

Trafford Local System Review

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- How well do people move through the health and social care system, with a particular focus on the interface between the two?
- What improvements could be made?

The questions



- What is currently happening and what are the outcomes for people?
- What is the maturity of the local area to manage the interface between health and social care moving forward?
- What else needs to happen?

- Local ***system*** and people's ***experiences***
- 3 key points
 - Maintaining wellbeing
 - Crisis management
 - Discharge, step-down, re-ablement
- Preparation, engagement, site visit, communication



- Report for each local system
- Interim report – before Christmas
- Final report – Summer 2018



What do people want from their local system?

Quality matters



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Key Findings in Trafford- Peoples experiences.



- **Local People were not always seen in the right place, at the right time, by the right person.**
- There were missed opportunities to maintain people in their usual place of residence.
- Varied access to Primary Care services and no enhanced GP service to care homes
- People found it difficult to access information and support. Very few people were in receipt of Personal Budgets or Direct Payments.
- High numbers of people were referred to A&E from care homes and were being admitted to hospital with conditions that could be better cared for in the community.
- Hospital occupancy rates were high and A&E targets were not being met.

Key Findings – People's experiences



- Once ready for discharge, older people were often subject to delays.
- There was evidence that people had suffered avoidable harm or deterioration as a result of the delays and a lack of 7 day services.
- Due to market capacity issues there were delays in securing care packages or long-term care placements.
- The quality of social care was poor – a number of services are rated inadequate or requires improvement.
- If people received reablement services they achieved good outcomes and this had significantly improved since 2011.
- There had been significant improvements to CHC outcome data, but a negative perception of the process amongst people and staff still exists.

Key Findings – Staff Experiences



- System leaders and senior staff were visible and were clear about the direction of travel.
- The workforce across the system were committed to doing the right thing for people, but the degree to which they could articulate the vision and strategy varied.
- There were some examples of integrated team working, but front line staff were frustrated by the barriers, including multiple and confusing points to navigate the system and a lack of shared IT systems.
- Staff felt well supported by their organisation's leadership, but there was a lack of feedback both at organisational and system-level to escalated incidents or issues.
- Recruitment and retention were system-wide challenges.

- Trafford's Winter plan was presented to the Greater Manchester Urgent Care Board and signed off during the week of our review.
- Some of the iBCF monies had been used to try and increase capacity in the community but with minimal success.
- There was some confusion amongst system partners, including providers and the voluntary sector, around the status of the plan. Some reported they had only recently been asked for their input, whilst others had not been engaged with at all.
- There were missed opportunities with Trafford's voluntary sector. They felt underutilised and more proactive engagement with them was necessary.
- With Winter approaching the system needs to remain focus on the here and now to achieve better outcomes for people.

- Historically relationships across the system had been challenging, but recent changes at a senior level coupled with the Devolution Manchester agenda created a unique opportunity.
- There were clear lines of communication and accountability from the Greater Manchester Health and Social Care Plan to Trafford.
- Trafford's Locality Plan and Transformation Bid were aligned to priorities of the wider conurbation, whilst taking account of local variation.
- There was an openness and transparency amongst system leaders, facilitated by S75 agreements and the merging of the LA and CCG.
- The system was on a journey of transformation and integration was seen as the vehicle to achieve the vision.

Key Findings – The Health and Wellbeing Board and Scrutiny Board



- Although there were governance structures in place for health and social care, the challenge function of both the Health and Wellbeing Board and Scrutiny board were underutilised.
- Both recognised they were used as forums for reporting progress rather than a driver for change.
- The HWB was in the process of reviewing its role and developing a workplan.
- The Scrutiny Board reported they were given verbal assurances system improvements were happening, but a lack of data as evidence of impact.

- The context of Greater Manchester and the devolution of power provided a unique opportunity to transform the health and social care landscape.
- There was a system wide commitment to achieving positive outcomes for the people of Trafford.
- There was a compelling shared vision and strategy which was aligned to Greater Manchester's, *'Taking Charge of our Health and Social Care'*.
- Integration was seen as the vehicle to achieving the vision.
- A Local Care Organisation was due to go into shadow form in April 2018 and contractual arrangements were to be agreed upon.
- Governance structures were aligned to the Greater Manchester model, but feedback from staff and providers indicated they were not sure who was ultimately responsible for system performance.

Key Findings – System Working



- The Locality Plan, Transformation Bid and existing Section 75 agreements provided the foundations for inter-agency and multi-disciplinary working.
- Joint Strategic Needs Assessments had been carried out for each of Trafford's four localities to inform future commissioning plans and new models of care.
- Engagement and involvement of social care providers and voluntary sector organisations in strategic planning and delivery needed to be strengthened.
- There was transparent approach to sharing performance information amongst system partners and there were some agreed metrics in relation to flow. However, monitoring of health and social care was based on traditional performance indicators rather than universal outcome measures.

- The system was early in its journey to integration of health and social care. The CCG and LA had proceeded ‘at risk’ to implement some of the initiatives set out in the Transformation bid.
- There was a significant amount of monitoring and piloting of new initiatives, but there needed to be more evaluation to drive the transformation agenda forward.
- There was a single work-force strategy for Greater Manchester, but no single-level strategy for Trafford which incorporated social care, primary care and secondary care.
- System leaders were working to develop and future proof the workforce
- There was a shared view of risks, but responsibility for managing these depended on commissioning arrangements ie. homecare market capacity.

- Future commission plans were focused on prevention and the person rather than services. However, current commissioning was traditional and reactive to pressure points within the system ie. delayed transfers of care.
- The prevention agenda and hospital avoidance schemes were underdeveloped:
 - GP provision was variable and there was no enhanced service to care homes at the time of our review.
 - There was a low-uptake of personal budgets and direct payments compared to Greater Manchester and nationally.
 - Whilst there had been plans to expand the Stabilise and Make Safe Service to provide ‘step-up’ care, the provider was already working at capacity and unable to recruit.
 - Only 10-15% of referrals to Ascot House were for ‘step-up’ care.

Key Findings – System Findings



- Whilst there had been some significant improvements made to delayed transfers of care since summer 2017 this was a from a low base.
- A&E attendances, hospital admissions, length of stay and delayed transfers of care remained high comparatively. We found examples where actual harm had been caused by these performance issues.
- The Trafford Co-ordination Centre was not working at capacity and there was mixed views on its effectiveness.
- Much of the High Impact Change Model was yet to be implemented with a lack of trusted assessments and 7 day working.
- A lack of shared IT systems, coupled with a complex landscape of pathways and services was a barrier to true integrated working.
- People living in Trafford encountered barriers to maintaining their health and wellbeing.

- The system needs to remain focus on the here and now to ensure improvements are sustained.
- The High Impact Change Model needs to be widely implemented and at pace.



- There must be a system-wide response to managing the social care market.
- The system needs to push ahead with the prevention agenda.
- The Health and Wellbeing Board and Scrutiny Board challenge functions need to be strengthened.



- There needs to be a joined-up, structured approach to ensuring the voluntary sector and providers are true system partners.
- Learning needs to be more systematically shared and cultural barriers broken down.



- The strategic vision is a compelling one, but the reality for people right now is not so positive.
- System leadership is strong and Greater Manchester provides a good support network.
- Trafford needs to ensure its local needs are met whilst being aligned with GM.
- Challenges in workforce recruitment across all sectors
- Harness the willingness and knowledge of frontline staff and the voluntary sector



Your questions please

