

SIX DEGREES SOCIAL ENTERPRISE COMMUNITY MEMBERS NEWSLETTER



As we approach the end of 2024, on behalf of Six Degrees we'd like to thank you for all your support this year.

We wish you all the very best, hopefully it's a joyful and rested break, and look forward to working together in the new year.

All the very best,

Kelly and the Six Degrees Team

CELEBRATING OUR IMPACT IN THE COMMUNITY

Please take a moment to watch this film GM NHS have produced.

<https://www.youtube.com/watch?v=I90Dft4HekQ>

It features Mike Palmer of 3 Dads Walking, talking about the **incredible support** he received from our **Greater Manchester Bereavement Service** after his daughter sadly died by suicide.

We are very proud to have supported Mike and to continue to support the people of Greater Manchester.

#supportingourcommunity

We are proud to report the current average wait time for a Talking Therapies is 5 weeks!

This is fantastic as Darzi report identifies long waits for those in distress (see last page)



FEEDBACK RECEIVED

“ I have used Six Degrees, so have my children – it's an exceptional service - I must let you know!

I was seen in a timely manner and by a person. ”





GMBS continue to hold their **pop-up events** at House of Books and Friends. The event in December was held in Grief awareness week.

GMBS have received some powerful pieces of feedback over recent weeks which truly highlights to value and impact of the service.



I would like to say a massive thank you to Tammy from the bottom of my heart. I called up the bereavement helpline a few months back after hitting an absolute all time low I was at risk bottom when I picked the phone up that day and only a few months later I am in a better place both mentally and physically thanks to Tammy.

My mum passed away in 2017 after a hospital medical accident and watching my mum go through so much pain and suffering really messed me up, I was having flashbacks and reliving different scenarios constantly. with the added symptoms of guilt anger and sadness. I truly thought I had dealt with my mum's death. I was diagnosed with serious health conditions myself but was too scared of the hospital to get the help I needed if I didn't get the help I needed god knows where I would be now. It's all thanks Tammy and the service you offer that I did get that help.

My mum's death hit me like a ton of bricks worse than ever years later, feelings I suppressed after my mum's death hit me hard, 7 years later, Tammy made me realise that you can't put a time stamp on grief there is just coping mechanisms to deal with it.

Tammy stayed on the phone with me listened and encouraged and basically made me feel like I belonged again, Tammy spurred me on to get the help I needed that day. I wouldn't accept bereavement counselling at the time my mum died as I thought I could deal with it in my own way. if I knew then what I know now I would most definitely have taken bereavement support. I am so grateful the service you offer is not just for the recently bereaved. Tammy I would just like to say a massive thank you because of you I am now receiving the help I need mentally and physically which is enabling me to live my life again and realise that there is in fact life after death. I wasn't living before I spoke to you I was just existing.

Thank you so much Tammy. It's a fantastic service that you are offering.



It was Grief Awareness Week 2nd to 8th December. Greater Manchester Bereavement Service (GMBS) were approached by the University of Manchester to deliver some training on bereavement and suicide loss to staff at the university. Two members of the team delivered the training which focussed on key aspects of bereavement and suicide loss including feelings & emotions, ways of coping, and the impact of suicide. GMBS recognise that grief looks different for every individual, but that having a better understanding of bereavement and reducing the stigma around talking about loss can be really helpful for someone navigating their own journey of grief or supporting someone in a personal or work capacity. The training also included an overview of GMBS and an opportunity to speak to a practitioner in person for help or advice. 25 members of staff from the university attended and we received some lovely feedback.

Looking forward, the new government have commissioned Lord Darzi to conduct a health check of the NHS to inform the 10 year forward strategic plan for the NHS, here is a summary of the findings.

Darzi Investigation of the NHS in England



The investigation explores the challenges facing the NHS and sets the major themes for the forthcoming 10-year health plan

Context for the Independent Investigation of the National Health Service in England

- **The National Health Service is in serious trouble:** The NHS is a much-treasured public institution embedded into the national psyche but is now in critical condition and experiencing falling public confidence
- **The health of the nation is worse:** increasing long-term conditions and worsening mental health, leading to a spike in 2.8m long-term sick from 2m, while the public health grant reduced by 25% and the public health body has been split into two
- **This is not a reason to question the principles of the NHS or to blame management:** managers have been "keeping the show on the road" and there is a virtuous circle where the NHS can help people back to work and act as an engine for national prosperity

The challenges facing the NHS are interlinked...

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low



People struggle to see a GP despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction



Community waiting lists have soared to 1million including 50,00+ people who had been waiting >1 year - 80% being children and young people. 345k people are waiting more than a year for **Mental Health services**



A&E is in an awful state and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1 year

People receive high quality care if they access the right service at the right time, without health deteriorating



Cardiovascular mortality has rolled back as rapid access has deteriorated



Cancer mortality is higher in part due to minimal improvement in detecting cancer at stage I and II



Dementia has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

Funding has been misaligned to strategy, with increased expenditure in acute driven by poor productivity



Too great a share of funding is on hospitals, increasing from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could be discharged



The number of hospital staff has increased sharply, equal to a 17% since 2019, with 35% more working with adults and 75% more working with children



Patients no longer flow through hospitals properly leading to 7% fewer OP appts. per consultant, and 18% less activity for each clinician working in emergency

Four main drivers are identified...

It has been the most austere period in NHS history with revenue prioritised over capital



- 2010-2018 funding grew at 1% compared to long term average of 3.4%
- £4.3bn has been raided from capital budgets between 2014 and 2019
- £37bn shortfall of capital investment has deprived the system of funds for new hospitals, primary care, diagnostics or digital

The pandemic's legacy has been long-lasting on the health of the NHS and population



- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems
- NHS volume dropped more sharply than any other comparable health system, e.g. 69% UK drop vs OECD 20% in knee replacements

The voice of staff and patients is not loud enough as a vehicle to drive change



- Patients feel less empowered or secure and compensation claims stand at £3bn per year
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to one-month a year for each nurse or midwife
- Discretionary effort has fallen up to 15% for nursing staff since 2019

Management structures and systems have been subject to turbulence and are confused



- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- Framework of standards and financial incentives is no longer effective

Addressing these in the forthcoming 10-year health plan needs to include...

- **Re-engage staff and re-empower patients**, harnessing staff talent to deliver change and enabling patients to control their care
- **Change financial flows** to promote and sustain the expansion of GP, MH and Community services at a local level, embracing a multidisciplinary neighbourhood care team model that brings these services together
- **Improve productivity** in hospitals through improved operational management, capital investment and empowering staff
- Across the system, **tilt towards technology** through digital systems, especially for staff outside hospitals, and embracing the potential of AI for care and life sciences
- **Clarify roles and accountabilities** in NHS England and ICBs, rebalancing management resource with emphasis on the capacity to deliver plans, while avoiding top-down reorganisation
- **Direct effort** at aspects that will drive national prosperity by supporting people to get back to work, and working with British biopharmaceutical companies