

## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 8 September 2021

**Subject:** Health and Social Care Recovery

**Report of:** Ruth Bromley, Chair, Manchester Health and Care Commissioning

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### Summary

Part One of this report updates the Committee on the current recovery of health and social care services as part of the system's response to the COVID-19 (Covid) pandemic, with a specific focus on Manchester University NHS Foundation Trust (MFT). More detail on the wider system can be made available to the Committee at future meetings, if helpful. Part Two describes the broader strategic recovery plans of the health and social care system.

Part One. MFT continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. Safety is being prioritised across emergency, urgent and elective pathways and system-wide improvement programmes are in place to support recovery. It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures. Demand for Mental Health, Community and Primary Care services has also significantly increased and out of hospital services are under equal levels of pressure.

Part Two. COVID-19 (Covid) has had a much broader impact on the health and wellbeing on the people of Manchester. Some is evident now; some we can anticipate in the future; and some may yet emerge. The development of a strategic recovery framework captures the breadth of the health and social care system's response within the recovery phase. The framework covers four themes with associated outcomes metrics.

- The resumption of services to bring services back to their pre-pandemic levels.
- Addressing the disproportionate impact that Covid has had on some population groups, as well as addressing the long-term health inequalities that would have widened as a result of the pandemic.
- Meeting the new needs of our population because of Covid, including physical and mental health impacts.
- The broader contribution the health and social care sector can make to the wider City recovery.

It is important to note that there is an ongoing, significant response, to Covid as well as high levels of demand for urgent care services. There is an interdependency between

the level of demand within the system at a moment in time and implementation of recovery as it calls upon the same capacity and workforce.

A version of this report was also discussed at Health and Well Being Board on 1 September 2021.

## Recommendations

Scrutiny Committee are asked to note and comment on this report.

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<b>Our Manchester Strategy priority</b>	<b>Summary of contribution to the strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Parts One and Two of this paper outline how the health and social care system are managing the recovery from Covid and the broader strategic recovery, including links with these and other wider strategic objectives for the city set out in the 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	

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**Background documents (available for public inspection):** None listed.

## Part One: Recovery of health and social care services

### Manchester University NHS Foundation Trust

#### Introduction

1. This part of the briefing provides Health Scrutiny Committee with an overview of MFT's ongoing response to the Covid pandemic. The briefing outlines the current position in relation to Covid admission levels, 2021/22 activity and recovery plans, and highlights some of the key performance challenges currently facing the Trust.

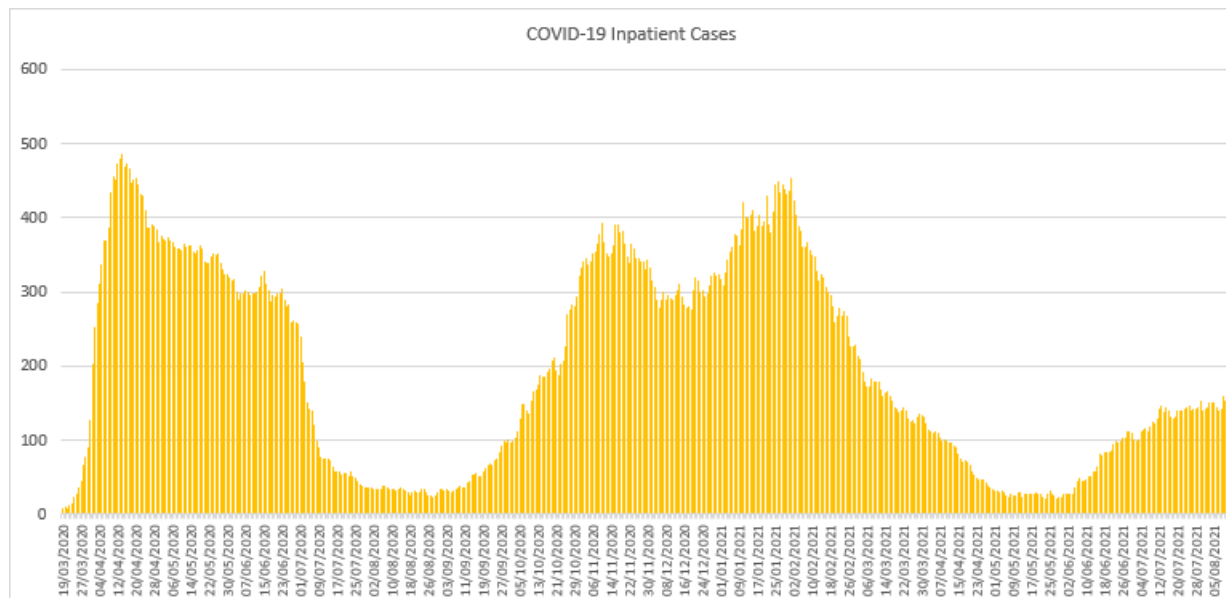
#### 2. Covid position

MFT had two peaks of Covid attendances during Quarter 1 (Q1) of 2021:

- The first peak occurred in the second week of January and saw 423 Covid attendances.
- A second rise in Covid attendances at the end of January resulted in a peak of 453 Covid patients occupying general and acute inpatient beds, with 64 patients in Critical Care beds (level 2/3).

3. Between February and May, there was a slow decline in inpatient and Critical Care beds occupied by Covid patients. Since June there has been an increasing incidence of the Delta variant of Covid in the community that has resulted in a sharp increase in Covid inpatient numbers at MFT. At 18th August MFT had 146 Covid inpatients and 27 patients in Critical Care

Table 1. MFT Covid inpatient cases (March 2020 to August 2021)



## **Continued Covid planning**

4. Throughout the pandemic, the Trust has embedded robust incident management, planning and delivery governance structures, led by the Group Directors and supported by the Hospitals and Managed Clinical Services Chief Executives and their teams.
5. Escalation plans continue into Q2 of 2021/22 which has resulted in a sustained impact on the Trust's recovery workstreams and performance against national standards. In line with national guidance, patients are being scheduled for elective treatment, according to their clinical priority.
6. The recent increase in Covid patients requiring inpatient and Critical Care support has required the Trust to respond in an agile way to balance the provision of care to Covid and non-Covid patients. Sickness absence has been consistently higher than pre-pandemic levels, leading to workforce challenges in delivering front-line services.
7. Notwithstanding this increase in Covid demand across the organisation, operational efforts continue with the resumption and retention of services, including maximising the utilisation of outpatient and theatre capacity across sites and the use of the Independent Sector.

## **Impact of Covid on Long Waits**

8. The continued prevalence of Covid, and the need to stand down elective activity for significant periods since March 2020 has had a profound impact on the shape and size of the waiting list at MFT. The overall waiting list size at the end of June 2021 was 141,545 with 14,706 patients waiting over 52 weeks.

## **Recovery Planning**

9. A permanent shift in operating models across MFT and the wider Greater Manchester system (GM) is now required to respond and recover from Covid. This will entail significant demands in terms of staff engagement and leadership capacity. Working collaboratively with other GM Healthcare provider organisations, MFT supported the development and submission of elective recovery plans for the first half of 2021/22. Plans set out the GM ambition for elective recovery, including details of how collectively GM would start to address the overall waiting lists and take the opportunity to transform service delivery in the process.
10. To progress restoration of elective care, a GM Task and Finish Group has been established, reporting into the GM Elective Recovery and Reform Programme Board. The Recovery Task and Finish Group, chaired by Professor Jane Eddleston, has oversight of seven clinical priority workstreams, agreed by GM Medical Directors.

11. A Clinical Reference Group (CRG) has been established for each clinical priority, chaired by a GM Medical Director and including clinical representation from across the care pathway as well as commissioning representation. The focus of each CRG is to maximise restoration of activity and identify and implement opportunities to transform delivery.
12. Internally, MFT continues to develop its approach to general recovery through an overarching Group recovery plan that is underpinned by a robust set of implementation plans. Key priorities for the immediate period include:
  - Continue staff vaccinations, focused on hard-to-reach groups.
  - Maintain asymptomatic staff testing.
  - Support for staff health & wellbeing.
  - Develop workforce resilience and sustainability.
  - Maximising elective utilisation, improving flow and facilitating safe and effective discharge.
  - Urgent and Emergency Care – working with system partners (Manchester and Trafford), continue to implement a joint improvement plan.
  - Out-patients – working with system partners (Manchester and Trafford), continue to implement a joint improvement plan.
  - Establish Long Covid services.
  - Maintain dialogue with local commissioners, GM and region to ensure alignment between MFT and wider system priorities.

### **Progress on Recovery Workstreams**

13. The Trust's Recovery and Resilience Board (RRB) drives the recovery programme at an operational level with focus on 3 priority programmes in line with national, regional and local priorities - urgent care and flow, elective surgery and outpatients. The urgent care and outpatients' programmes are jointly delivered across the Manchester and Trafford system – a summary of the high level deliverables are summaries below.

### **Urgent Care and Flow**

14. Since mid-February 2021, MFT's Emergency Departments have encountered significant pressures in the following areas:
  - Restricted flow due to infection, prevention and control (IPC) requirements.
  - Workforce challenges.
  - High levels of variation in day to day attendances.
  - Paediatrics - all acuity levels.
  - Adult Minor injury / illness (self-presenters).
  - Mental Health presentations.

15. As a result of high demand and the continued need to split estate and flow to meet IPC requirements the number of breaches to the 4 hour A&E standard has been significantly high across all sites. Actions plans to address, include:
- Working with system partners to promote redirection at streaming stage.
  - Continued development of Same Day Emergency Care capacity across sites.
  - Further promotion of NHS 111 Urgent Care by appointment.
  - Care and management of mental health patients presenting in conjunction with Mental health services.
  - Further integrated work with system partners to support discharge processes and timely transfers of patients.
  - Review of workforce capacity and out of hours presence (medical and nursing).

### **Outpatients**

16. The prolonged impact of Covid in Q4 of 2020/2021 and Q1 of 2021/22 has had a significant impact on delivery against outpatient activity plans across most of the MFT hospital sites. Whilst occupancy levels of Covid inpatients started to decline in late March and early April, social distancing requirements remained in place and staff continued to be redeployed.
17. The proportion of activity that was delivered virtually across MFT during Q1 of 2021/22 was c.30% with consistent delivery of over 5% of consultations undertaken via video. MFT regularly exceeded or met the NHSE / I target of 25% of all outpatient activity to be undertaken virtually. The level of virtual activity has remained steady but as a percentage has reduced from Q4 (where levels were c35%) due to an increase in face to face activity from April onwards.
18. Hospitals continue to work on delivery of actions plans to implement further service improvements, supported by transformation expertise to ensure best practice is embedded. The Trust is rolling out virtual triage to ensure that every patient get to the right place, first time and advice and guidance is utilised where appropriate. Patient Initiated Follow-up (PIFU) plans will enable patients with suitable conditions to manage their condition better without the need to attend routine follow-up where this is not required. This will also help prepare the organisation and patient groups for the introduction of a patient portal available within Hive, the new electronic patient record system.

### **Performance (note: North Manchester General Hospital is included within performance data from 1st April 2021)**

19. **Urgent Care:**
- Safety within the Emergency Departments remains the key priority for the organisation.

- Attendance levels and acuity of patients presenting, coupled with limitations on bed capacity due to flow restrictions, have impacted on performance in Q1 & Q2.
- Long waits have been experienced at times of pressure however, no patient harms have been reported.

4 Hour Performance	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August	Q2
MFT 21/22 %	81.07	77.40	76.10	75.95	79.96	82.41	78.87	75.73	72.93%	67.85	71.68*	68.59*
MFT GM Rank	2	2	3	3	4	3	3	6	3	3	2	4
GM %	76.30	74.70	74.30	75.30	79.43	79.97	79.43	78.04	73.65	67.89	73.37	
National %	84.42	83.84	80.28	78.51	83.92	86.14	85.40	83.70	81.30			

\* to 09/08/2021

## 20. Planned Care – Referral to Treatment (RTT) & 52 Weeks:

- The number of patients waiting >52 weeks increased throughout 2020/21, with an improved position being delivered in 2021/22 - 14,706 at the end of June 2021.
- MFT continue to treat the most clinically urgent patients, and the longest waiters are prioritised for treatment through elective surgical committee processes.
- The total number of patients on an open referral to treatment pathway is 141,545.

		Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
MFT	Wait List	106,438	106,706	109,452	111,006	113,659	115,222	142,231	137,393	141,545
	52 Weeks	5,946	7,100	8,443	10,602	12,999	13,820	16,882	15,755	14,706
	% of W/L >52 weeks	5.6%	6.7%	7.7%	9.6%	11.4%	12.0%	11.86%	11.47%	10.39%
National position	Wait list *Million	4.44	4.21	4.28	4.31	4.42	4.67	4.73	4.99	
	52 Weeks	162,888	186,310	215,641	288,160	366,194	269,953	367,142	321,317	
	% of W/L >52 weeks	3.7%	4.4%	5.0%	6.70%	8.3%	5.78%	7.76%	6.4%	

## 21. Diagnostics:

- The number of patients waiting for diagnostic tests has dropped by 405 between May and June to 26,275.
- 25.71% of patients had been waiting in excess of 6 weeks, against the national standard of 1%. The majority of breaches relate to 5 tests; MRI scans, colonoscopies, gastroscopies, CT scans and echocardiography.

DMO1 Breach rate	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Jun
MFT	32.70%	27.80%	26.30%	27.10%	23.35%	19.14%	25.81%	23.25%	25.71%
National	29.20%	27.50%	29.20%	33.30%	28.50%	24.30%	24.00%	22.30%	Not available

## 22. Cancer:

- Referrals for suspected cancer returned to at least pre-Covid levels across MFT sites by the end of 2020/2021. This positions has been sustained throughout 2021/22.
- Delivery against the 62-day referral to treatment standard has been challenged throughout the pandemic.
- In respect of 2 week waits, Wythenshawe, Trafford, Withington and Altrincham (WTWA) sites a considerable number of suspected breast and skin cancer patients that require face to face appointments. Social distancing requirements have impacted throughput and adversely affected performance in these areas. As the capacity to undertake face to face appointments has increased, performance has improved.
- Reducing the number of patients on a cancer pathway in excess of 104 days is a key priority for the Trust with good progress being made across all hospital sites to delivery improvement trajectories.

Cancer		Target	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
MFT	2WW %	93%	63.2	67.9	64.0	68.9	70.8	73.3	69.0	82.9	94.8	86.4	90.7	89.3
	31 Day %	96%	94.5	92.0	91.6	92.1	90.9	89.7	87.9	93.2	93.5	92.8	94.3	90.7
	62 Day %	85%	69.3	71.8	57.7	55.4	61.1	65.0	60.5	57.1	69.6	67.9	65.9	66.3

## 23. Health Inequalities

The Trust recognises the importance of ensuring that their recovery programme does not inadvertently widen health inequalities for the patients they look after. All improvement programmes have undertaken Equality Impact Assessments and as a result, actions are embedded in programme plans. A Health Inequalities Group has recently been established, led by one of the Trust's medical directors. The membership of this group is system wide and initial focus will be to forensically analyse information at a pathway level by ethnicity and deprivation.

### Conclusion

24. Health Scrutiny Committee members are asked to note that the Trust continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. Safety is being prioritised across emergency, urgent and elective pathways and system-wide improvement programmes are in place to support recovery. It is envisaged that progress will be



made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures.

## **Part Two: Wider System Providers (High Level Summary)**

### **Manchester Local Care Organisation (MLCO)**

25. Many MLCO services are reporting activity levels in excess of those seen before the pandemic. Operational teams in Manchester continue to deliver core services alongside a supportive response to the Covid Vaccination Programme. Covid related sickness and vacancy levels are having an impact on service delivery and are area of concern and focus for the leadership team.
26. A comprehensive recovery and reform programme has been established with eight priority projects: children, urgent care, opal house, alignment of management responsibilities, adult nursing, therapy services end of life and palliative care and community services stocktake.
27. Work continues on the development of the Integrated Neighbourhood Team hubs at Victoria Mill, Harpurhey District Office, Cheetham Hill, and Parkway Green House.
28. Significant work continues to be led by the MLCO is supporting hospital sites to ensure safe and effective discharges and improve flow. There are real challenges being experienced in the care home and homecare markets with three homecare providers currently in escalation due to staffing shortages. There are also a number of escalations in place across several care homes for different reasons including post CQC inspection, safeguarding alerts, and potential changes in ownership.
29. The key priority for Adult Social Care continues to be the delivery of the Better Outcomes, Better Lives transformation programme.

### **Greater Manchester Mental Health NHS Trust (GMMH)**

30. An update was taken to Health Scrutiny in July 2021.

### **Primary Care**

31. A separate item is being brought to Health Scrutiny at the September 2021 meeting.

## **Part Two: Strategic recovery framework**

32. Covid has had a much broader impact on the health and wellbeing on the people of Manchester. Some is evident now; some we can anticipate in the future; and some may yet emerge. The development of a strategic recovery framework

captures the breadth of the health and social care system's response within the recovery phase.

33. This is not to be managed as a single programme of work due to its scale and complexity. The framework serves as a basis that all parties work to and has been supported by the Manchester Partnership Board. The framework covers four themes, discussed below.
34. **Theme one** focusses on the resumption of services to bring services back to their pre-pandemic levels. This may incorporate improvements based upon learning from the pandemic period or the opportunity to transform whilst building back services. It focusses upon working through the backlog of delayed care. The detail of this is covered in the preceding section. This theme also focusses upon staff wellbeing. The recovery phase will place a significant demand upon the health and care workforce. This is the same workforce which has worked under significant pressure over the last 18 months and continues to do so in the response to Covid. This is now compounded by increased levels of urgent demand. This theme applies across the full health and care system including acute, community, mental health, primary care and public health services. Outcomes measures include waiting lists, access measures, staff wellbeing indicators, health checks and some of the process indicators of these.
35. **Theme two** focuses on addressing the disproportionate impact that Covid has had on some population groups, as well as addressing the long-term health inequalities that would have widened as a result of the pandemic. There is an emerging evidence base such as the GM Marmot report 'Build Back Fairer'<sup>1</sup> which sets out the profound impact Covid has had on Manchester and Greater Manchester. In addition, local work within the City is underway to build a greater understanding and to develop a series of outcome measures to track progress in closing health inequalities.
36. In addition to the impact on physical, mental and emotional health and wellbeing, the indirect effect of Covid on the social determinants of health has also had a greater impact on some communities and age groups than others. Financial, food and housing security are key concerns to be addressed as well as the delays and changes in access to preventative and health care services. The welcome move to more digital services whilst improving efficiency and access for some, makes the digital inclusion agenda ever more important for those who do not have access to, cannot afford, or are unable to use the technology. Social isolation, loneliness and feeling able to live life safely has also affected people disproportionately, particularly for older people and people that were shielding or clinically vulnerable.

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<sup>1</sup> <https://www.instituteoftheequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives>

37. The Population Health Recovery framework aims to address this through three pillars of activity;
- **Healthy People** – improving health, wellbeing and health behaviours by addressing the social determinants of health and enabling self-care for people within their context of their life circumstances
  - **Healthy Places** – creating the conditions for good health and wellbeing in the places where people live, work and play; and promoting community connectedness, power, voice and participation
  - **Health Equity** – giving marginalised communities what they need to achieve their best health including Communities that Experience Racial Inequality, Inclusion Health Groups and other groups that are marginalised or experience multiple and compounding inequalities.
38. **Theme three** focusses on meeting the new needs of our population because of Covid. These include physical and mental health impacts. It covers the direct impacts such as long Covid or impacts on mental health. It also covers the indirect impact of Covid, for instance the potential delay to diagnosis of acute or chronic conditions or the health impact of worklessness or social isolation. Outcome measures focus upon timeliness and quality of treatment of long Covid; support for wellbeing and social determinants; and indicators which demonstrate how quickly we are identifying and treating conditions in their early and/or moderate stages e.g. cancer, respiratory illness and diabetes.
39. **Theme four** looks more broadly at the contribution the health and social care sector can make to the wider City recovery. This sector is the largest in terms of employment, financial value and the number of contacts it has with the public on a daily basis. There is already significant activity in terms of employment opportunities, social value and services which support people into work. Services based in communities often take opportunities to address the root causes of ill health e.g. employment and social connectedness. The health sector also has an opportunity to bring in further income to the City through infrastructure projects such as Park House and North Manchester General Hospital site redevelopment and research income. Outcome measures will look at how the health sector increases local employment, business, fitness for work, place making and using large scale infrastructure investment as a means of driving the City's economy.
40. As described, Covid has had a disproportionate impact on certain communities. This has exacerbated pre-existing inequalities. We have undertaken engagement regarding this framework and will continue to undertake equality impact assessments on related work to ensure an inclusive recovery. The outcomes set out above are being developed into a reporting dashboard. These metrics will be analysed, where possible, by protected characteristic group and deprivation decile so we can identify and act upon any differential outcomes.

41. It is important to note that there is an ongoing, significant response, to Covid as well as high levels of demand for urgent care services. There is an interdependency between the level of demand within the system at a moment in time and implementation of recovery as it calls upon the same capacity and workforce.

### **Recommendations**

42. Health Scrutiny Committee members are asked to note and comment on this report.