day 1 functions and the ICS Transition Programme Board is overseeing the actions from the workshop ahead of the formal start of NHS GM.

### Greater Manchester Integrated Care Partnership Strategy Development

The Partnership strategy continues its development with an expected launch date of December 2022/January 2023 and is due to cover a five-year period. It will succeed the *Taking Charge of our Health and Social Care* in Greater Manchester strategy and will be based on the updated locality plans which were developed in GM's 10 boroughs.

It will be an integrated care strategy for the whole population, covering health and social care, and addressing the wider determinants of health and wellbeing. It will be built bottom-up from local assessments of needs and assets identified at place level and will be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities and our objectives to support recovery. The Strategy will champion inclusion and transparency and

challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

It will be supported by a three-to-five-year delivery plan and yearly operational plans. The strategy will reflect on achievements at Greater Manchester and locality levels, both during the pandemic and prior to this.

## **HEALTH & CARE SYSTEM RESPONSE TO OMICRON**

The Greater Manchester system agreed to carry out a review on the health and care response to the Omicron wave. Its purpose was to provide recommendations to support improved system level working, anticipatory planning for future challenges and highlight specific issues for each sector to address. The desired outcome from the review is that GM understands what could be done differently in the future, informed by gathering insights from key stakeholders across the system about their organisational and system experience through a combination of interviews and facilitated focus group discussions.

The review has demonstrated that during the Omicron wave, Greater Manchester experienced its highest daily average of new confirmed covid cases. This led to significant pressures in terms of:

- Staff absence in hospitals and care homes
- Increased bed occupancy
- Outbreaks in care homes

This compound rate of increase, taken together, created a situation where high bed occupancy across the system needed to be managed with a much smaller workforce.

Through the analysis for this review, the system has highlighted some opportunities to improve our response in future:

- Shared Escalation Metrics - Creating a common escalation language to promote a shared one system understanding of pressures and gaps
- Admission Avoidance - Understanding the key gaps around system flow and a data led viewpoint around safe and effective discharge from each sector perspective

- Workforce Planning - Developing a sustainable workforce plan that takes into account recruitment and retention, as well as the impact of mutual aid, in both BAU and surges
- Stakeholder Engagement - Key messages are shared and cascaded down to all relevant stakeholders, ensuring effective engagement and awareness
- Strategic Funding - Shifting focus from ad-hoc short term funding to strategic longer term funding aimed at creating a sustainable impact, allocated to the right resources and resolving the right issues, at the right time.

## **MASS VACCINATION PROGRAMME**

As of the week of 30<sup>th</sup> May, we have delivered a total of 5,842,083 COVID-19 vaccinations across GM. This includes 2,161,738 total 1st doses; 2,017,186 total 2nd doses; 1,499,284 1st booster doses; and 158,984 2nd booster doses.

70,157 first doses have been delivered to healthy 12-15-year-olds, to give an uptake figure of 47%; 49,452 first doses have been delivered to healthy 16-17-year-olds, to give an uptake figure of 59.4%.

For the Care Home Spring Booster Programme, 402 out of the 414 (97%) eligible homes in Greater Manchester are confirmed to have a visit either completed or planned to be completed by 31<sup>st</sup> May.

We are working with three localities in Greater Manchester on a Roving Team Pilot. This is piloting a range of models with eligible vulnerable cohorts, which include: the Southeast Asian population in Oldham on housebound visits; going into all extra care facilities in Salford; and an identified GP practice of need in Rochdale.

## **SYSTEM RECOVERY**

Recovery activity is taking place in all areas of the health and social care system. 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.

The Provider Federation Board is coordinating our strategic recovery planning in GM and, in doing so is drawing on the critical contribution of others across the GM system. The work programmes within this Strategic Approach to Recovery are:

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

Each of these work programmes will:

- 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
- 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

For localities, we recognised that each locality had developed plans including relevant actions relating to supporting the recovery of health and care service. Each locality submitted the relevant elements of their locality plan or other documents, setting out their approach to the sustainable and responsive delivery of:

- Primary Care Services
- Social Care services, including commissioning of home care packages and Care Home placements
- Community Mental Health Services

- Services commissioned and jointly planned with the Voluntary, Community and Social Enterprise Sector, (VCSE)

Each Locality will use its Locality Board to track and oversee progress against these recovery plans – and the plans will significantly contribute to the delivery of the overall Greater Manchester Recovery Plan.

## **RECOMMENDATIONS**

The Greater Manchester Joint Commissioning Board is asked to:

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