



MANCHESTER
CITY COUNCIL

AGENDA PAPERS FOR JOINT HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 5 July 2016

Time: 6.30 p.m.

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

Access to the Scrutiny Committee Room

Public access to the committee room is over the bridge from level 2 of the old Town Hall building. **There is no public access from within the Town Hall Extension.**

The bridge has a moderate incline so if you have limited mobility you may wish to call 0161 234 3241 for information on alternative access.

AGENDA

PART I

Pages

1. **AGENDA** 1 - 8

To receive a report from Trafford CCG on the developments relating to the New Health Deal for Trafford.

THERESA GRANT and SIR HOWARD BERNSTEIN

Chief Executive

Chief Executive

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Membership of the Committee

Trafford Council

Councillors Mrs. A. Bruer-Morris, J. Harding, S. Taylor, Mrs. V. Ward and Mrs. P. Young
(Vice-Chairman)

Joint Health Scrutiny Committee - Tuesday, 5 July 2016

Manchester City Council

Councillors Craig, Ellison, Newman (Chairman), Reid and Wilson

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1. Performance 2016/17

Patients who have an urgent or emergency care need rely on the timely provision of high quality and clinically effective urgent and emergency care services. This is reflected in the NHS constitution, which sets out the responsiveness that patients should be able to expect from our services e.g. at our Accident and Emergency departments; and from our ambulance service.

A&E performance is measured by the national 4hour target, and monitored on a daily basis by each acute Trust and local CCGs. The National A&E standard sets out that all patients who are admitted to an A&E department will be admitted or discharged within a 4 hour period. It is important to note that although the target shows performance within A&E, its achievement is dependent upon the whole urgent health and social care system, including primary, community and social care as well as hospitals operating efficiently and effectively.

A+E is only a symptom of the problem of urgent care, it is not the cause

Factors including ambulance performance, delayed discharges, and alternatives to both A&E attendance and hospital admission all impact on patient flow and the ability for acute Trusts to achieve their 95% 4hour target in A&E.

1.1 Performance of Acute Trusts

A&E performance against the 4hr target continues to be challenging across Greater Manchester in Q4 of the 2015/16 financial year.

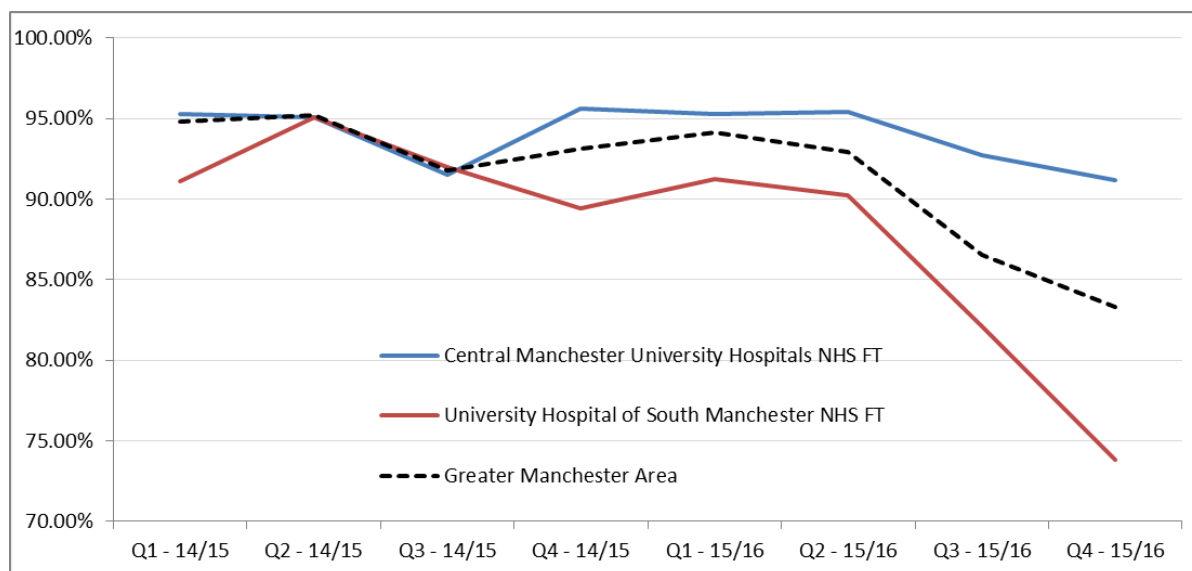
1.1.1 2015/16 4hr Performance (ref: NHSE / acute Trusts)

Quarter and Year end 4hr Performance for Greater Manchester Trusts (ref NHSE)										
	Q1	Q2	Q3	Q4	Year	Q1	Q2	Q3	Q4	Year
	2014/15	2014/15	2014/15	2014/15	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16
Bolton NHS FT	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%	90.93%	80.03%	90.31%
Central Manchester University Hospitals NHS FT	95.29%	95.10%	91.53%	95.60%	94.35%	95.29%	95.44%	92.72%	91.14%	93.61%
Pennine Acute Hospitals NHS Trust	95.70%	95.10%	91.50%	92.40%	93.70%	92.70%	89.68%	80.67%	78.28%	85.27%
Salford Royal NHS FT	92.70%	96.60%	94.80%	95.80%	94.90%	96.20%	95.22%	90.95%	90.86%	93.29%
Stockport NHS FT	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%	92.97%	80.65%	72.94%	84.88%
Tameside Hospital NHS FT	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%	89.59%	77.67%	81.27%	84.83%
University Hospital of South Manchester NHS FT	91.10%	95.10%	92.00%	89.40%	91.90%	91.27%	90.21%	82.10%	73.81%	84.43%
Wrightington, Wigan and Leigh NHS FT	93.30%	95.60%	94.20%	95.20%	94.60%	97.87%	96.31%	93.99%	92.39%	95.12%
Greater Manchester	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	92.90%	86.50%	83.32%	89.15%

Clinical Commissioning Group

According to the 15/16 year end data provided by NHSE, University Hospital South Manchester (UHSM) achieved 84.43%, and Central Manchester University Hospitals NHS Trust (CMFT) achieved 93.61%. Across Greater Manchester performance against the 95% target was 89.15%.

1.1.2 2014 -2016 4hr Performance for UHSM and CMFT (ref: NHSE)



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

Trafford CCG continues to monitor the activity against plan.

2.0 The Local System

2.1 Performance Quarter 1 to date

CMFT has achieved current Q1 performance of 93.54% to date (31/5/16). UHSM’s current Q1 performance of 77% to date (31/5/16) indicates that they will not achieve the 4hr standard in Quarter 1 of 2016/17.

2.2 UHSM

Urgent care performance is monitored on a daily basis and UHSM submit daily bed capacity updates to the CCG Urgent Care System Resilience Manager.

In line with South Manchester & Trafford SRG’s Surge & Escalation plan, a weekly meeting of the System Resilience Operational Group, and weekly escalation local conference call has taken place with providers and commissioners of health and social care, NWAS and OOH providers, for escalation of any system pressures that may impact on performance.

It is recognised nationally that patient flow is significantly impacted by the rate of unplanned admissions. A main reason as to why the 95% target continues to be unachieved is the acuity of patients presenting at A&E, and the inability to maintain effective patient ‘flow’ – with a lack of available of beds at UHSM for unplanned admissions.

The high level key performance messages are:

- A&E attendance levels static
- Admission rates remain high
- Medical outliers remain high
- Delayed discharges remain high
- Mental health continues to underperform against 4hr target

All parts of Trafford health and social care economy have and continue to work collaboratively to support the patient flow with discharge. Despite the many actions being undertaken to address performance, results continued to show a deteriorating performance.

2016/17 recovery plans to improve 95% performance have being developed by UHSM and considered against impact and costs for – with revised trajectory agreed with Monitor.

2.2.1 Delayed Transfers of Care (DTOCs)

DTOCs at UHSM continue to be a challenge despite the many actions taken through Q3 & 4 to improve performance; results have continued to show deterioration.

A&E performance is closely associated with patient flow through the acute sector. In response to the continued non-achievement of the 95% operational standard for A&E at UHSM, South Manchester and Trafford CCGs' Executive teams prioritised the need for the improvement team to undertake a review of all inpatients beds across the UHSM hospital site, seeking to measure patient flow through elective and non-elective bed stock.

The Improvement Team carried out a point prevalence review on 23rd February 16 with a total of 580 beds to increase understanding of patient flow through all acute beds, and identify any bottlenecks and delay points associated with length of stay requiring the potential for commissioning support or service improvement. Recommendations were presented to SRG and an action plan has been incorporated into UHSM's Urgent Care Improvement Plan for 16/17.

One of the key risks to DTOCs is that the Trust isn't effectively utilising their destination policy and working with families to move patients into capacity across the system, NHS issues associated with predominantly access to ICT beds, both Manchester and Trafford, and availability of Packages of Care. The main issue here being that patients who are medically fit for discharge are waiting in UHSM beds whilst their home of choice becomes available. This results in extended waits for patients , reduces the movement of patients out of hospital and ultimately results in patients waiting in A&E.

On 16th May 16 UHSM held a 4 day DTOC Rapid Improvement Event with partners across the system. UHSM Programme Management Office have developed an action plan with a number of key work streams, milestone plans and associated leads. Outputs from the event will be reviewed at 30, 60 and 90 days post event.

An Exec to Exec meeting was held on 14th June 16 due to ongoing concerns related to the number of DTOCs. A number of actions were implemented from immediate effect to improve patient flow and enable timely discharge for medically fit patients at UHSM . These are as follows:

- a. A review of patients waiting for nursing home places and where clinically appropriate to discharge a patient to a temporary Nursing Home bed until their bed in the Nursing home of Choice is available.
- b. To increase the capacity of packages of care to support the increasing demand.

Clinical Commissioning Group

- c. For packages of care to remain open for 72 hours for patients who can be discharged within this period of time.
- d. For patients on admission to receive further information about once medically fit for patients to be discharged safely and timely to their home or Nursing/Residential home, this may be into a temporary bed until choice of Nursing home has an available bed.
- e. The UHSM destination policy has been revised and update to help facilitate these changes. As well as introducing a change of practice that where a patient is medically fit for discharge, and they have waited for more than 7 days for a first choice residential or nursing home to become available, then the patient in these circumstance will be discharge to an available nursing / residential bed, for them to continue their wait for the first choice home to become available.

2.2.2 South Manchester & Trafford System Resilience plans for 2016/17

Resilience planning (and 'winter planning' before this) has historically focused on investing short-term funding into pilots and / or infrastructure projects to respond to time-limited increases in demand on local services.

As a result of performance during 2015/16, the South Manchester and Trafford System Resilience Group recognised that a new approach was needed if partners were to respond to the sustained pressures across the health and care economy in a different and more impactful way. As a consequence, both South Manchester CCG and Trafford CCG proposed utilising CQUIN funding to provide an unprecedented level of resourcing to initiatives to support the quality and sustainability of our urgent and emergency care services.

A partnership approach has been taken by the South Manchester and Trafford System Resilience Group to plan for and provide assurance of the performance and quality of urgent and emergency care services for 2016/17. This includes investment in quality improvement initiatives via CQUIN schemes, and in infrastructure via resilience monies. The key outputs of this exercise support the development of a model consistent with Living Longer, Living Better Target Operating Models for Integrated Nursing Teams and Integrated Rehabilitation & Reablement Teams. It will also deliver increased utilisation of Manchester Integrated Community Services with single point of access to advice and response from primary care, and specialist advice from hospital and community: rapid response / active case management / reablement offer.

Initiatives have been identified at UHSM – both acute and community services – to support improvements in the quality of urgent and emergency care services and ultimately to deliver the relevant NHS constitutional standards. These initiatives are to be delivered through CQUIN investment.

South Manchester CCG have also identified initiatives across the wider health and social care economy to support investment in infrastructure, deflect people from A&E and increase safe and timely discharges from hospital. These initiatives are to be delivered through resilience monies.

The Assurance Plan for 2016/17 has been developed under the leadership of the South Manchester and Trafford System Resilience Group, with substantial involvement from partners. This has included active involvement from South Manchester and Trafford CCGs, with chairing of the South Manchester and Trafford System Resilience Operational Group by Trafford CCG

The 2016/17 assurance plan has the following key principles:

- Improving the quality, resilience and performance of our urgent and emergency care services
- Reducing avoidable attendances at A&E

- Reducing avoidable admissions to hospital
- Improving patient flow through and out of hospital
- Achieving effective and timely discharge from hospital
- Optimising our out of hospital offer in support of whole system working

Partner leads have been identified for each of the initiatives within the Assurance Plan 2016/17. Mobilisation dates and clear performance targets are set out within the plan. Delivery of the plan will be monitored via:

- Regular South Manchester and Trafford System Resilience Operational Group meetings
- Monthly South Manchester and Trafford System Resilience Group meetings

Escalation of risks to delivery will be via the South Manchester and Trafford System Resilience Group in the first instance.

2.2.3 Key risks identified by South Manchester & Trafford SRG

Risks to urgent care system resilience have been logged and rated according to likelihood of occurrence and consequence to resilience. The key risks are currently:

- Impact on A&E performance and delayed discharges due to a lack of recurrently funded mental health medical and liaison nursing staff
- Risk on patient flow and quality of care for patients with a length of stay of more than 14 days
- Nurse workforce capacity and agency locum cap impact on timely ability to open extra bed capacity
- Current high level plan - ability to deliver against trajectory
- Although there has been an increase, there is still a lack of Intermediate Care Capacity for Trafford patients resulting in delays and increased length of stay
- Delays to mobilisation and benefits realisation of 16/17 schemes, and impact on performance, quality and sustainability of the urgent care system in 2016/17

2.3 CMFT

In line with Central Manchester SRG's Surge & Escalation plan, a weekly meeting of Central Manchester's System Resilience Operational Group (SROG), and weekly escalation local conference call across Central & South Manchester localities (including Trafford) has taken place with providers and commissioners of health and social care, NWAS and OOH providers, for escalation of any system pressures that may impact on performance.

2.3.1 Central Manchester & Trafford System Resilience Plans for 2016/17

As a result of performance during 2015/16, the Central Manchester and Trafford SRG recognised that a new approach was needed if partners were to respond to the sustained pressures across the health and care economy in a different and more impactful way. As a consequence, the CCGs proposed utilising CQUIN funding plus resilience funding to provide an unprecedented level of resourcing to initiatives to support the quality, infrastructure and sustainability of our urgent and emergency care services.

Clinical Commissioning Group

The approach has enabled the development of an assurance plan on behalf of SRG which has identified initiatives at CMFT – both acute and community services – to support improvements in the quality of urgent and emergency care services and ultimately to support delivery of the relevant NHS constitutional standards. These initiatives are to be delivered through CQUIN incentive. Weighting of the total incentive has been aligned for both Central Manchester and Trafford CCG's against individual CQUINs.

Central Manchester CCG has also identified initiatives across the wider health and social care economy to support investment in infrastructure, deflect people from A&E, improve ambulance performance and increase safe and timely discharges from hospital. These initiatives are to be delivered through resilience monies. Following ongoing contractual negotiations, it was necessary for this list to be reviewed and reprioritised with a 'reserve' list in which mental health remains the highest priority due to ongoing issues pre any Manchester reconfiguration.

The Central Manchester & Trafford SRG Assurance Plan for 2016/17 has been developed under the leadership of the SRG, with substantial involvement from partners. This has included involvement from both Central Manchester and Trafford CCGs.

Partner leads have been identified for each of the initiatives within the Assurance Plan 2016/17. Mobilisation dates and clear performance targets are being developed via the System Resilience Operational Group and will be set out within the plan. Delivery of the plan will be monitored via:

- Regular Central Manchester and Trafford System Resilience Operational Group meetings
- Monthly Central Manchester and Trafford System Resilience Group meetings

Escalation of risks to delivery will be via the Central Manchester and Trafford System Resilience Group in the first instance

2.3.2 Key risks identified by Central Manchester SRG

Risks to urgent care system resilience have been logged and rated according to likelihood of occurrence and consequence to resilience. The key risks are currently:

- Ongoing challenges to successful and timely recruitment of medical and nursing workforce in order to provide additional capacity for winter resilience
- Infection control processes to manage CPE have resulted in a reduced ability to flex capacity during surges in winter demand
- Lack of agreement on plans to effectively deliver non recurrent funding for MH liaison at CMFT
- A number of additional risks have been identified for escalation to SRG
- Delays in mobilisation or non-delivery of resilience schemes
- Increasing trend in length of ambulance handover times
- Increasing presentations of adults in A&E
- Increasing presentations of children in A&E and increasing 4-hour breaches
- Inaccuracy of content of local NHS Choice data
- Lack of resilience funding for MH in 16/17

3.0 Trafford Commissioners responsibility

Clinical Commissioning Group

Trafford Health and Social Care Commissioners continue to work collaboratively all provider partners. Commissioners have been part of a multi organisation team working with colleagues at UHSM to support the reduction of DTOCS.

Trafford CCG are currently progressing a business case to support additional intermediate care beds in Trafford. The current capacity of 18 beds will be increased to 45 beds. These will be implemented in a phased way with an initial 9 beds being implemented first. .

Trafford Patient Care Co-ordination centre. This new service commenced with referral management in January at UHSM. Over 14,000 referrals from Trafford GP's are now being progressed by this new service. All patients have their clinical investigation such as blood tests in advance of their outpatient appointment so that the first appointment will commence the patient's treatment.

Discharge Management Service went live for Salford Royal and CMFT (Trafford site) on 25th April. Followed by UHSM (Wythenshawe) on 26th May .To date over 101 patients has been enrolled into this service from the 3 Acutes. These patients have complex conditions and they will have follow up care either at home or into a Nursing home and/or risk of readmission once discharged.

TCCC has two key roles to play for these patients:

1. Pre discharge in the hospitals the TCCC clinical team progress tasks preventing discharge – social services care packages, bridging community nursing service, ordering equipment and transport.
2. Post discharge 28 day support. The TCCC clinical co-ordinate the post discharge care, talking to patients and carers / family members, identifying where there is a risk to readmission and where possible arrange additional services as needed to allow the patient to remain out of hospital with the support they need.

Care Co-ordination has gone live which will track the high risk patients in Trafford. These patients will receive regular contact with the Clinical TCCC staff to ensure they are remaining in good health. If there are signs of deterioration then the TCCC will contact the patients GP or referral to the appropriate service.

The TCCC will continue to be implemented across Trafford Health and Social Care economy over the next few months. The CCG is monitoring and capturing the benefits to patients, service, and organisations and to Commissioners.

4.0 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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