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MANCHESTER
CITY COUNCIL

Health Scrutiny Committee

Date: Tuesday, 1 December 2020
Time: 2.00 pm
Venue: Virtual Meeting - Webcast at - https://youtu.be/3TlvakF0gbw

There will be a private meeting for Members only at 2.00pm Monday 30 November 2020 via Zoom. A separate invite will be sent to members with joining details.

Advice to the Public

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020

Under the provisions of these regulations the location where a meeting is held can include reference to more than one place including electronic, digital or virtual locations such as internet locations, web addresses or conference call telephone numbers.

To attend this meeting it can be watched live as a webcast. The recording of the webcast will also be available for viewing after the meeting has concluded.

Membership of the Health Scrutiny Committee

Councillors - Farrell (Chair), Nasrin Ali, Clay, Curley, Doswell, Hitchen, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

Agenda

1. Urgent Business
To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes 5 - 12
To approve as a correct record the minutes of the meeting held on 3 November 2020.

5. COVID-19 Update - To follow

6. Urgent Emergency Care by Appointment 13 - 20
Report of the Director of Commissioning NHS Trafford Clinical Commissioning Group

This report provides the Health Scrutiny Committee with an update on the urgent care changes happening in Manchester in line with Greater Manchester and national strategy.

7. Mental Health Service and COVID-19 21 - 40
Report of the Greater Manchester Mental Health NHS Foundation Trust

This paper presents the GMMH organisational response to the COVID-19 pandemic and the steps take to sustain services throughout the initial lockdown period and then develop a sustainable model of provision. Steps taken to forward plan the changing demand and impact on services as a consequence of the pandemic are also presented with a surge predicted to coincide with the autumn and winter months.

8. Overview Report 41 - 46
Report of the Governance and Scrutiny Support Unit

The monthly report includes the recommendations monitor, relevant key decisions, the Committee’s work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. Speaking at a meeting will require a video link to the virtual meeting.

Members of the public are requested to bear in mind the current guidance regarding Coronavirus (COVID19) and to consider submitting comments via email to the Committee Officer. The contact details of the Committee Officer for this meeting are listed below.

The Council is concerned to ensure that its meetings are as open as possible and confidential business is kept to a strict minimum. When confidential items are involved these are considered at the end of the meeting and the means of external access to the virtual meeting are suspended.

Joanne Roney OBE
Chief Executive
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Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This agenda was issued on **Monday, 23 November 2020** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension, Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 3 November 2020

This Scrutiny meeting was conducted via Zoom, in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Present:
Councillor Farrell – in the Chair
Councillors N. Ali, Clay, Curley, Holt, Mary Monaghan Newman and Wills

Apologies: Councillor Doswell and Hitchen

Also present:
Councillor Craig, Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care Commissioning
Katy Calvin Thomas, Acting Chief Executive, Manchester Local Care Organisation
Laura Foster, Director of Finance Manchester Local Care Organisation
Claire Yarwood, Chief Finance Officer, Manchester Health and Care Commissioning

HSC/20/40 Minutes

Decision

To approve the minutes of the meeting held on 6 October 2020 as a correct record.

HSC/20/41 COVID-19

The Committee considered a report of the Director of Public Health that described that in October the Committee had received the latest version of the Manchester 12 Point COVID-19 Action Plan. This report and accompanying presentation provided a brief update on some aspects of the Plan.

Some of the key points that arose from the Committee's discussions were: -

- What was the impact of Tier 3 in reducing rates of infection;
- Did Manchester hospitals still have capacity to deliver non covid related services;
- Every citizen needed to take personal responsibility to prevent infection by observing Public Health guidance;
- Supporting the continued work of the Manchester Care Homes Board;
- Continuing the Committee's support for increased local control of a Test and Trace service;
- Noting the introduction of mass testing in Liverpool, would this be introduced in Manchester;
- Recognising the need to support NHS staff;

- Recognising the importance for family contact for people living in care homes, particularly for those with dementia;

The Director of Public Health responded by stating that the impacts of any restrictions would not be realised for approximately 2-3 weeks later, and this would allow for comparisons to be made. He stated that it was important that all lessons learnt from interventions were understood to help inform and plan for future outbreaks. He supported the comment of the Member regarding personal responsibility for preventing the spread of COVID-19 and commented that the latest lockdown was an opportunity to reduce the rated of infection and strengthen the test and trace service.

In response to the question regarding hospital services, the Director of Public Health stated that sites were taking a pragmatic approach to the changing situation. He stated that currently Emergency Services continued to be provided. Katy Calvin Thomas, Acting Chief Executive, Manchester Local Care Organisation added that there were approximately 300 COVID cases across Manchester hospitals and this was being managed, with additional capacity being created in intensive care settings. She described that work continued with partners to safely discharge patients to release bed capacity in hospitals, with the support of the Manchester Care Homes Board. She stated that the ambition was to maintain all hospital services safely for as long as possible, adding this situation was constantly monitored using the lessons learnt from the first wave experienced in March.

In response to a specific question regarding the management of COVID cases on a general hospital ward, the Director of Public Health described the protocols that were in place to manage these. He further commented that the number of outbreaks in schools had been restricted to single cases or small clusters and he remained confident that schools were COVID secure.

The Acting Chief Executive, Manchester Local Care Organisation stated that NHS staff sickness was monitored to ensure staff were safe and a programme of staff testing had been developed.

The Executive Director of Adult Social Services acknowledged the importance of maintaining contact for people residing in care homes. She said that work was being developed to support this activity in a safe and responsible manner, such as sharing good practice and the use of pods to facilitate visits. She described that the provider sector was represented on Manchester Care Homes Board.

The Executive Member for Adults, Health and Wellbeing stated that the findings and outcomes of the pilot testing recently announced for Liverpool would be monitored to understand the logistics of such an approach, efficacy of the testing and the public response.

In concluding this item the Chair expressed his gratitude to all staff across all sectors who were working tirelessly to respond to the COVID pandemic and supporting the residents of Manchester.

Decisions

The Committee notes the report.

HSC/20/42 Council's Medium Term Financial Plan and Strategy for 2021/22

The Committee considered a report of the Deputy Chief Executive and City Treasurer that set out the impact of COVID19 and other pressures and changes on the Council's budget for the period 2021-2025. The report also set out the impact of COVI19 on the capital programme and the implications for the budget.

The main points and themes within the report included: -

- The Medium Term Financial Plan remained challenged by uncertainty, which included the outcome of the Spending Review and post 2021/22 the potential changes to how local government funding was distributed;
- Prior to COVID19 there was an underlying budget gap of c£20m for 2021/22 rising to c£80m by 2024/25;
- Dealing with the impact of COVID19 had resulted in major spending pressures, particularly in social care, but also across all Directorates;
- The forecasted budget shortfall relating to COVID19 pressures and the Budget Position 2021/22 to 2024/25;
- Initial proposals across all Directorates to start addressing the budget gap in advance of the Spending Review and Local Government Financial Settlement;
- The need to undertake an Equality Impact Assessment on the options put forward, particularly those that involve impacts on services for residents and reductions in the Council's workforce;
- Proposed consultation on budget options and timescales; and
- Next Steps.

Decision

The Committee notes the report.

HSC/20/43 Budget Options for 2021/22

The Committee considered a report of the Acting Chief Executive Manchester Local Care Organisation and Executive Director of Adult Social Services that detailed the service and financial planning and associated budget strategy work that was taking place for adult social care with partners across the health and care system.

It detailed the identified and proposed opportunities to make savings in 2021/22 aligned to the remit of the Health Scrutiny Committee, to support the City Council to achieve a balanced budget in 2021/22.

As Adult Social Care was both within the MHCC health and care pooled budget, works in partnership and is increasingly focused on integrating with community health services through the Manchester Local Care Organisation (MLCO); this report was

jointly presented to the Scrutiny Committee by the key partners of MHCC, the Council and MLCO, noting the areas that would be led by MLCO.

It was important to note that the health contribution to the pooled budget was currently unknown as the NHS had not published the financial regime for 2021/22 yet.

The Executive Director of Adult Social Services introduced the main points and themes within the report included: -

- Providing and overview of ASC Statutory Responsibilities - Services, Eligibility, Care and Support;
- Providing a context for the 2020/21 Budget ;
- Covid-19 Pandemic and the ASC Improvement Programme - Context and Impact on Adult Social Care;
- Planning to Support Council Budget 2021/22 Onwards;
- Adult Social Care – Scope for Change and Supporting the Budget Challenge
- Financial Planning Assumptions and Approach;
- Improving Pathways and Focusing Support for Independence
- MLCO Transformation Programmes Update
- Health and Social Care System
- Population Health

The Committee was invited to comment on the report prior to its submission to the Executive on 11 November 2020.

Some of the key points that arose from the Committee's discussions were: -

- Noting the importance of protecting services to support the most vulnerable residents in the city;
- Noting that cuts had been imposed upon the city by the government since 2010 and demands on services had been exacerbated by the COVID-19 pandemic and it was therefore incumbent upon the government to adequately fund all local authorities and the NHS;
- No cuts to services should be considered without a full analysis undertaken to understand the future impacts of these, noting the preference to the invest to save model of commissioning and designing services;
- Recognising the importance of preventative services and initiatives to improve population health; and
- Recognising the need to protect mental health services, noting that the need for these services had increased as a result of the COVID-19 pandemic and would continue both in the short and long term.

The Executive Member for Adults, Health and Wellbeing stated that despite the imposition of austerity, Manchester had strived to protect services and support residents and staff working across services. She described that at the beginning of the COVID-19 pandemic the government had informed local authorities to spend what they needed to protect residents and the money would be reimbursed. She continued by stating that since that announcement the funding had not been

forthcoming and if the government failed to fund local authorities adequately and appropriately, taking into account inflationary pressures, Manchester potentially would only be able to deliver statutory duties as prescribed in the Care Act 2014. She stated that the current Council budget planning assumptions were that without further financial support from government there would be a minimum £20m reduction from the Council to the Health and Social Care Pooled Fund and therefore a consequential savings requirement.

The Executive Director of Adult Social Services stated that the preferred option would be to change the way services were delivered rather than cuts to services and staff to deliver the required savings. She stated that the challenge of this could not be underestimated, particularly when considered during a global pandemic.

Katy Calvin Thomas, Acting Chief Executive, Manchester Local Care Organisation stated that the integration of Health and Social Care and pooled budgets in Manchester had laid sound foundations to respond and plan to the emerging financial situation. She stated this model of working allowed for a joint system wide approach to create support services designed around people and by extension be more efficient.

The Chair stated that the financial challenges were severe and if the £20m could not be found, more difficult service reductions across preventative areas would need to be developed and in such circumstances, further detailed proposals would be developed for Health Scrutiny Committee to consider in the new year.

The Chair further commented that a report on Mental Health Service and the response to COVID-19 would be requested for the next meeting of the Committee.

Decision

The Committee endorse the recommendation that the Executive consider the officer cuts and savings options, taking into account the feedback from this scrutiny committee as described above.

HSC/20/44 Winter Planning - Adult Social Care and the Local Care Organisation

The Committee considered a report of the Executive Director of Adult Social Services, Manchester City Council and Mark Edwards, Chief Operating Officer, MLCO that report that provided Members with an update to the Manchester Local Care Organisation’s (MLCO) response to winter and COVID-19 through the development of integrated planning across Health and Social Care.

The points and themes within the report included: -

- Providing a background and context for the report;
- Details and scope of the MLCO winter planning – including Identification of leadership around the “Preparing for Winter Challenge Report”; Lessons learned

during Covid-19 first wave pandemic, Activities to support demand management and Activities to support capacity management;
- Adult Social Care Winter Planning and identified actions;
- Describing the activities to support the care market, noting the four workstreams identified by The Strategic Care Homes Board;
- Describing that the MLCO had developed its winter plan across the key domains; and
- Immediate next steps.

Some of the key points that arose from the Committee's discussions were: -

- Would the recruitment of nurses to staff the NHS Nightingale North West impact on nurse capacity at other hospital sites;
- Was there enough flu vaccine in Manchester;
- Was the 36 beds identified at NHS Nightingale North West for Manchester and Trafford residents enough to meet demand; and
- Further clarification on where the two 20 bed 'discharge to assess' facilities were to be located.

The Executive Director of Adult Social Services informed the Committee the two 20 bed 'discharge to assess' facilities had not yet been procured and further information would be shared with the Members when this was available. In response to the question relating to the flu vaccination she described that Manchester's Flu Programme for 2020/21 had been reported to the October meeting and progress against this was monitored and reported. She further stated that there was no anticipated issues relating to the provision of PPE (Personal protective equipment)

The Chief Operating Officer, MLCO stated that the allocation of 36 bed spaces for Manchester and Trafford residents at the NHS Nightingale North West were governed and managed through the Manchester University NHS Foundation Trust. He described that capacity would continue to be monitored to ensure the facility remained safe and effective. He further stated that staffing of the site was managed through existing resources and local arrangements.

In concluding this item the Chair expressed his gratitude to all staff across all sectors who were working tirelessly to respond to the COVID pandemic and supporting the residents of Manchester.

Decision

To note the report.

HSC/20/45 Overview Report

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

The Chair noted that a report on Mental Health Services and the response to COVID-19 would be requested for the December meeting.

The Chair advised the Members that he had received a written question from Macc that related to the impact of budget cuts on the VCSE Sector. He stated that the question would be referred to the Chair of the Communities and Equalities Scrutiny Committee and the relevant Executive Member for consideration.

Decision

To note the report and agree the work programme, subject to the above comments.

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Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 1 December 2020

Subject: Urgent and Emergency Care (UEC) by Appointment

Report of: Naomi Ledwith, Director of Commissioning
NHS Trafford Clinical Commissioning Group (CCG)

Summary

Manchester Health and Care Commissioning (MHCC), Trafford CCG (TCCG) and Manchester University Hospitals NHS Foundation Trust (MFT) are working together with other key partners to develop a system-wide urgent emergency care programme.

From patient insight (nationally, Greater Manchester and locally) we know that patients find the range of alternatives confusing – Accident and Emergency (A&E), walk in centres, urgent care centres, minor injury units, NHS 111, pharmacies and GPs, etc. All these options provide differing levels of services. So, A&E is understandably the default choice for many people unsure where to turn when they need urgent care or advice.

During the months of the first peak of the coronavirus pandemic the number of people attending Emergency Departments (EDs) reduced dramatically, particularly those seeking help for minor illnesses. However, since May the number of people visiting EDs has been rising. At the same time, due to social distancing and infection prevention and control precautions, the space in EDs has reduced. We must now guide the public in making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place. NHS 111 will make it easier and safer for patients to get the right advice or treatment when they urgently need it and increasingly, they will be able to book direct appointments/time slots into a service that is right for them.

Around 70% of ED attendances are made up of walk-in patients, so as patient numbers have increased, the NHS aims to keep patients safe despite the reduced space in waiting rooms. We also know that a significant proportion of those attending EDs could be seen elsewhere, for example primary care or an Urgent Treatment Centre.

From December, NHS111 will be able to book a timed slot for patients that need an Emergency Department, to ensure patients are seen as safely and conveniently as possible.

Our ambition is to provide a better experience of care, whether that is by phone or online from NHS 111, at home from a paramedic, in a GP practice or pharmacy or when necessary in emergency department. The aim is to improve patient experience

in healthcare settings during Covid-19 and provide a long-term model of access to urgent and emergency care services.

Transformational plans to improve the way people receive urgent care, advice and treatment are currently being implemented in Greater Manchester and we are about to begin the rollout of changes for patients across Manchester and Trafford.

We need to ensure that numbers in our Emergency Departments are reduced wherever possible. This means we can keep our patients and staff safe, see those patients who need to be seen as quickly and safely as possible, and reduce the risk of Covid-19 infection for everyone.

This will incorporate:

- Development of an Urgent Emergency Care by appointment programme in Manchester and Trafford.
- Development of a Clinical Assessment Service.
- Roll out of national NHS 111 first programme.
- Virtual Clinical Hub.

Recommendations

The Health Scrutiny Committee is asked to note the content of this report and provide comments on the UEC work programme.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
Care will be provided closer to home therefore less patient travel across longer distances within the city.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	People who do need rapid emergency care in Manchester and Trafford will be seen and treated more quickly in a less crowded Emergency Department. There will be a lower risk of contracting infections, including Covid-19. By accessing remote assessment patients can be referred to their local ED only when they absolutely need to, who will be ready to receive them at a specific time. This will ensure the sustainability of our urgent care systems and offer for the people of Manchester and Trafford.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	The Urgent Care by Appointment programme will continue to sustain the workforce through better integration of healthcare systems and organisations.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Equitable service provision will be maintained and improved through all communities across Manchester and Trafford through improved access channels to urgent care in the most appropriate and timely setting for all patients.
A liveable and low carbon city: a destination of choice to live, visit, work	More timely and appropriate settings for urgent treatment will mean less travel to acute hospital sites necessary.
A connected city: world class infrastructure and connectivity to drive growth	This programme is in line with the national directive for improved access to Urgent Care and will engender a sustainable model across Greater Manchester.

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1.0 Introduction

The purpose of this paper is to update the Health Scrutiny on the urgent care changes happening in Manchester in line with Greater Manchester (GM) and national strategy.

The Covid-19 pandemic has had, and continues to have, a significant impact on the delivery of healthcare services and patient experience across the system. The urgent care programme has an ambition to radically change the way we deliver our urgent and emergency care services moving forward.

Covid-19 has meant that our stringent Infection Prevention and Control strategy and guidelines have been implemented across our hospitals and, as a result, we need to ensure that numbers in our Emergency Departments are reduced wherever possible. This means we can keep our patients and staff safe, see those patients who need to be seen as quickly and safely as possible, and reduce the risk of infection for everyone.

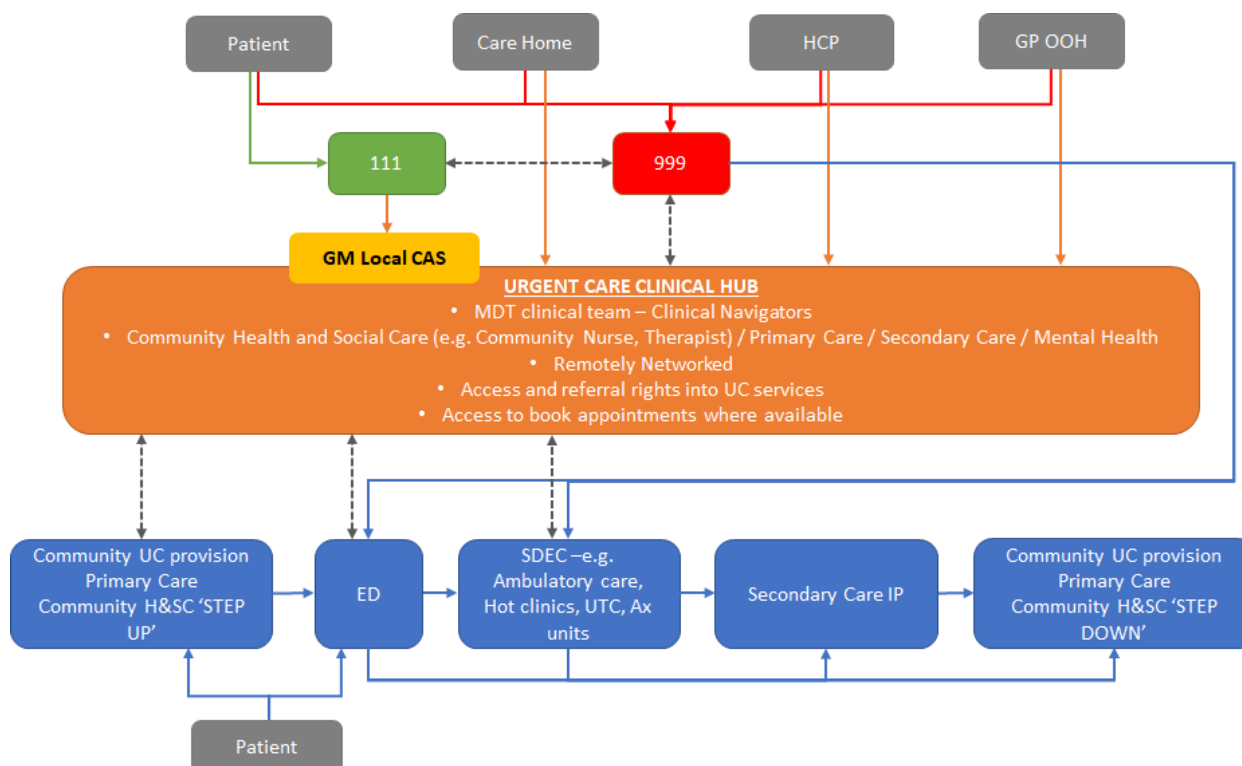
2.0 Background

In response to Covid-19, there was a refresh of the GM Urgent Emergency Care (UEC) priorities, which included a 'UEC by Appointment' model to reduce the risk of crowding within Emergency Departments (ED) with the principal aim of reducing the number of self-presenter attends by 25% (reflecting national policy requirements – 111 First Initiative) and to encourage calls to 111 rather than for patients to self-present and that the remaining 75% demand is effectively signposted / redirected / direct booked to other services outside of ED.

The elements of the programme comprise:

- NHS 111 First
- Streaming at the Front Door
- Clinical Assessment Service
- Virtual Clinical Hub
- Urgent bookable appointments

This is outlined in the model below:



NHS 111 First

'NHS 111 First' refers to offering people a different way of accessing and receiving healthcare, including a new way to access Emergency Departments. As a programme it means:

- NHS 111 or a GP practice is the first place a patient should contact when they experience a health issue that is not immediately life-threatening.
- Reducing the need for a patient to go to a physical location when accessing healthcare.
- Embracing remote assessment and the technology that supports it.
- Avoiding risk of nosocomial (hospital-acquired) infection by ensuring fewer less urgent patients attend ED waiting rooms.
- Ensuring patients get clear direction on what they need to do and where they need to go to resolve their health issue.
- Protecting those most at risk (e.g., people who are extremely clinically vulnerable from Covid-19) by giving them an enhanced service.

In short: NHS 111 First aims to build on and embed the beneficial changes in the way patients have been accessing healthcare during the Covid-19 pandemic.

To ensure we have fewer patients in our ED waiting rooms and that wait times are reduced. We will be asking people to contact NHS 111 first, whether online or by phone, if they have an urgent – but not serious or life-threatening – medical need, as an alternative to self-presenting as a walk-in to the Emergency Department (A&E).

Encouraging the public to dial NHS 111 prior to attending ED; In GM, this will be achieved through a targeted media campaign which will encourage the public to 'Talk before they walk (to E.D.)' to reduce high unnecessary attendance where Urgent and Emergency Care is only provided as required (UEC by Appointment). It is hoped that 25% of those not currently 'talking before walking' will call NHS 111 and receive call handling (to escalate emergencies) and/or receive 100% definitive clinical assessment to reduce unnecessary conveyance/attendance to/at E.D. This clinical assessment will be provided by a Local Clinical Assessment Service (CAS).

To reduce risk of hospital-acquired infection, crowding in EDs must not be allowed to return to pre-pandemic levels, but asking patients to queue outside an ED is not an acceptable means of ensuring social distancing. As such, we must ensure that:

- ED is reserved for emergency patients.
- Patients who do not need to attend ED are directed elsewhere.
- Patients who need to access hospital services go directly to the appropriate department in the hospital, and not via ED.

Bookable Appointments

For those patients that do need to attend an Emergency Department, some can wait for a few hours before attending. NHS 111 services and Clinical Assessment Service working with trusts, are developing the ability to book timed slots in an Emergency Department, to smooth the number of people attending a given ED.

The go live for the digital booking solution to be in place is the 1st December. The Clinical Assessment Service and the hospital streaming at the front door will also have the ability book into other services within the hospital such as the Urgent Treatment Centre or Same Day Care. This is to reduce the number of patients in ED but also so that patients are directed to an appropriate service and seen within a timely manner. The Clinical Assessment Service will also be able to directly book into other urgent care services in the community.

Front Door Streaming

Hospital-based pre-ED triage and streaming: There will continue to be a cohort of patients who self-present at our urgent care services e.g., MFT Type 1 Emergency Departments.

On attendance, patients will be clinically assessed and streamed to the most appropriate service for onward care. This may be within the acute setting, community or primary care via locally agreed referral streaming pathways.

- Transferred to another department within the Trust or community.
- Where clinically required referred into the Emergency Department.
- Given an appointment time to come back to a hospital department. This may be the same day or on an urgent basis depending upon clinical need.
  - Given an appointment with a GP.
  - Advised to contact their own GP or go to a pharmacy.
  - Provided with self-care advice.

Where possible, patients will be booked into appointments.

Nobody will be refused care – all patients who need an emergency vehicle (such as an ambulance) will still receive one if appropriate, and severely unwell patients will not be directed away from hospital.

Clinical Assessment Service

If a patient has called NHS 111 and does not need to attend ED straight away, the local Clinical Assessment Service (CAS) will call the patient back and complete a more in-depth assessment. This service is staffed by doctors and other health professionals and has access to a wide range of local services to support the patient's needs. The service will offer self-care advice or book the patient into appointments in primary care, community services or other secondary care services where appropriate. In some cases, an appointment might be directly booked to attend ED.

Virtual Clinical Hub

A virtual clinical hub will be set up using software that health care professionals including the Clinical Assessment Service (CAS) can access. The virtual clinical hub will offer advice and guidance quickly and book patients into the right service, this may be the same day or on an urgent basis depending upon clinical need. The first phase will enable advice and guidance for GPs through accessing specialist secondary care advice and the second phase will include access to other professionals such as community, primary care, and mental health and booking into the relevant services where there is an urgent need.

Progress to date

- The Clinical Assessment Service went live on the 4th November to improve the management of NHS 111 activity by providing access to senior clinical assessment earlier in the pathway.
- Internal hospital pathways alternative to Emergency Department in the hospitals are in the process of being reviewed to maximise the numbers of patients who can be streamed away from Emergency Departments.
- Adult Emergency Departments have committed to releasing daily appointments for lower clinical priority patients such as minor illnesses and minor injuries
- Streaming models have been tested at Manchester Royal Infirmary and North Manchester General Hospital to be able to stream and book into same day care at North Manchester and the Urgent Treatment Centre at Manchester Royal Infirmary.
- Trafford General Hospital went live with the model on 27th October, with direct bookings into the Urgent Care Centre via the Trafford Patient Assessment Service. There is also some streaming at the front door.

Next Steps

- The pathways for out of hospital bookable appointments directly into community services, primary care and mental health are still to be fully developed and agreed

with partners across the system including Primary Care Networks (PCNs) and both Trafford and Manchester Local Care Organisations.
- Front Door Streaming model to be further developed at Wythenshawe Hospital ED.
- Further work on UEC by appointment at the other hospital sites: Royal Manchester Children's Hospital, St Mary's, Manchester Royal Eye Hospital and University Dental Hospital of Manchester.
- Bookable appointments from NHS 111 and the Clinical Assessment Service (CAS) into Emergency Departments to go live on the 1st December.
- Impact of the changes to the system will be produced via a dashboard for Manchester and Trafford.
- Phasing of the virtual clinical hub to commence in December.

Communications and Engagement

Communications notifying the public around the changes will be soft launched in December 2020, with only minor communications activity planned. This will enable our models to be tested and refined.

NHS England will launch a national campaign to promote '111 First' in December across a range of different media channels which will be dependent on whether the country and regions are in a national lockdown or which tier of restrictions in order to target communications effectively. Greater Manchester Health and Social Care Partnership (GMHSCP) will lead this at a regional level.

Internal communications and engagement are continuing across stakeholders and staff within hospitals.

Engagement is ongoing with local populations and community groups affected.

3.0 Recommendations

The Health Scrutiny Committee is asked to note the content of this report and provide comments on the UEC work programme.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 1 December 2020

Subject: Mental Health Services and COVID-19

Report of: Greater Manchester Mental Health NHS Foundation Trust

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Summary

This paper presents the GMMH organisational response to the COVID-19 pandemic and the steps take to sustain services throughout the initial lockdown period and then develop a sustainable model of provision. Steps taken to forward plan the changing demand and impact on services as a consequence of the pandemic are also presented with a surge predicted to coincide with the autumn and winter months.

Recommendations

The Scrutiny Committee is asked to consider the report and advise on the following:

1. Do the steps taken by GMMH support the strategic objectives of the City Council to address local need throughout the pandemic; and

2. Any further information required.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
Not Applicable

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Addressing the ongoing mental health needs of the population to support and enable them to engage and thrive in the communities they live. With improved mental health individuals will have improved access to employment creating strengthened economic communities.

A highly skilled city: world class and home grown talent sustaining the city's economic success	Recognition of the specific needs of the student population and providing intervention and treatment for this group, supporting Manchester as one of the leading University Cities in the UK.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Providing services to all age groups and demonstrating the highest level of contact with adults with Mental Health problems in England.
A liveable and low carbon city: a destination of choice to live, visit, work	Developing and delivering sustainable models of care that embrace digital technologies to connect with service users in a meaningful way, reducing the need for unnecessary travel.
A connected city: world class infrastructure and connectivity to drive growth	Engagement with National Networks and benchmarking services and ensure that residents of Manchester receive an optimum level of care and support.

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Background documents (available for public inspection):

Not applicable.

Mental Health Services and COVID-19

1.0 Introduction

This paper provides an update to Manchester City Council Scrutiny Committee on Greater Manchester Mental Health NHS Foundation Trust (GMMH) emergency preparedness and response to COVID-19 and specifically how mental health services in Manchester have responded to the pandemic. This report also provides an overview of the Trust's longer term plans and strategies in response to Covid-19 and includes:

- National guidance
- GMMH Covid-19 Governance Arrangements
- An overview of the work of Gold Command and Recovery Planning Group
- Response to COVID-19
- Demand and Capacity Planning
- Ongoing Work

2.0 Background

2.1 National Guidance

As members are aware, the NHS response to Covid-19 triggered the declaration of a Level 4 National Incident. The response was led nationally and incident and response management has been coordinated directly with CCGs, NHS providers and Local Authorities. As part of this response national guidance continues to be issued frequently and this guidance steers the work and priorities of the GMMH response.

The initial NHS guidance focused on the NHS emergency response (Phase 1) was shortly followed in April by the 'Second Phase of the NHS response to Covid-19' describing the move into the restoration and recovery period (Phase 2 and Phase 3). The national guidance for restoration and recovery including the identification of four phases of work:

- Emergency Response (March 2020 – April 2020) – Phase 1
- Release of Lockdown (May 2020 – July 2020) – Phase 2
- Living with Covid (August 2020 – March 2021) – Phase 3
- Building back better (12 months+) – Phase 4

All of the guidance and identified priorities for mental health have been considered and action through GMMH Covid-19 Governance arrangements outlined below.

2.2 GMMH Covid-19 Governance Arrangements

2.2.1 Gold Command

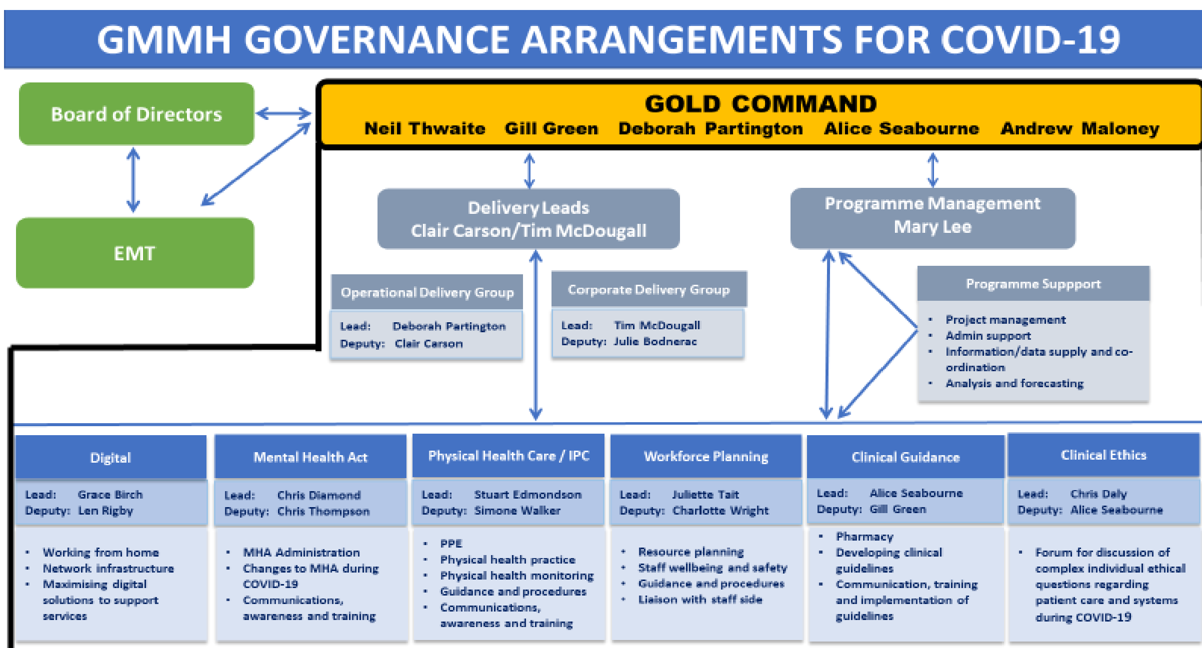
GMMH established a COVID-19 group in January 2020 and on 9th March this was escalated to a GMMH Gold Command structure in line with the GMMH Major Incident Response Plan. GMMH Gold Command operated daily with the following focus:

- Review the daily internal Situation Report (SitRep) for patients suspected/swabbed, operational services, corporate services and medical staffing.

- Review the National Mental Health and Specialist Services daily Situation reports
- Consider and cascade all relevant national, regional and GM guidance and communications
- Consider and review risks and ensure appropriate planning and actions are taken to mitigate identified risks.
- Daily operational group teleconference led by Director of Operations with all Heads of Operations to oversee service resilience and issues for escalation.
- Allocate and review the work of the six Gold Command sub-groups in operation. Each of the six sub-groups of Gold Command have a clear steer on the tasks and actions required of them.

The Gold Command governance arrangements established for phase one response are set out below.

Figure 1: GMMH Governance Arrangements for COVID-19 -



2.2.2 Recovery Planning Group

The move from phase 2 of restoration and recovery planning to phase 3 required a change to the Trust Covid-19 governance arrangements with the establishment of the Trust Recovery Planning Group and five key recovery workstreams. The diagram below provides an overview of the recovery workstreams and their priorities.

Recovery Plan Workstreams

NHS
Greater Manchester
Mental Health
NHS Foundation Trust

Service Users and Carers

Gill Green, Director of Nursing and Governance

- Enhance service user support and wellbeing offer
- Evaluate service user experience to better understand the impact of COVID-19 and shape future services
- Enhance opportunities for implementation of Recovery Academy Programme including extending virtual programmes and facilitation groups sessions using social distancing

Workforce

Andrew Maloney,
Director of HR and Deuputy CEO

- Workforce modelling for services mapped to capacity plan
- Future working arrangements – mainstreaming home working for medium and longer term
- Supporting our vulnerable workforce including high risk, shielded and BAME Staff

Resource Operational Cell

- Manage capacity to meet COVID-19 requirements and increasing demand going forward in line with demand and capacity plan

Service Offer – Task and Finish Groups

Deborah Partington, Director of Operations and Alice Seabourne, Medical Director

Group	Actions
Urgent Emergency Care	• Working with acute colleagues, agree new locations and working arrangements for urgent care centres • Implementation of Urgent Emergency Care by appointment for mental health across GM • Work with GM to improve crisis care offer
24/7 Helpline	• Implement permanent arrangements for 24/7 open access helpline
Capacity and Demand	• Monitor capacity plan against assumptions and respond to changes to plan and surges • Addressing ADHD, ASC and Eating Disorder waiting times.
Adults of Working Age Inpatient	• Revise Red to Green improvement project • Introduce standardised approach for the implementation of Medically Optimised Awaiting Transfer (MOAT) • Implement service improvement projects and focused work to reduce DTOCs and Length of stay
Crisis Care Offer	• Work with GM and CCGs to develop and deliver a comprehensive Crisis Care Offer
IAPT	• Learning from the implementation of a fully digital service offer during COVID-19, develop new future service model
Community Models	• Develop future enhanced community models across all community services to support expected increased demand based on the principles of Recover, Restore and Reform • Oversee the work of the 4 Community T&F sub-groups: CAMHS, SMS, Student Mental Health: and CMHTs including perinatal, EI and HBT
Health and Justice	• Redesign service model to embed best practice and lessons learnt throughout COVID-19
Homelessness	• Work with GMCA and LAs to develop a comprehensive and responsive mental health and substance misuse service to those who are homeless
Later Life	• Re-establishing MATs services, addressing variation in practice and ensuring access as required to diagnostic scans • Re-establishing community services in the new 'Living with Covid' service model • Developing a range of psychological tools to support the new service model of delivery

Physical Healthcare/ IPC

Gill Green,
Director of Nursing and Governance

- Placing infection prevention control at the forefront of all service developments
- Safe Building Programme
- Implement Testing Programme including:
  - Antibody testing
  - Antigen swabbing
  - Test, track and trace

Pharmacy

- To ensure responsive pharmacy service provision to remote community contacts
- To develop the business case for implementation of electronic prescribing

Business Support

Suzanne Robinson, Director of Finance and Liz Calder, Director of Performance and Strategic Development

- Demand and capacity planning – phase 3
- Estates – Review of buildings to comply with IPC requirements and social distancing
- Review of Corporate Governance Structure
- Digital – Support agile/remote working and increase network infrastructure as required
- Implement data warehouse
- Increase availability and access to tableau
- Alignment of information including ESR Establishment Control, Integra, Health Roster and Paris
- Implement new financial governance and reporting systems
- Financial regime/LTP prioritisation

In addition to our internal governance processes, GMMH has and continues to operate as part of the wider national and GM system governance and escalation processes. At the start of the pandemic GMMH initially linked in to the daily Manchester and Trafford COG system meeting. This has now become the Manchester and Trafford Community Cell that meets three times per week.

The work of Gold Command and the Recovery Planning Group throughout this pandemic has been extensive and an overview of the work undertaken by the Trust and by mental health services in Manchester is summarised in Section 3 below.

3.0 Response to Covid-19

The work of Gold Command and the Recovery Planning Group, implemented across the Trust including Manchester Mental Health services, is summarised below under each workstream.

3.1 Physical Healthcare and Infection Prevention and Control (IPC)

The work of the Physical Healthcare and IPC workstream has included:

- Implementation of the COVID-19 Operating Framework for hospital-based services
- Completion of safe occupancy visits of all inpatient wards and rehabilitation units across the Trust.
- The supply and distribution of Personal Protective Equipment (PPE) that meets the required HSE/PHE standards
- Embedding good IPC principles across the Trust
- Developing of our physical healthcare offer including the development of care bundles for:
  - Diabetes
  - End of life care
  - Oxygen therapy
  - Physical observations
- Oxygen Supply and Equipment - the establishment of a multidisciplinary oxygen team and the development of Standard Operating Procedures to ensure an adequate supply of oxygen at all times.
- Implementation of the required testing programmes including:
  - Antibody testing
  - Antigen testing (swabbing)
  - Test, Track and Trace
  - More recent work of this group includes the mass testing programme for front line staff and the roll out of the new vaccine.
- Flu Vaccine Programme- commencement of the 2020 Seasonal Flu Campaign

3.2 Service offer

The work of the Service Offer workstream and the separate task and finish groups is shown in table 1 below:

Table 1 – Task and Finish Group Achievements

Task and Finish Group	Achievements
24/7 Crisis Helpline	• Established one all age 24/7 open access mental health helpline available via a freephone number.
Urgent and Emergency Care	• Established separate 24/7 Urgent Care Centres for mental health across all localities to support anticipated activity in A&E departments following Covid-19. • Commenced collaborative work with acute partners to develop and implement urgent care by appointment for MH.
Capacity and Demand	• Completed an analysis of demand and capacity across inpatient services to support the management of patient flow identifying key areas of work and escalation, and establishing dedicated workstreams for DTOCs and MOATs.
Adults of Working Age	• Introduction of a standardised approach for the implementation of Medically Optimised Awaiting Transfer (MOATs) • Implementation of service improvement projects with focused work to reduce DTOCs and length of stay.
Crisis Care Offer	• Undertook the role of GM lead for crisis to support the development of a future sustainable crisis offer. • Developed a proposal for an extended crisis offer including crisis beds and crisis café approach, agreed at GM level and mobilisation commencing
IAPT	• Enabling all practitioners to provide e-therapy within weeks of the COVID-19 outbreak. This facilitate all staff to work from home and effectively create an isolation against any staff outbreak within the service, this ensured that services levels where unaffected across Manchester. • Created a client and staff survey to understand the efficacy of the remote systems the service have put in place. The survey compared perceptions of remote therapy pre-Covid (February) against the perceptions mid pandemic (August). The outcomes of which have been overwhelming positive, both from a practitioner ability to adapt to offer a different form of therapy and from a client perspective, delivering flexibility and sustainment of levels of recovery and reliable improvement. • Repurposed practitioner capacity very early in the pandemic, allowing the service to respond to an initial reduction in referrals. This enabled the service to provide increasingly efficient access to the service and as a result the service have reduced secondary waits throughout Manchester by over a 1000 clients. • Relaunch of the patient portal that has allowed clients to input and attain assessment scores (online) prior to their initial appointment. This has freed up a significant amount of time at the initial appointment that can be dedicated to therapy. This has been complimented by an expansion of

	the SMS appointment notification system that increased visibility of appointments, whilst improving communications with clients both prior to and during therapy.
Community Models	• In response to Covid-19, adapted access to all community services to ensure appropriate and timely access, assessment and risk assessment. • Community mental health services implemented alternative ways of working in line with government advice on social distancing and risk assessment of individual service users. • Monitored all community contacts ensuring ongoing support during Covid-19 offering remote and face to face contact. • In recognition of the anticipated increased demand on mental health services following Covid-19, clinical divisions undertook a review of CMHTs over Phase 1 of recovery and restoration to inform the development of an enhanced, sustainable community offer.
Homelessness	• Face to face PIE training (Psychologically Informed Environments) were cancelled and replaced with Microsoft Teams one hour long 'Bite size PIE'. There have been 24 of these sessions attended by a total of 450 people, from a range of statutory and non-statutory agencies in the city. • Responded to the needs of the homeless population across the city of Manchester who were temporarily accommodated in hotels through the central government funded *'Everyone In*' campaign. • Manchester Dual Diagnosis Team (commissioned by Manchester City Council) were temporarily redeployed to support the team during this time. • The team developed online resources for use by colleagues/stakeholders/partner agencies, to support the management of the Manchester homeless population during the lockdown period.
Later Life	• Re-establishing MATs services ensuring access as required to diagnostic scans. • Implemented family therapy across in patients to support patients and families virtually during lockdown and maintained family attendance at ward round through virtual means • Implemented out of hours weekend and evening service to continue crisis response and support discharge through face-to-face contact. • Part of the task and finish group to approve remote memory assessment working via digital solutions. • Identified worker with care homes to deliver urgent response evenings and weekends. • Identified worker for care homes to support with COVID-19 outbreaks and response to care home staffing challenge. • Developed zoom workshop with local group to combat loneliness.

Student Mental Health	• Operational from 30.09.19 and provided comprehensive mental health service to 428 students. • Majority of students referred have experienced significant trauma and attachment difficulties and these adverse early life experiences will continue to impact on their emotional and health and wellbeing. • Meeting increased demand of referrals since new term of September.
Long Waiters	• Established a baseline position for Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Condition (ASC) including current waiters and future demand. Work has commenced with commissioners on waiting list initiatives and future service model.

3.3 Service Users and Carers

The work of the Service Users and Carers workstream is summarised below:

Recovery Academy - The Recovery Academy courses have restarted in line with Covid safe practice. Virtual programmes have been developed and during lockdown the team were able to expand the offer to benefit service users, carers and staff beyond the pandemic. Volunteering opportunities have been maintained throughout the pandemic and peer mentorship has continued to grow with some volunteer peer mentors recognised as GMMH Superstars during the pandemic.

Service User Experience and Engagement - Service user and carer engagement activity was understandably affected by the pandemic, however, despite restrictions the Trust continued engagement in a number of ways which included: Services adapted to deliver care by telephone and Microsoft Teams and to engage virtually with carers as a result of visiting restrictions.

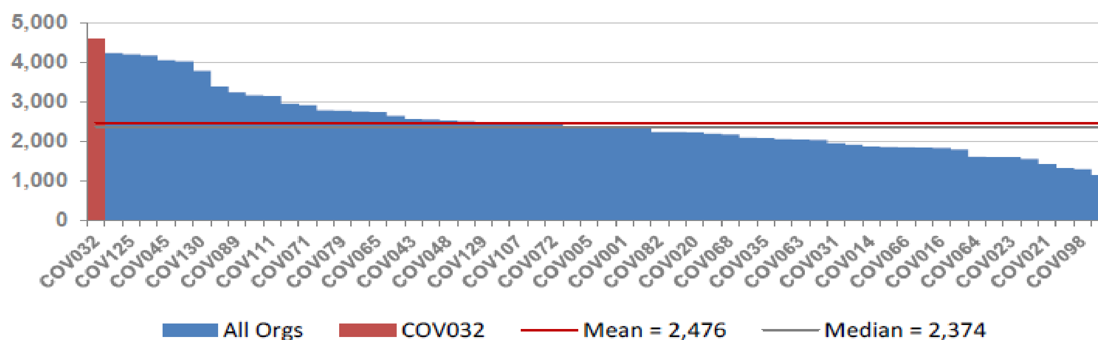
Since the pandemic there has been national benchmarking which highlighted GMMH as a lead organization nationally for continued contact and engagement with service users, this is demonstrated in Chart 1 below.

As part of the GMMH recovery workstream within its community services, GMMH engaged staff and service users to understand their experience during the pandemic. It engaged a response from 600 service users and 128 community staff to receive feedback on the changes to the way we engaged and whether it had impacted upon their care.

The feedback from both staff and service users highlighted areas for recommendation particularly around a choice of whether you receive virtual or face to face appointments and also a preference to support people in their homes who were shielding or anxious about the pandemic. The general response was there was no adverse effect experienced on the service users care and treatment which was significantly reassuring and a blended Face to Face vs Virtual model accepted.

This review and feedback has resulted in GMMH delivering a flexible and responsive model of service during the pandemic that has been nationally recognised through the benchmarking referenced.

Chart 1 – National Benchmarking – Community Contacts



Source: NHS Benchmarking Network – Covid-19 Monthly Tracker Mental Health, Learning Disability and Autism Services. September 2020
COV032 = Greater Manchester Mental Health

Remote Video Mental Health Tribunal Hearings - The introduction of video hearings was necessary to ensure that the right to an appropriate statutory hearing for service users detained under the Mental Health Act continues to be fully supported.

Visiting and Leave Arrangements - The Trust monitors visiting to our inpatient areas based on national and regional guidance. This has been a constantly evolving situation as the pandemic situation rises and falls and the Trust visiting guidance has been revised on several occasions.

In October, a review and audit of all service users in hospital was completed to understand when they had last seen or been visited by their family/carers/friends. This was to ensure people were not left in hospital, unsupported and that any restrictions on visiting are in line with least restrictive principles and a recognition that carer and family support is invaluable in supporting recovery.

Service areas are continuing to monitor the situation on an individual basis for service users whose contact has been infrequent to assess whether arrangements can be safely made to maintain contact and we also have technologies on wards to ensure service users can contact virtually through these platforms. Leave guidance for both detained and informal patients has also been updated following the Government publishing new national guidance regarding Local Covid Alert Levels on 12 October 2020.

GMMH leave guidance has therefore been revised in accordance with the Local Covid Alert Levels Framework which is subject to change and regional variations. As such, the guidance is to be used in conjunction with the applicable Local Covid Alert Level to ensure that leave is consistent with current local restrictions.

Addressing Health Inequalities for Service Users - Support for BAME service users and carers has been maintained through:

- The GMMH 24/7 helpline and website are providing self-help and public health information around local services and community support.

- The GMMH Library and Knowledge Service continues to update the Covid-19 resource hub on the buzz website (buzzmanchester.co.uk/information/covid-19) which includes information in different languages and formats. The resource hub includes helplines for BAME communities into specific topics e.g. Nestac (Helplines), CAHN (bereavement), Saheli Women's Project (Domestic Violence). The 'Getting Start With Your New Device' guide, is being translated into different languages – Urdu, Farsi and Arabic. This is in response to feedback from Women's Voices which supports women in the BAME community.
- Buzz in Manchester are also delivering a range of partnership activities with BAME community groups such as the Caribbean and African Health Network, the Ibad Ur Rahman Trust, the Khizra Mosque, the Manchester Sickle Cell Cares group, the Black Health Forum, the Counselling for South Asian Women and Men groups.
- The Manchester Wellbeing Fund continues to support community schemes via the Covid-19 fast track small grants scheme which to date funds approx. 100 different projects across the city, including those which serve BAME communities.
- GMMH are contributing to a Domestic Homicide Review panel in Manchester which is looking at access to mental health support for BAME communities.

3.4 Workforce

The work of the Workforce workstream is summarised below:

Staffing - As the impact of the pandemic continues, GMMH operational and clinical services have noted a steady increase in staff unable to work due to self-isolation and Covid symptoms as well as those diagnosed with Covid-19. There has also been a steady increase in staff isolating as a result of Test, Track and Trace and related issues such as childcare when children have been sent home from school needing to isolate. This steady increase is compounded by non-covid related sickness and the need to ensure all staff are taking their required annual leave allowance. To ensure services are safely managed during this time, the Trust established the Resource Operational Cell as part of the Operations Directorate's response to the Covid-19 pandemic to coordinate the response to staffing pressures and ensure clinical services continue to be appropriately resourced.

Supply, recruitment and retention – To support pressures on staff resources the workforce team:

- Introduced cohort recruitment via recruitment events for Healthcare Support Workers and Registered Mental Health Nurses resulting in the identification of over 220 successful applicants.
- Utilised a range of innovative assessment methods in recruitment events including values based "round robin" sessions enabling a broader range of recruiting managers to contribute to the recruitment process.
- Introduced online development sessions to support prospective candidates to prepare for the recruitment process.
- Recruited student nurses whose training was paused during COVID-19 into Aspirant Nurse positions. These staff were invited to apply via a simplified process to work as RMNs once trained.
- Developed a streamlined Health & Wellbeing offer for staff to access, commencing with tools for self-help working up to access to the resilience hub for those who felt more effected.

Working from Home - The Trust has continued to accommodate circa 1000 staff to undertake their roles from home effectively which has been key in supporting their safety, welfare and the ongoing delivery of many services. The new GMMH Home Workers Deal, developed in partnership with trade unions, local managers and HR, outlines how these arrangements could be sustained beyond Covid. The deal provides a framework for staff and managers to work through to agree arrangements for a blended approach of home and office working, thus enabling staff to reach a more positive level of work life balance whilst ensuring services are fully maintained.

Working Safely – including Vulnerable Workers and BAME Risk Assessments - Through engagement with the Staff Networks, we have developed an Individual Workers Risk Assessment to support safe working during COVID-19. The Trust is currently working towards an aspiration that all BAME staff will have a completed risk assessment, to date, this has been achieved for over 95% of this staff group. This has enabled us to support employees safe return to work, where appropriate, either in temporary new roles which allow for better social distancing or back to their current roles with safety measures put in place.

GMMH have recognized the support required in engaging our BAME community service users and carers during the pandemic particularly recognising the anxiety associated with the increased risk of COVID. Via communication and engagement with primary care, we have identified those most vulnerable and used the robust monitoring of engagement to prioritize contact and assurance through the use of talking therapies and PPE adherence. GMMH are more recently engaged with the MHCC Strategic Director to support the Manchester system in 'Long COVID' activities which will support people whose mental health has been affected during this pandemic and engage with local services.

Making Our Environments Safe - In partnership with health and safety trade union colleagues the Trust has developed a standard environmental risk assessment for services to complete. 100% of Trust buildings have been reviewed and environmental risk assessments developed. This has enabled us to categorise all our buildings as "Covid Safe" and therefore lead to a more supportive conversation to support those who will need to return to work, including those workers who were classed as vulnerable.

3.5 Business Support

Daily National and Local SitRep Reporting - The introduction of a national daily SitRep for mental health and specialist services necessitated the implementation of a new information collection system at pace. The development and implementation of an electronic data collection and reporting system now allows the presentation of live data through the use of tableau.

Phase 3 Planning - On 31st July 2020, national guidance on the requirements for the Phase 3 planning process was issued detailing the actions required for completion of the plan and submission of required templates. This guidance was shortly followed by specific mental health guidance "Implementing phase 3 of the NHS response to the COVID-19 pandemic" outlining further requirements for mental health, including completion of bespoke mental health planning templates. The NHS priority for mental health in 20/21 is the rapid expansion of services in line with the ambitions outlined in the 'Mental Health Implementation Plan 2019/20-20/23/24'. Therefore all ambitions previously stated in the NHS Long Term Plan for mental health still stand and systems are being asked to strive to

achieve the LTP plans for 20/21 whilst embedding the beneficial changes in response to Covid-19. The Phase 3 mental health planning guidance aims to ensure all parts of the system work to achieve this. All submissions have been system led and in line with the above timetable the plan was submitted to NHSE/I on 21st September 2020. As a system led process, the submissions have been collated on a GM level and information has involved cross cell working and provider and commissioner collaboration.

Estates and Capital Developments - In line with the required NHSE/I recovery planning timetable, GMMH prepared capital bids to the value of £2.7m to support living with Covid-19. The capital bids included:

- Dormitory provision:
  - Permanent changes to the dormitories at Laureate House (£400k)
  - Temporary changes at Park House to address the 4 bedded bays (£250k)
- Permanent refurbishment of 5 Urgent Care Centres in Bolton, Salford, North Manchester, Central Manchester and South Manchester (£1.25m)
- Digital developments to build resilience and support agile working and non-face to face contacts. (£800)

These bids have been approved by the GM Community Coordination Cell and by NHSE/I.

Digital – The GMMH IM&T Team were a crucial support to clinical services establishing alternative methods for services to continue during the lockdown period. GMMH has been seen as a trailblazer for successful roll out of MS Teams across the whole organisation at pace and the IM&T team continuing to support staff and services with digital solutions. In addition the team have Commenced engagement with Manchester and Salford CMHTs to support the rollout of MaST, which is a digital, managerial and supervision tool which supports clinicians in the management of their caseloads and prioritisation of contacts.

4.0 Demand and Capacity Planning

In response to the pandemic, GMMH was involved in the Mental Health Capacity Plan for Greater Manchester that was developed using high level assumptions for demand and capacity taking in to account the following information:

- Emerging information on likely demand which has been modelled and will be tracked and refined
- Current national Infection Prevention and Control guidance on distancing, the impact on capacity and inpatient occupancy
- Emerging service user and staff feedback on their experience and outcomes during the covid-response period

This capacity planning has used assumptions that will continue to be amended in line with national guidance and local assessment. In relation to this, financial information continues to be refined as greater understanding of the demand and capacity across GM is acquired.

4.1 Demand and Capacity Modelling Assumptions

Suppressed Demand - During the lockdown period there was a reduction in the referrals received into community based services that was potentially a consequence of reduced

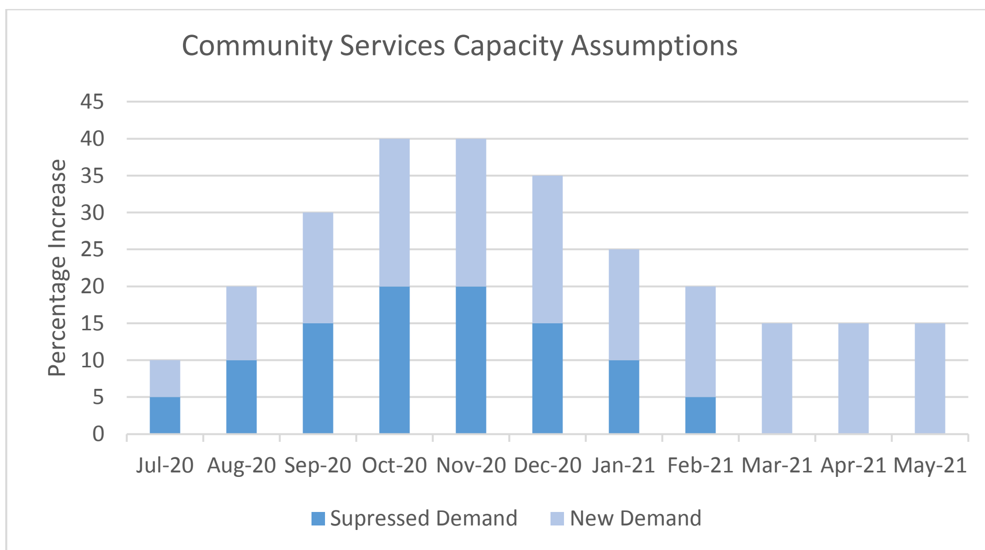
access to General Practice. GMMH has taken the assumption that this suppressed demand will return from July as General Practice returns to more usual functioning.

New Demand – It was anticipated and we are seeing an increase in demand on Mental Health Services for existing and new services users – exacerbation and new presentation, of trauma, psychosis, anxiety, depression, addiction, bereavement, safeguarding and crisis presentations.

The combined impact of the Suppressed and New Demand is forecast to peak this autumn before stabilising in early 2021 with a predicted 15% overall increase in demand on services.

Chart 2 below provides a summary of the assumptions of how the suppressed and new demand would impact on GMMH services.

Chart 2 – Community Services Capacity Assumptions



4.2 Inpatient Capacity Planning

Planning for inpatient services took into account the potential double impact of both a surge in demand (requiring additional bed capacity) coupled with a reduced bed capacity through providing environments that enable suitable social distancing. This is summarised in table 2 below.

Table 2 GMMH Bed Base Planning

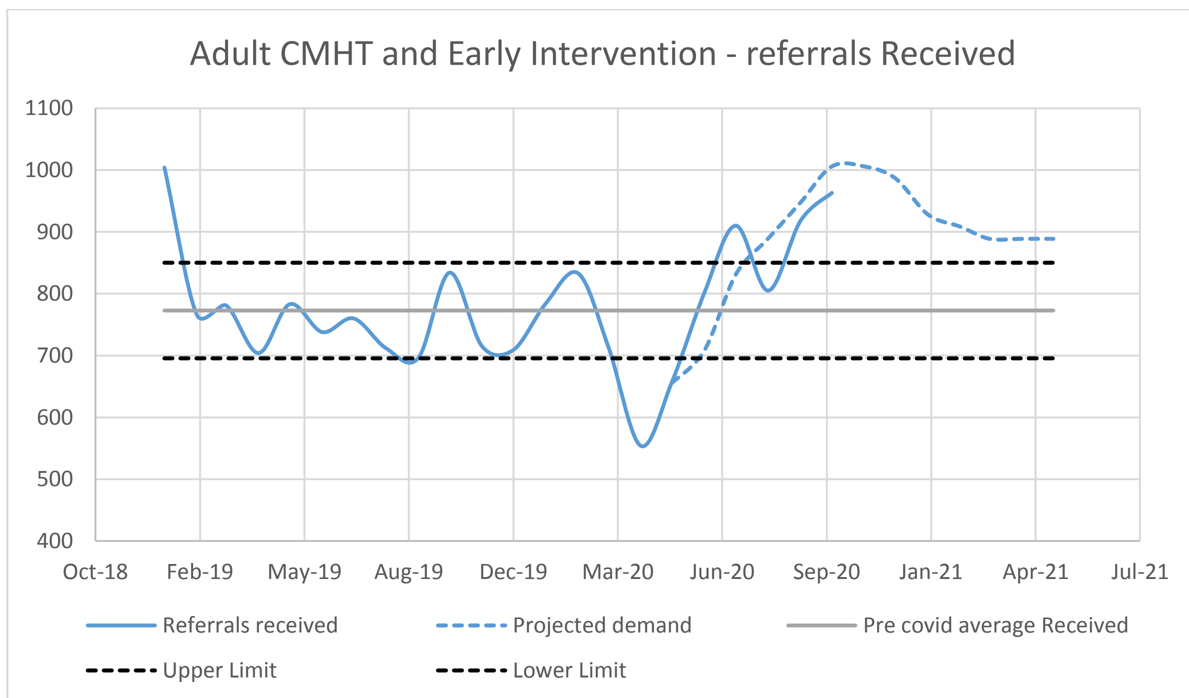
Service	% Bed base reduction to support social distancing	% Predicted Surge in Admissions
Adult Acute	5%	10%
PICU	5%	10%
Older Adult	15%	5%
Rehabilitation	0%	5%

4.3 Community Activity

Across GMMH the supressed demand upon community services was experienced. Chart 3 below provides a representation of the referrals to the Manchester CMHTs and Early Intervention Teams demonstrates the supressed demand with the pronounced dip in referrals between March and May where there were approximately 350 fewer people referred to the service than the baseline average. Since June 2020, and as predicted, this trend has reversed with an additional 500 people being referred into Adult community and Early Intervention services above the baseline average.

While it is not possible to accurately split which referrals are covid supressed and new demand, it is apparent demand is currently approximately 30% above the baseline average for the city. This is demonstrate din chart 3 below.

Chart 3 – Manchester Adult Community Mental Health Team's (CMHT) and Early Intervention

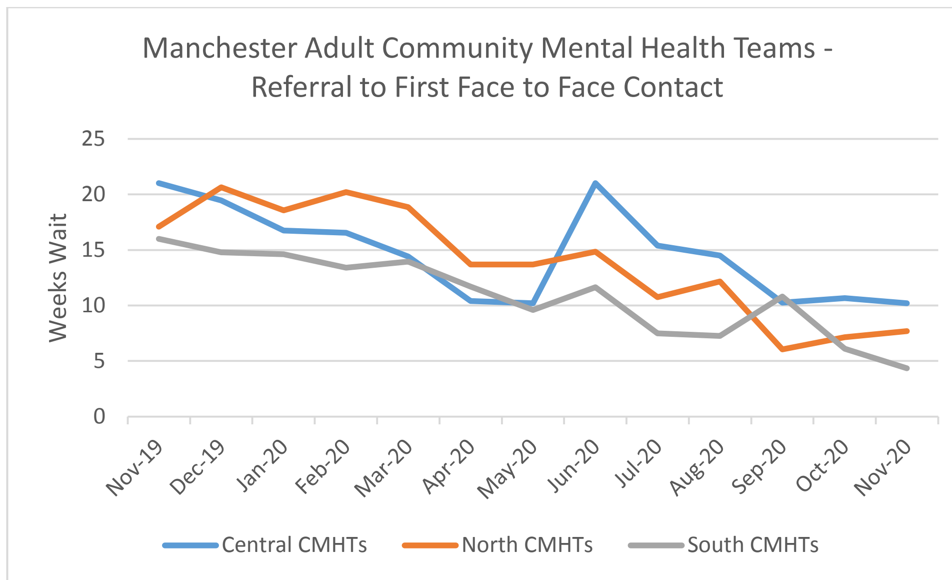


Throughout the pandemic, a continued emphasis across the Manchester services has been to retain contact with service users to support them through this difficult time and provide a timely response to new referrals.

Chart 4 summarises the reduced average waiting times from referral to first appointment. While it is recognised that there remains progress to be made, it is noted that this is a significantly improved position that has been sustained from November 2019 and throughout the period of the pandemic.

The chart below does not include virtual assessments, that has been the choice of some service users, and would again improve the position further.

Chart 4 – Reduced Waiting time (weeks)



Delivering a blended model of Face 2 Face vs Virtual contacts has enabled services to identify efficiencies in their services with reduced car travelling time between visits etc and a focus on caseload support during this period.

4.4 Digital Approaches

Fundamental to GMMH's community offer has been the capacity to implement innovative approaches to engaging service users through non face to face contact. A combination of approaches is now used via MS Teams, telephone to engage service users in a therapeutic contact. This approach has helped protect service users and GMMH staff from COVID-19 cross infection while also increasing contact opportunities and in October an average of 81% of service users had a contact within 4 weeks and 88% within 6 weeks for all Manchester Community teams. This new approach to working has been a practical response to a crisis and currently 50% of known service users are seen via a face to face contact and 50% virtually though with flexibility to escalate face to face contact if this is clinically indicated.

4.5 Crisis Response

With the GMMH Covid-19 response has been the development of a specific approach for Manchester this has included:

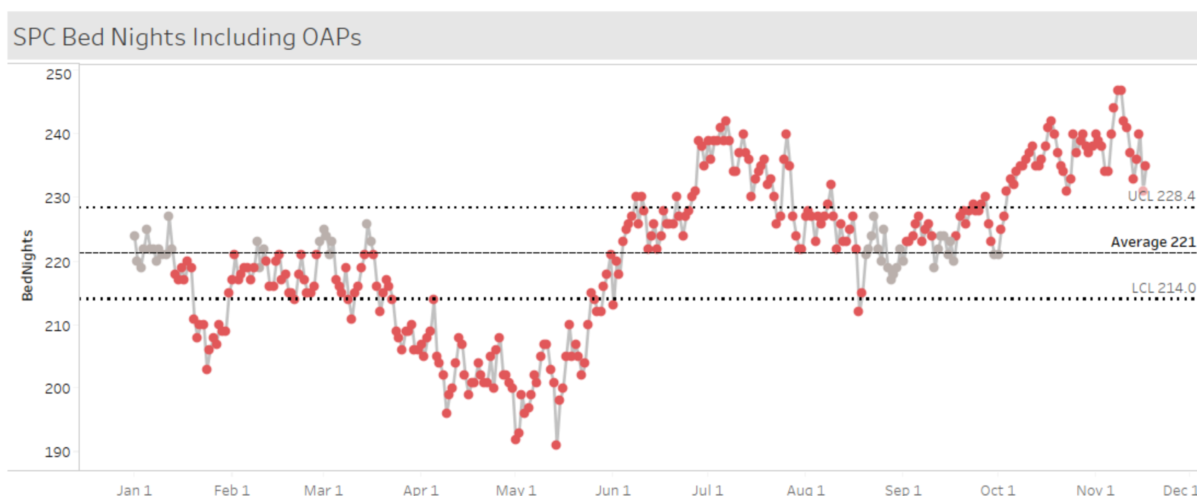
- An extended 24/7 helpline for known and unknown services, carers and their family's where people experiencing a mental health crisis can receive expert help instantly and advice and we can intervene to prevent their crisis escalation.
- Streaming people away from Accident and Emergency Departments whom are experiencing a primarily mental health crisis and offer real alternatives by funding or collaborating on alternatives to A&E attendance
- Planned Crisis Café's - Number 93 as an alternative to hospital admission and provisionally due to open before Christmas.
- Plans to increase the CORE fidelity and the out hours offer for GMMH Home Based Treatment Teams.

- A strengthened resilience in our emergency and urgent care pathway/infrastructure to stand up services in the context of this second wave of the COVID 19 infection working together to protect our staff and our patients.
- Standardise GMMH emergency and urgent care offer to service user and their families in mental health crisis using best practice guidelines and adhering to the NHS (LTP).
- Promote hospital admission as being the absolute last resort and support increase in mental health demand and admission for those in the greatest need.
- Engaged with GMP to share directories for crisis alternatives for their workforce to signpost the public to appropriate voluntary and third sector agencies.

4.6 Inpatient Admission

Mirroring the demand across community services, at the point of the initial lockdown in March, there was a notable reduction in demand for inpatient admission. This was reflected across both the Manchester and wider GMMH bed base. This, coupled with the covid suppressed demand within the community services was cause for concern as it indicated that there were vulnerable service users who previously had been accessing services. Chart 5 demonstrates this reduction in bed demand between March and May though also demonstrates the increase in demand that was experienced towards the end of the lockdown period that rose sharply over the summer months and has risen during the autumn to a peak in November.

Chart 5 – Manchester Adult Acute and PICU Inpatient Admissions



As part of the Phase 3 capacity planning, GMMH predicted a 10% surge in inpatient demand and developed a plan to meet the increase in activity. This plan centred on:

- Reducing delayed transfer of care – working with partners to identify alternative placements and reduce demand on inpatient wards.
- Enhance the community provision – providing crisis alternatives and support as an alternative to hospital admission, thereby reducing length of stay.
- Safely increase bed capacity through robust infection prevention and control measures and environmental/practice changes that optimised the bed base.
- Further independent sector capacity to support the reduced bed base and surge in demand.

4.7 Student Mental Health

The service went operational on 30 September 2019 and has provided a comprehensive mental health service to 428 students (as at 30.10.20). The students referred to the service present with complex mental health needs often with ongoing risks. Common themes within the students include histories of neglect and abuse through childhood and adulthood, drug/alcohol misuse, severe mental illness e.g. Bipolar Disorder and psychosis, and current self-harm/suicidal ideation. They are frequently exhibiting symptoms associated with complex trauma presentations including difficulties with attachments and emotional regulation. A significant proportion have an existing diagnosis of Emotionally Unstable Personality Disorder (EUPD) or have traits of this.

Since September, the service has noted an increase in referrals to this team following the specific student lockdown and needed to increase capacity using resource from alternative teams to continue to see new referrals in a timely manner.

4.8 Winter Planning

GMMH has developed a comprehensive winter plan that details the systems in place to ensure business continuity and the operational arrangements in place to support these. It ensures that the interface and communication with partner organisations remains active and supportive, and describes how GMMH can support the wider system at times of pressure and the actions that will be taken when both GMMH and partner systems are facing significant challenge. The main emphasis of the winter plan is upon the following areas:

Governance and on call structures - the systems and structures that enable escalation to support local decision-making, provide senior leadership, address any concerns and ensure business continuity plans are enacted when required.

Emergency Planning - GMMH as a mental health provider, has plans and responds to, a wide range of incidents and emergencies that could affect health or patient care. These range from extreme weather conditions, a major transport accident or most recently the COVID-19 Pandemic which has required an emergency response.

Maintaining capacity and patient flow – This addresses all aspects of care that support service users moving through the services and prevent bottlenecks and blockages in any one part of the system. This is crucial in maintaining steady flow across all parts of the system.

Supporting people in mental health crisis – It is essential for GMMH to provide a timely response to people in crisis over a 24-hour period. Our section 136 facilities, Mental health Liaison Teams, Home Based Treatment Teams and Urgent care centres are all developed to respond to this broad range of need, and often in the most challenging of circumstances.

GMMH Systems engagement – The table below summarises the Manchester and Trafford Network local system engagement.

Meeting/Conference Call	Frequency	GMMH Representative
Operational Delivery Group Meeting.	Monthly	Strategic Lead for Urgent Care & North Manchester Division Head of Operations.
Manchester/Trafford Community Cell/COG	3 x Weekly	Executive Director of Operations.
Manchester COVID 19 Public Health Response Group.	Weekly	Central Manchester Head of Operations.

5.0 Ongoing Work

As part of the GMMH continued repsonse to the pandemic four areas are currently under particular focus in our preparations to support service users and our workforce:

5.1 Infection Prevention and Control (IPC)

With the onset of the pandemic, the GMMH IPC team implemented a 7 day per week service with on call capacity to deal with escalating cases of COVID-19 across services, monitoring outbreaks and reporting directly into the GMMH Gold Command. COVID-19 safe occupancy assessments have been completed by the IPC team across all inpatient and community sites.

The Trust continues to issue new IPC guidance and iterate existing guidance as National policy and regional planning evolves. This includes:

- Covid19 Admission Discharge Transfer guidance
- Covid19 Removal from Isolation guidance
- Covid19 Safe driving for Community Staff
- Clinically extremely vulnerable people
- GMMH Test, Track & Trace Procedure

All Covid-19 outbreaks are externally reported through the Greater Manchester Single Point of Contact route and daily sitrep reports are provided by the IPC team. GMMH also completes statutory reporting to NHS England on a daily basis detailing all inpatients with confirmed Covid-19 and staff absent from work through infection.

5.2 Vaccination

With progression towards a COVID-19 vaccination, GMMH is developing plans to deliver the vaccine in early December across all staff groups. In most circumstances service users will receive the vaccine via their GP, and as such this will not be provided through GMMH though in some circumstances, if indicated, the vaccine will be admisnistered to inpatients.

5.3 Lateral Flow Testing

GMMH is currently in the process of planning the roll out of Lateral Antigen Testing (lateral flow testing) to help reduce the risk of infection. This is a programme across NHS organisations to track the spread of COVID-19. These are rapid turnaround tests that can process COVID-19 samples without the need for laboratory equipment, with most generating results in under half an hour.

6.0 Recommendations

This paper has summarised the actions taken by GMMH from January 2020 when it was becoming apparent that the COVID-19 Pandemic was a worldwide virus that would affect the delivery of services and the ongoing actions being taken by the organisation to strengthen our offer to service users and build resilient systems for the future. The Overview and Scrutiny Committee is asked to consider the report and advise on the following:

1. Do the steps taken by GMMH support the strategic objectives of the City Council to address local need throughout the pandemic; and

2. Any further information required.

Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 1 December 2020

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Scrutiny Support Officer
Telephone: 0161 234 3376
E-mail: l.walker@manchester.gov.uk

Background document (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

There are currently no recommendations outstanding.

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **20 November 2020,** containing details of the decisions under the Committee’s remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

Decision title	What is the decision?	Decision maker	Planned date of decision	Documents to be considered	Contact officer details
Carers Strategy (2019/08/22A)	Allocation of Our Manchester Funding to support the Our Manchester Carers Strategy over a period of two years.	Executive	16 October 2019	Report to the Executive	Zoe Robertson z.robertson@manchester.gov.uk

Subject **Care Quality Commission (CQC) Reports**
Contact Officers Lee Walker, Scrutiny Support Unit
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

There are no updates to report since the Committee last met.

Health Scrutiny Committee
Work Programme – December 2020

Tuesday 1 December 2020, 2pm (Report deadline Thursday 19 November 2020)				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
COVID-19 Update	This report will provide an update to the Committee on activity relating public health and adult social care in response to COVID-19.	Cllr Craig	David Regan Bernadette Enright	
Urgent Emergency Care (UEC) by Appointment	The report will provide an update on the work undertaken by Manchester Health and Care Commissioning (MHCC), Trafford CCG (TCCG) and Manchester University Hospitals NHS Foundation Trust (MFT) who are working together with other key partners to develop a system-wide urgent emergency care programme.	Cllr Craig	Nick Gomm Sian Goodwin (MHCC)	
Mental Health Service and COVID-19	To receive a report that provides information on how Mental Health Services in Manchester had responded to COVID-19. Noting the significant impact COVID-19 would have on people's mental health the report is asked to describe the longer term plans and strategies.	Cllr Craig	Neil Thwaite Nick Gomm	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.			

Tuesday 12 January 2021, 2pm (Report deadline Wednesday 30 December 2020) Please note deadline due to Bank Holiday				
Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget proposals 2021/22 – update	The Committee will consider refreshed budget proposals following consideration of the original Officer proposals at its November 2020 meeting and the consideration of these proposals and comments by Scrutiny by the Executive at its meeting in November 2020.	Cllr Craig	David Regan Bernadette Enright	
COVID-19 Update	This report will provide an update to the Committee on activity relating public health and adult social care in response to COVID-19.	Cllr Craig	David Regan Bernadette Enright	
Overview Report				

Items to be Scheduled				
Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Care Workers and the Care Sector	To receive a report on the work undertaken to improve wages and conditions within the care sector.	Cllr Craig	Bernadette Enright	
Addressing Health Inequalities	Noting the disproportionate impact that COVID-19 had on BAME citizens, vulnerable residents and areas of socio-economic deprivation, to receive a report on the work undertaken to address these health inequalities. This report is to include an update of the work of the Neighbourhood Teams.	Cllr Craig	David Regan / Bernadette Enright / Nick Gomm	

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