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# AGENDA PAPERS MARKED 'TO FOLLOW' FOR

## JOINT HEALTH SCRUTINY COMMITTEE

**Date: Tuesday, 30 June 2015**

**Time: 6.30 pm**

**Place: Scrutiny Committee Room, Level 2, Town Hall Extension, Albert Square, Manchester M60 2LA**

| | **A G E N D A** | **PART I** | **Pages** |
|---|---|---|---|
| 8. | **UPDATE - NEW DEAL FOR TRAFFORD** | | 1 - 12 |

Representatives from Trafford CCG, CMFT, NHS England and UHSM will be in attendance to provide an update to the Joint Committee on progress.

**THERESA GRANT**
Chief Executive

Membership of the Committee

Councillors Mrs. A. Bruer-Morris, Ellison, J. Harding, J. Lloyd (Vice-Chairman), Newman (Chairman), Reid, Teubler, Mrs. V. Ward, Wilson and Mrs. P. Young.

Further Information
For help, advice and information about this meeting please contact:

Alexander Murray, Democratic and Scrutiny Officer
Tel: 0161 912 5542
Email: Alexander.Murray@trafford.gov.uk

**Joint Health Scrutiny Committee - Tuesday, 30 June 2015**

This agenda was issued on **Date Not Specified** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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**Trafford System Urgent Care Overview**
**June 2015**
**Quarter 4 Performance 2014/15**

## Performance of Acute Trusts

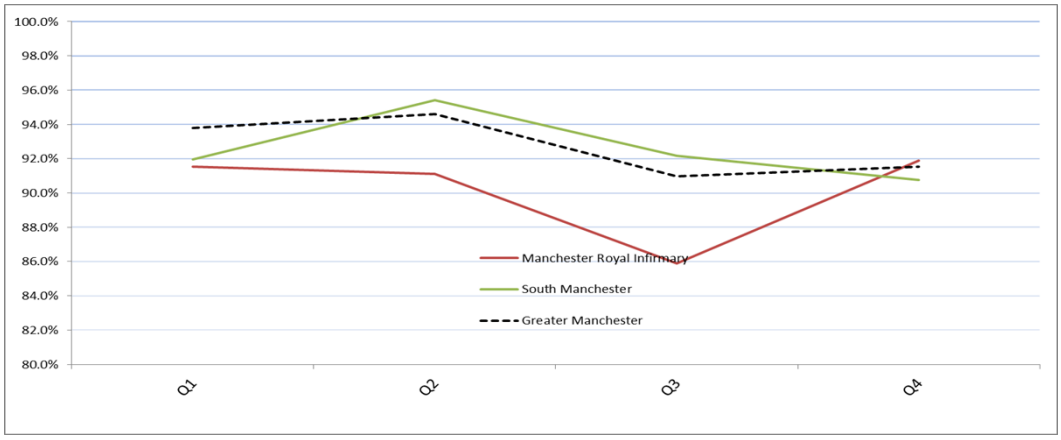
University Hospital South Manchester (UHSM) did not achieve their A&E target in Quarter 4 of the 2014/15 financial year, achieving 89.4% against the target of 95%. Overall performance for 2014/15 was also below the 95% target at 91.9%.

Central Manchester University Hospitals NHS Trust (CMFT) achieved the A&E target in Quarter 4 of the 2014/15 financial year achieving 95.6%. Overall performance for 2014/15 was however below the 95% target at 94.3%.

### Graph 1 & 2 14/15 Quarterly Performance against other Greater Manchester trusts

| | Q1 2014/15 | Q2 2014/15 | Q3 2014/15 | Q4 2014/15 | Year 2014/15 |
|---|---|---|---|---|---|
| Bolton NHS FT | 95.7% | 95.6% | 89.9% | 88.5% | 92.5% |
| Central Manchester University Hospitals NHS FT | 95.3% | 95.1% | 91.5% | 95.6% | 94.3% |
| Pennine Acute Hospitals NHS Trust | 95.7% | 95.1% | 91.5% | 92.2% | 93.6% |
| Salford Royal NHS FT | 92.7% | 96.6% | 94.8% | 95.8% | 94.9% |
| Stockport NHS FT | 91.3% | 95.3% | 89.7% | 84.1% | 90.3% |
| Tameside Hospital NHS FT | 95.6% | 93.2% | 93.4% | 89.7% | 93.1% |
| University Hospital of South Manchester NHS FT | 91.1% | 95.1% | 92.0% | 89.4% | 91.9% |
| Wrightington, Wigan and Leigh NHS FT | 93.3% | 95.6% | 94.2% | 95.2% | 94.6% |
| Greater Manchester Area | 94.8% | 95.2% | 91.8% | 93.1% | 93.6% |

### UHSM and Manchester Royal Infirmary 4 Hr Perfromance




### Impact of the New Deal for residents of Manchester and Trafford

Following the implementation of New Health Deal, Trafford CCG has been responsible for monitoring the activity against the original plan, which was signed off by all stakeholders. The latest information shows that the activity plan for UHSM, CMFT and SRFT is in line with the original new health deal plan.

**Performance Quarter 1**

UHSM are currently not achieving the 95% target in Quarter 1 of 2015/16, their performance is currently 91.73% as at 17.06.2015 for the quarter. This will result in UHSM not achieving the 95% target in Quarter 1.

CMFT are on track to achieve Quarter 1 of 2015/16, current performance is 95.02% as at 21.06.2015.

**The Local System**

The National A&E target sets out that all patients who are admitted to an A&E department will been seen with a 4 hour period.

**UHSM**

The following provides information as to why UHSM has not achieved its 95% target for A&E. The number of breaches is monitored on a daily basis and UHSM have to investigate as to why the target is not achieved.

- A main reason as to why the 95% target has not been made in quarter 1 has been due to the unavailability of beds at UHSM as a result of a lack of patient flow. Patient flow is required to ensure that patients are discharged in an efficient way once they are medically fit so to create the number of beds required for admissions.

- All parts of Trafford health and social care economy have and continue to work collaboratively to support the patient flow with discharge. Health and social care commissioner's responsibility is to ensure there are step down services available to support discharge of patients.

- Although the target has not been achieved, there has been a reduction in the number of breaches attributable to Emergency Department processes and speciality in-reach.

- UHSM have identified the following of areas which are their priorities to assist with improved performance, these include:
    - High conversion rate – this is the number of patients within the emergency department who are admitted. All hospitals monitors their conversation rate and benchmarking with other hospital good practices suggests this to be 25% or less , UHSM rate is higher (33.55% in Q4)
    - Each hospital has allocated beds for surgical patients and medical patients; currently UHSM has a number of medical patients using non-medical beds.
    - Number of Delayed Transfers of Care- this is due to social care packages in the main not been available at the time of discharge resulting in delays.

- Patient flow processes are currently under review by UHSM and a number of changes have and continue to be implemented. UHSM have implemented a number of internal changes which include the appointment of a number of new staff working in the urgent care / patient flow team. This is showing improvements and these are all monitored and reported at the Urgent Care Board. In South Manchester all organisations work in a collaborative way, all changes are discussed and agreed by

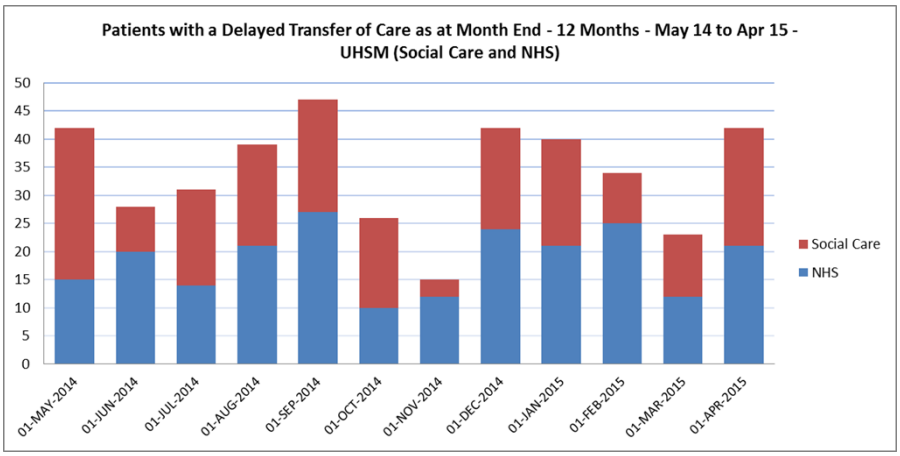
all parties at the South Manchester Urgent care Board. This Board has senior representation from all organisations including Trafford and South Manchester CCG's, Trafford and Manchester Council, UHSM, Pennine Care, Out of Hours Providers, NWAS and Mental Health Providers.

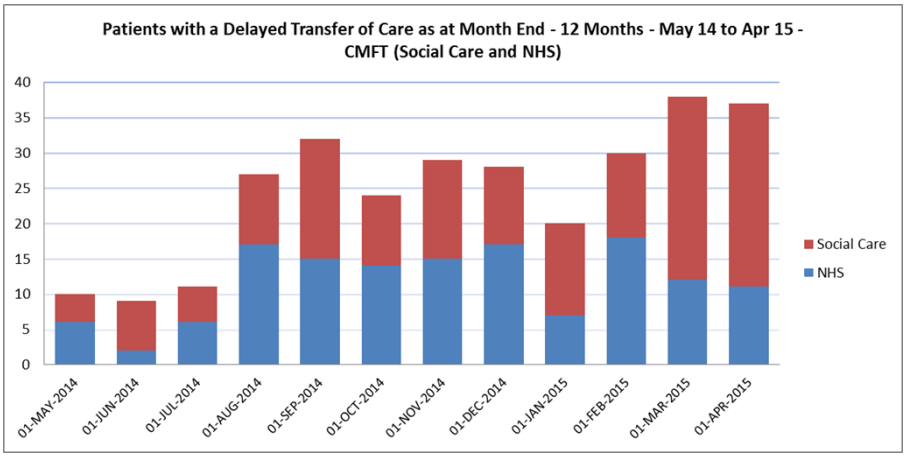
- UHSM has seen an increase in attendances which has increased by 2.7% with a 9.4% increase in emergency admissions
- All hospitals are expected to test out new systems in a Perfect Week. UHSM had two perfect weeks during 2014/15 which has provided the opportunity to test out new ways of working.
- Pennine Care , community service for Trafford are now in-reaching into the hospital to support patients as they are discharged into the community

**CMFT**

- The Trust has seen an increase in emergency admissions of 8% during 2015/16
- Increase in activity has placed pressure on patient flow, due to bed availability despite the overall numbers of beds being increased.
- Capita was jointly commissioned by CMCCG and CMFT to review the pressures at the Trust.
- The Trust met with NHS England, Monitor and the TDA in December where pressures were recognised as exceptional. Assurance was given and received on robustness of plans for Q4 and beyond.
- Key messages from Capita re. ED attendances were: geography (proximity to CMFT and some North Manchester patients); under 16s; over 75s; Sundays; self-presenters
- CMFT held a perfect week in February; this supported the hospital achieving their position within the final quarter with focus on key components of early daily assessment and discharge planning, access to intermediate care and social care packages..
- The Central Manchester System Resilience group has representatives from all stakeholders and operates similar to the Urgent Care Board in South Manchester. This group is responsible for monitoring the flow of Trafford patients in CMFT and Trafford General This group wanted a greater in reach service from Pennine Care to support Trafford patients following discharge. This is now operational.

**Graph 3 & 4 Average per day delayed transfers of care (social and NHS)**






**Winter Pressure reflection**

For both the South Manchester and Central Manchester health economies (both including Trafford) there has been a detailed review of 2014/15, with a specific focus on Urgent Care performance and resilience over the winter period.

The reviews were undertaken collaboratively with all partner organisations from across the health and social care economy. The focus of the events was to review on the following;

- 2014/15 performance against a range of Key performance indicators
- The effectiveness of winter resilience schemes for 2014/15 how these impacted on performance and service delivery.
- The system escalation processes.

2014/15 Winter Resilience schemes were evaluated collaboratively by providers and commissioners to review the efficacy of individual schemes in order to establish work-streams for 2015/16. These are currently being considered by Health Commissioners together with the new schemes which have been submitted. The timescales for agreeing these is set for the end of June.

**System wide plan for 2015.16**

Both the South Manchester and Central Manchester health economies have held away-days to establish system-wide plans for the delivery of urgent care in 2015/16. These events had senior representatives from across the health and social care system with all organisations represented. This included clinical and corporate staff. The objectives of these events were as follows;

- Establish a resilience **blueprint** ( strategy) for 2015.16
- Develop the **principals of a gold standard service**
- Expose gaps in service against the **landscape map-** (these are to be worked on by partnership working)
- Understand the **true cost of a resilient performing system**
- Recognise **risks** associated with delivery- (all parties to mitigate against )
- All health economies were asked to consider the following **8 High impact interventions provided by NHS England.**

- No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP.
- Calls categorised as Green calls to the ambulance 999 service and NHS 111 should have the opportunity to undergo clinical triage before an ambulance or A&E disposition is made.
- The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated.
- SRGs should ensure the use of See and Treat in local ambulance services is maximised.
- Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.
- Rapid Assessment and Treatment should be in place, to support patients in A&E and Acute Medical Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
- Daily review of in-patients through morning ward or board rounds, led by a consultant/senior doctor, should take place seven days a week.
- SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%.

**In both south and central these are being progressed through the agreed work streams.**

- **Raise awareness** across the system ( all organisations responsibility )

As a result of the away day, the South Manchester health economy has developed 7 high impact work-streams that will take forward a series of schemes to develop the urgent care system and develop a more resilient system for 2015/16. The work-streams are as follows;

**Front of the hospital – admissions to the hospital**

- Streaming GP / Hub with a single point of access from Emergency department
- Attendance and admission avoidance schemes 9 to be more proactive in primary care and through community services)

**Discharge from the hospital and internal patient flow within the hospital**

- Review the current **Social Work and Discharge team** – (review currently underway results expected in August)
- Review community capacity

**Services within the Community**

- Develop a wrap-around community crisis response service
- Establish an NWAS work stream to deliver against high impact actions

**Informatics**

- Improve the sharing of information across organisational boundaries

These work-streams will be managed, progressed and monitored through the System Resilience Group (SRG) in South Manchester. This new SRG will have a senior lead from each organisation and a lead will be nominated to progress each work stream. The lead will manage each project, set out any proposed changes and key performance indicators which will measure performance improvement.

In Central Manchester, the existing SRG will continue to monitor performance and will be responsibility for agreeing and implementing any new schemes/ services changes.

**Trafford Commissioners responsibility**

Trafford CCG and Trafford council are responsible for ensuring that appropriate services and levels of service are commissioned to deliver a quality of service to all patients. As part of delivering high quality services all patients should have a positive experience through their pathway and if these are met, then all hospitals will deliver against these national targets.

Commissioners manage the resilience forums both in south and central Manchester resilience to monitor performance, mitigate against risk and to support all partner organisations to deliver improvement. Improvement may be through delivering changes in existing services and or to commission new services.

With Trafford and as part of the Better Care Funds, Trafford CCG has a comprehensive programme which will reduce activity and demand on the acute hospitals. Trafford are working on schemes to deliver and implement during 2015/16 the following services all of which will support patients as part of a “Out of hospital” model. These include:

- The redesign of a new Falls Service (to assess individuals who are high risk of a fall and to deliver a high quality falls service within the community.
- Redesign of community nursing (to ensure the service meets the needs of patients as they are discharged from hospital and to prevent hospital admissions).
- Primary care service to residents in nursing and residential homes (a new service to provide a reactive and proactive service to reduce in appropriate admissions to hospital and take the service to the individuals).
- To review and enhance intermediate care services across Trafford for patients requiring intermediate care services. This may be as part of an Intermediate care unit or packages of care.
- Further integration of health and social care across Trafford in four localities
- End of life – redesign of an enhanced service to support more individuals dying in their place of choice/at home.

**Other initiatives**

- **Increase access in primary care** – following the recent Primary care submit for Greater Manchester, Trafford are developing primary care services to deliver increase in access Monday – Friday and over the weekend.
- **Trafford Patient Care Co-ordination centre**. This new service will enable all patients to be tracked which will deliver an improved experience for all patients, enable high risk patients to be monitored to ensure they receive the right treatment at the right time. This will deliver increased efficiencies across the system working with all partner organisations. UHSM are to lead the discharge management processes working with the new provider of TCCC and the CCG

**Summary**

This paper provides information as to the current performance against the national targets for A&E departments. It also provides details of how the health and social care system are working together to deliver improvement.

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**Expansion of Services for Older People at University Hospital of South Manchester NHS Foundation Trust – Update for 30th June 2015 Joint Health Overview and Scrutiny Committee**

**Background**

UHSM priority objectives for 2015/16 are the delivery of the Emergency Department access target and of the financial recovery programme. A significant contribution to achievement of both of these goals can be achieved through implementation of a multi-faceted frailty model. Supporting organisational objectives relating to reduction in length of stay and delivering out of hospital care, jointly with our strategic partners, can also be delivered through this model.

A review of length of stay and services for the frail elderly at UHSM concluded that there was a lack of strategic direction to deliver on these objectives. The review was undertaken with commissioner and social care engagement and commitment to an improvement was agreed between all parties.

Critical success factors will include reduced admission rates from A&E, reduced length of stay, reduction in delayed transfers of care, and reduced admissions to long term care establishments. A Frailty Action Group has been developed to deliver these projects.

Failure to implement a frailty model will be out of step with the national trend. The aging population and diversion of funds to deliver care in the home or community settings, drive the need to de-hospitalise care for frail older people.

There is a growing body of evidence to support implementation of specialist geriatric assessment services to avoid admission and reduce length of stay in frail older people. NHS England estimates that at least 10% of medical attendances can be assessed and discharged when specialist geriatric assessment, supported by a multi-disciplinary team, is available at the hospital 'front door'.

Reduction of emergency admissions, early discharge, and greater independence are all key objectives within key strategic documents authored or referenced by SMCCG (A New Delivery model for frail older people, Better Care Fund, Living Longer Living Better). Equally, Trafford CCG is reviewing their overall offer of Frail and Older People Services in Trafford, to which the Complex Health team is contributing. Both CCGs are working together to deliver joint pathways and assessments for patients to progress through a Discharge to Assess model and resource for increased home based pathways. These were supported through winter escalation monies for 2014/15.

**Summary Plan to Achieve Vision**

In order to achieve the vision there are two key developments.

**Older Persons Assessment & Liaison Team (OPAL) into A&E**

The OPAL team has been operational in A&E since June 2014, starting at 2 days per week and delivering 5 days by early September. KPIs indicate that the admission conversion rate over this period reduces from 64.2% to 37.3%. The data also shows that patients who are admitted via OPAL, have a shorter length of stay than those not admitted by OPAL. Overall, this is a bed saving of 4,184 bed days which converts to 11 beds. These benefits have previously been demonstrated by the implementation of an OPAL service at Guys and St Thomas' (mean LOS reduced by 4 days).

There are operational benefits in A&E which positively contribute to achievement of the A&E target:

- The extra Geriatrician capacity frees up both A&E Doctor and Medicine Specialty Doctor time to see other patients.
- The Geriatricians are familiar with interacting with older people and know how to gain and impart the information required quickly. Junior medical staff, either in A&E or on the General Medical rota, invariably do not yet have this skill.
- Most of the patients seen by OPAL are not admitted so they are not waiting for a bed, so do not cause a bed unavailability breach. This is exactly the kind of patient which would have caused a bed unavailability breach previously.
- There will be a reduction in diagnostics as the OPAL will quickly determine whether routine investigations may actually be required.
- If we compare April and May 2013 with April and May 2014, then we see a growth in A&E attends for the over 80s of 14% and a further 8% in 2014-15, which further strengthens the need to develop services for this group of patients

Activity for October to December 2014 suggests that 114 patients can be seen per month but the team predict that this could increase further with dedicated junior doctor support. This will reduce the number of non elective spells by 364 per annum and increase the short stay non elective spells by 364..

The reduction in occupied bed days associated with the increase in discharges is 364 or 4,184 bed days which should release approximately £435k of direct ward expenditure.

UHSM has now committed to moving the OPAL in A&E service from a pilot basis to being provided as a core service.

**OPAL on Acute Medical Unit**

There is limited evidence to prove the effectiveness of a frailty unit. However the Acute Care Toolkit published by the Royal College of Physicians, asserts that early and comprehensive assessment of older people "has the potential to improve outcomes, reduce hospitalisation and potentially reduce the need for long term care". The success of a Frailty Unit lies in undergoing full detailed assessments of medical, cognitive, functional, social and environmental circumstances at the earliest opportunity following admission.

Leicester University Hospitals NHS Trust developed an Elderly Frailty Unit linked to the A&E department. It comprised of 8-12 beds staffed by geriatricians, A&E consultants, nurses, therapists and primary care co-ordinators. The combination of this Unit along with A&E in reach and follow up, led to a reduction of admissions by 23% of the over 85s and a reduced readmission rate at 7 (25%), 30 (33%) and 90 (18%) days. It was projected that this increased discharge rate had saved 6,048 bed days per annum based on a presumed 9 day LOS. This is the equivalent of 16 bed closures.

The Critical Success Factors for the Acute Frailty Unit have been identified as a LOS of no longer than 72 hours, with 60% of patients being discharged home within 24 hours and less than 10% being admitted to another ward.

It has been agreed that for UHSM OPAL on AMU will be established, and will go live from September '15 onwards. The unit will consist of 14 beds and will be supported by its own dedicated team of Advanced Nurse Practioners, Therapy Staff (Occupational Therapy and Physiotherapy) and Social Workers.

A weekend Frailty Consultant rota to support the Frailty Unit and A&E will go live from September '15. An additional Consultant Geriatrician is also being recruited to support this development.

OPAL on AMU is expected to improve length of stay by over 2/3s reducing the average 10 day stay to a maximum 3 day stay. This will reduce the number of non elective spells by 143 per annum and increase the short stay non elective spells by 143.

**Silas Nicholls**

**Chief Operating Officer / Deputy Chief Executive**

**University Hospital of South Manchester NHS Foundation Trust**

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