Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 23 June 2020

Subject: NHS Overview

Report of: Manchester Health and Care Commissioning

Summary

This report provides an overview of how the NHS has responded to, and is recovering from, the impact of Covid19.

Recommendations

The Committee is asked to note this report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
The impact of the response to Covid19 on environmental matters is yet to be fully evaluated.

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	Preventing ill health, and improving the health and wellbeing, of Manchester residents is a key element of the city's Our Manchester Strategy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: Nick Gomm
Position: Director of Corporate Affairs
Telephone: 0161 213 1687
E-mail: n.gomm@nhs.net

Background documents (available for public inspection):

None

1.0 Background / Introduction

1.1 In January 2020 a novel coronavirus was identified following a cluster of pneumonia cases the previous month in the Chinese city of Wuhan. The illness associated with the virus is called Coronavirus Disease 2019 (COVID-19). On 12 February, the first case of COVID 19 was reported in the United Kingdom.

1.2 As a result NHS England and NHS Improvement (NHS E/I) declared a level 4 incident – meaning that the response is co-ordinated at a national level. They established an Incident Management Team (National), with an operational Incident Coordination Centre 7 days a week, working closely with the Department of Health and Social Care (DHSC), Public Health England (PHE) and other government departments. All NHS Regions were asked to establish an operational COVID19 Incident Coordination Centre to the same hours, as were local NHS organisations.

2.0 National/regional requirements

2.1 Local organisations' Incident Co-ordination Centres have received over 600 items of NHS-specific policy, guidance, information, and assurance requests for local action or noting.

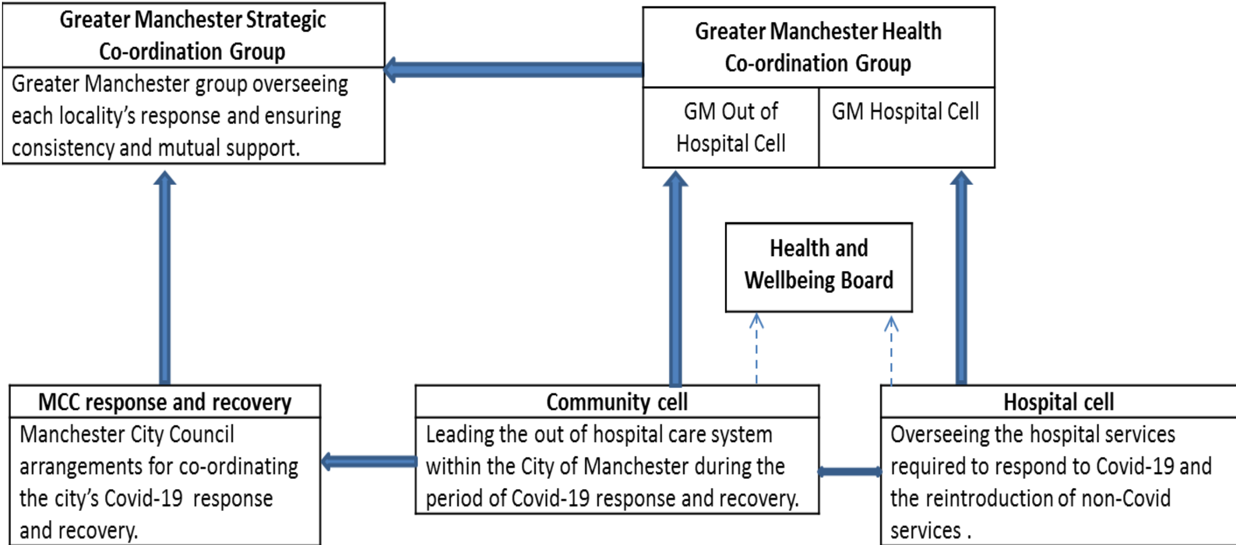
2.2 In addition, NHS organisations have received a number of letters from NHSE/I leaders which have described the required actions for the following phase of the response. These have set the context for the local planning and delivery of health services and include:

- On 2 March, a letter was received which described the organisational arrangements required for the initial response;
- On 17 March, a letter was received describing the next steps of the NHS response with specific asks to:
    - Free up the maximum possible patient and critical care capacity
    - Prepare for, and respond to, the anticipated large numbers of Covid-19 patients who will need respiratory support.
    - Support staff, and maximise their availability
    - Play a full part in the wider population measures announced by the Government
    - Remove 'burdens', so as to facilitate the above
- On 29 April, a letter was received describing the next phase of the response, including the re-establishment of urgent non-Covid19 services.

2.3 In order to respond to these requirements in a planned way across English regions, Hospital and Community cells have been established.

3.0 Local Arrangements

3.1 In Manchester, and across Greater Manchester, Community cells have been established. These work with Hospital Cells and link in with the wider response and recovery work being led by local authorities. The current governance structure is depicted below.



3.2 The Community Cell in Manchester oversees health, public health and social care and has had an initial focus on three workstreams:

- Covid-19 response – led by the Director of Population Health and co-ordinating the health and care tactical response, linking with other areas and sectors in the city.
- Care homes / homecare – led by MLCO and focusing on care homes and homecare in the city, including planning of the capacity required in the future.
- System capacity planning – led by MHCC and assessing the short and medium term capacity and resources required across the health and care system.

It has also been decided to develop some joint programmes of work with Trafford Local care Organisation, Trafford CCG and Trafford council. These are yet to be fully scoped out but cover:

- Urgent Care;
- Outpatients; and
- Care Homes.

4.0 Current financial arrangements

4.1 In common with the overall 'command and control' aspect of the NHSE/I national response, local financial restrictions have been introduced. They stated in March:

As normal financial arrangements have been suspended, no new revenue business investments should be entered into unless related to Covid-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Where costs have already been committed or contractual commitments entered into, providers should agree an approach with NHSE/I as above.

4.2 In Manchester, we have integrated arrangements for managing health, public health and social care budgets in the city. During the Covid-19 response, MHCC's Chief Finance Office has been working with the City Treasurer and MLCO's Finance Director to ensure that funding flows to those parts of the system which require it, and to manage the financial implications of recent hospital discharges in the context of suspended eligibility assessment frameworks. National guidance currently dictates that investments can only be made if they are directly linked to Covid19 response / recovery, or improve the quality and safety of services.

5. Health service provision during the pandemic

5.1 As described above, there has been a national requirement to focus on providing health services which address the Covid-19 pandemic since March.

5.2 As a result of this refocusing of local services, many NHS staff have been redeployed into new roles in exiting services to support Manchester's response. In addition, a wide range of new services have been set up in the city including NHS Nightingale North West, a number of Covid19 testing services and centres, and GP services for care homes. Throughout the last few months, NHS staff have shown their dedication and flexibility, going above and beyond to make sure that health services in the city are as high quality and effective as possible.

5.3 Some key services such as core district nursing, end of life care, crisis response, home IV therapy and others have continued (although their focus may have changed during the epidemic).However, some non-critical services have been stopped so that staff can be redeployed and key services strengthened during the pandemic. Other services have been partially stopped where non critical elements of work have been stopped but other elements of the service may change to a non-patient or child contact basis (eg telephone calls rather than face to face visits). Hospital services have been similarly affected with non-urgent, and non-Covid19-related, services paused.

5.4 During May and June, a number of services have now come back on line. This is an ongoing process dictated by patient/resident need and the practicalities of re-establishing services in a safe way, meeting robust infection control requirements.

5.5 GP practices have remained open throughout this period of time but with alternative ways for local people to access care. These have included new digital methods as well as more traditional phone consultations and some face to face activity.

5.6 As the Covid-19 response continues, and the system re-establishes and refines services, there is a need for us to ensure that local people are kept aware of what services are available to them to support their health and wellbeing. To enable this, there will be a strong health and care element of the broader 'Welcome Back Manchester' campaign. This is currently being developed.

6. Monitoring the impact of Covid-19

6.1 As would be expected, all health and care organisations are monitoring the impact of Covid-19 on the local population, their staff and their services. The capacity and types of services required in the medium and long term is also being informed through data modelling and engagement with health and social care providers.

6.2 National data from sources such as the Office of National Statistics (ONS) provide a useful overview of the population impact, including the number of deaths experienced as a result of the disease. Each week the Community Cell receives a report from the Health intelligence team summarising this. The most recent available figures are below. All figures refer to deaths among people usually resident in Manchester and are based on any mention of COVID-19 on the death certificate.

- There were 70 deaths of Manchester residents registered in the week ending 5 June 2020 (Week 23). This was 11 deaths more than were registered in the previous week and is 22.8% (13 deaths) higher than the five-year average for the period 2014-208 (57 deaths). This increase is likely to be due to the Late May Bank Holiday, which occurred in Week 22.
- Of the deaths registered in Week 23, 9 mentioned "novel coronavirus (COVID-19)". This is the lowest number of deaths involving COVID-19 registered since the week ending 27 March and accounts for 12.9% of all deaths. The number of deaths involving COVID-19 in Week 23 is 4 deaths fewer than in Week 22 (13 deaths).
- In Week 23, the proportion of all deaths among Manchester residents that occurred in a care home decreased to 8.6% (from 11.9% in Week 22). In that same week, 7 out of the 9 registered deaths involving COVID-19 (77.7%) occurred in a hospital and just 2 occurred in a care home.
- There has also been a fall in the number of excess deaths occurring in Manchester, that is, the number of additional deaths that occur in an individual week over and above what might be expected based on the historic 5 year average (2014 to 2018). At its peak in Week 16 (week ending 17 April 2020), there were 90 excess deaths to Manchester residents. This means that the total number of deaths occurring (152) were 1.4 times (144%) higher than the historic 5-year average for that week (62). The latest data for Week 23 (week ending 5 June) shows that the number of deaths occurring (50) is now slightly lower than the historic 5 year average (57).

6.3 In addition to quantitative data, proactive engagement with local communities and the VCSE sector is carried out by the MHCC Engagement team and fed into planning fora. The weekly reports from this activity are available on request.

7. Understanding the impact on Black, Asian and Minority Ethnic (BAME) Communities

7.1 On 16 June, Public Health England (PHE) published a report containing a descriptive summary of stakeholder insights into the factors that may be influencing the impact of COVID-19 on BAME communities and strategies for addressing inequalities.

7.2 The following recommendations arise from a range of requests for action from stakeholders and point to the areas where commitment, focus, and delivery at scale could make a significant difference in improving the lives and experiences of BAME communities.

- Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.
- Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
- Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities incl. regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.
- Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee’s exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.
- Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of

interventions including contact tracing, antibody testing and ultimately vaccine availability.

- Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions incl. diabetes, hypertension and asthma.
- Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

These insights will inform and underpin local, regional and national plans as health and care systems continue to respond to, and plan for recovery from, the Covid19 pandemic.