TRAFFORD COUNCIL

Report to: **Health Scrutiny Committee**
Date: **27th. June 2019**
Report for: **Information**
Report of: **Diane Eaton, Trafford Director of Adult Social Services**

Report Title

CQC Action Plan

Summary

The report outlines the outcome of the CQC inspection report in 2017 into the health and social care system in Trafford and the progress review in 2018. The CQC action plan was drafted in response to the inspection report. Considerable progress had been made when the CQC returned in 2018 to assess the local system and this was reflected in their report. Since that time Trafford Council have continued to drive forward improvements with our partners and have developed targeted pieces of work which address the new priorities.

Recommendation(s)

That members note the progress made to date and the closure of the CQC action plan
That members note the new targets relation to length of stay
That members request a progress update in 6 months' time on the two key workstreams – admission avoidance and intermediate care

Contact person for access to background papers and further information:

Name: Karen Ahmed
Extension:1890

.

1. Background

1.1 CQC local system reviews 2017

CQC was directed by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of health and social care in 12 local authority areas. The reviews, exercised under the Secretaries of State's Section 48 powers, reviewed commissioning across the interface of health and social care and assessed the governance in place for the management of resources.The CQC examined how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

The purpose of the reviews was to provide a bespoke response to support those areas facing the greatest challenges to secure improvement. On completion of the review the findings were reported to each local authority area's health and wellbeing board.

The 12 areas reviewed were:
Birmingham
Bracknell Forest
Coventry
East Sussex
Halton
Hartlepool
Manchester
Oxfordshire
Plymouth
Stoke
Trafford
York

Trafford was identified as an area for review because at that time, Trafford's delayed transfers of care were among the worst in the country.

1.2 Trafford's CQC Local System Review

The Trafford health and social care system were visited by a team of CQC inspectors, including experts by experience in October 2017. A summit was held in December 2017 for members of the Health and Well-being Board and other key stakeholders where the findings of the team and recommendations were presented.

Overall, there was a strong recognition of the key challenges faced by Trafford, the complexity of the system within which Trafford operated and the strong partnership working on the ground between the CCG and the local authority. The CQC team and the consultants working alongside them were unable to

offer any solutions to address these challenges. However, a number of recommendations were made which formed the basis of the original CQC plan. The full report is attached at Appendix 1.

The recommendations are detailed below – and in fact many of the recommendations were already in train as part of Trafford's system response to addressing delayed transfers of care.

1.2.1 The system should remain focused on the here and now to ensure improvements in performance are sustained while delivering transformational change. There should be a shift from monitoring and piloting to evaluating and implementing.
1.2.2 The system should fully implement the High Impact Change Model.
1.2.3 The challenge functions of the Health and Wellbeing Board and Scrutiny Board should be strengthened. Where there are shared risks these should be made explicit and managed through joint governance structures.
1.2.4 There should be a proactive system-wide response to effectively managing the social care market and domiciliary care capacity.
1.2.5 The OPAL multi-disciplinary team were producing positive outcomes in preventing admissions by providing an in-reach service. The system should endeavour to review outcome data and consider whether the model can be rolled out in other areas.
1.2.6 Operational policies in place at Opal House should be reviewed to ensure they are not placing additional burdens on the wider system.
1.2.7 Admission criteria to intermediate care services should reviewed to ensure consistency and efficacy of service provision. Acute hospital staff should be engaged in the evaluation process.
1.2.8 The system should ensure there is a Trafford-wide workforce approach, which identifies current needs as well as predicting future requirements in alignment the GM workforce strategy.
1.2.9 The system should continue to ensure that its voice is heard in partnerships with the wider conurbation to make sure priorities remain relevant to the Trafford area and that support is drawn from other areas where local challenges are identified.
1.2.10 With the Local Care Organisation coming into shadow form, the system should learn from wider system partners to ensure that new contractual arrangements do not destabilise the system.
1.2.11 There should be a joined-up, coordinated response to engaging with the voluntary sector and provider organisations as system partners.
1.2.12 Work is required to share learning and experience between staff at the interface so there is shared trust and understanding and historical cultural barriers are broken down

1.3 <u>CQC Progress Review 2018</u>

By the time that CQC returned to Trafford, Trafford Council had already led a number of significant changes in line with the High Impact Change Plan together with developing a number of initiatives which had increased capacity and availability in the local market . These changes had resulted in

improvements to the delayed transfers of care. This was reflected in the CQC progress review. The progress review is attached at Appendix 2.

In summary the review recognised the improvements that had been made in delayed transfers of care and summarised the position in October 2018 as follows:

.

1.3.1 A&E attendances (65+)
Remained consistently above the England average but little variation compared to Trafford's history.

1.3.2 Emergency admissions (65+)
Remained consistently above the England average. They increased in the last two quarters of 2017/18 to be significantly higher than Trafford's average rate.

1.3.3 Emergency admissions from care homes (65+)
Fluctuated above the England average over 2017/18, however remained within the upper and lower limits of Trafford's own average

1.3.4 Length of stay (65+)
Length of stay over seven days remained in line with England average and Trafford's average.

1.3.5 Delayed transfers of care (18+)
Remained above the England average but has reduced overall and is no longer significantly higher than the national average

1.3.6 Emergency readmissions (65+)
. .Changed little over 2017/18, remaining just above the England average over the first 3 quarters and then falling just below in Q4.

1.4 The Trafford system has been the subject of national scrutiny and thus the success of Trafford in addressing delayed transfers of care in particular has also been noted. Trafford continues to report on a daily basis internally and performance is noted on both a Greater Manchester and North West performance footprint.

2. CQC Action Plan

2.1 The Council and the CCG developed a local response to the High Impact Change Plan, called the Trafford Transfers of Care plan, to enable an integrated approach to addressing the system issues faced by Trafford. This was then expanded to include the recommendations from CQC which were over and above the plan, and it was this combined plan that was reported to Health Scrutiny and the Health and WellBeing Plan on a regular basis.

2.2 Most of the action plan has been delivered through a joint CCG/Council steering group, with only two remaining actions (rolling out Personal Health Budgets and embedding the Red Bag Scheme). Over the last 3 years, the plan has been refined, as tasks have been completed, others have become business as usual and new actions have been identified.

2.3 The latest action plan is attached at Appendix 3. This action plan will now be closed, any remaining outstanding actions will be reported through existing routes. The joint CCG/Council steering group will now focus on two big ticket items which will have the biggest impact on hospital attendance, admission and discharge:

1. Admissions Avoidance
2. Review and implementation of an integrated Intermediate Care approach

3.<u>Key developments and achievements</u>

3.1 Prior to the CQC system review, a number of key developments had been initiated in Trafford – these included the creation of the Urgent Care Control Room (UCCR), the recruitment to an expanded social work team to support assessments, implementation of an integrated Discharge to Assess residential model and the expansion of the Quality Assurance team. These developments were mainly funded through the i-BCF (improved Better Care Fund), a ring fenced allocation of money from central government to the Council for the purpose of supporting the health and social care system.

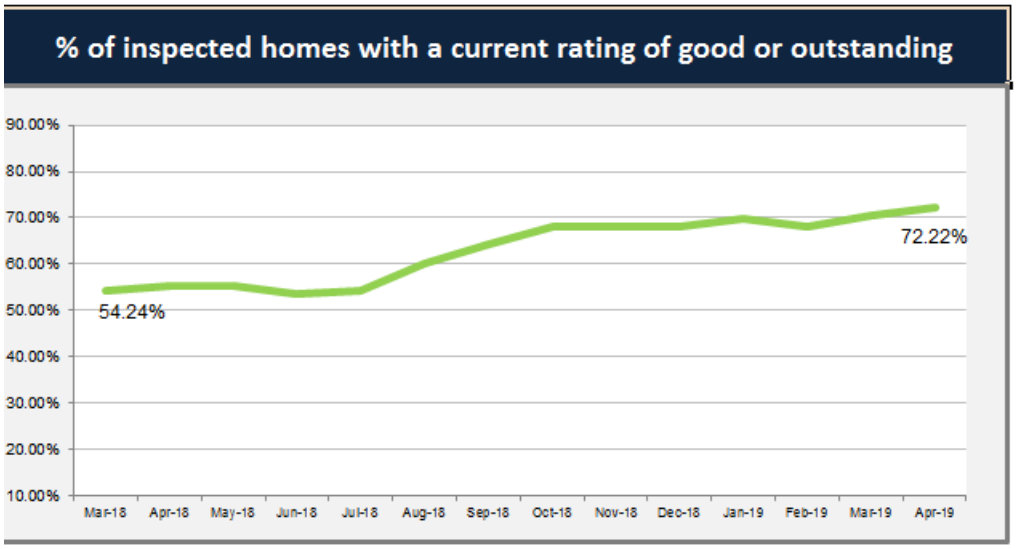
3.2 The Urgent Care Control Room was set up in November 2017. The Urgent Care Control Room receives all the information on demand and capacity for nursing and residential beds and for community based support – in the main, reablement services and homecare. This enables a better use of available resources, monitoring which helps “unstick” the system and faster placing of people in nursing and residential beds. It also enables a more detailed understanding of the pressure and gaps in the availability of services.

3.3 Discharge to Assess beds became available from November 2017. These nursing and residential beds are block purchased so that they are immediately available for people waiting to be discharged from hospital. The time spent in these beds – up to 3 weeks – enables residents to convalesce and regain their independent living skills before moving on to a long-term care destination. This is frequently the person’s own home with homecare support. The number of beds available and the location varies, as some people will choose to remain in those beds when they are assessed as requiring long-term residential or nursing care. We currently have 37 Discharge to Assess beds which include 4 extra care flats for people who don’t need residential and nursing care but are not able to go home.

3.4 The recruitment of additional staff has brought much needed capacity into the system - staff for the UCCR, additional social workers to assess people in Discharge to Assess beds and help them move to their long-term destination, and additional staff to support quality improvement in the market.

3.5 The quality of care in Trafford has improved by nearly 18% as evidenced in the CQC care home ratings and the graph below. This is the May 2019 report

– they are always retrospective, and this does not reflect the current position which is an even greater increase in quality – in May 2019, Urmston Manor became our first outstanding care home.



3.6 The improvement to the quality of the residential and nursing care in Trafford not only means that our residents get a better care experience but also that local capacity is maintained. When a home performs poorly, the Council develops am improvement plan and works with the provider to improve the quality of the service. Whilst this is happening, the Council may suspend any new placements to the home, to give the provider the opportunity to focus on quality. This means that any vacant beds become temporarily unavailable to our residents until such time as quality improves and is maintained.

3.7 The required strategic changes to the Health Scrutiny Committee and the Health and Well Being Board in order to strengthen governance have been made.

3.8 There is also far more engagement with the voluntary sector through these structures and a closer commissioning relationship. The voluntary sector are core to delivering projects which support older people to remain in the community and facilitate speedier hospital discharge.

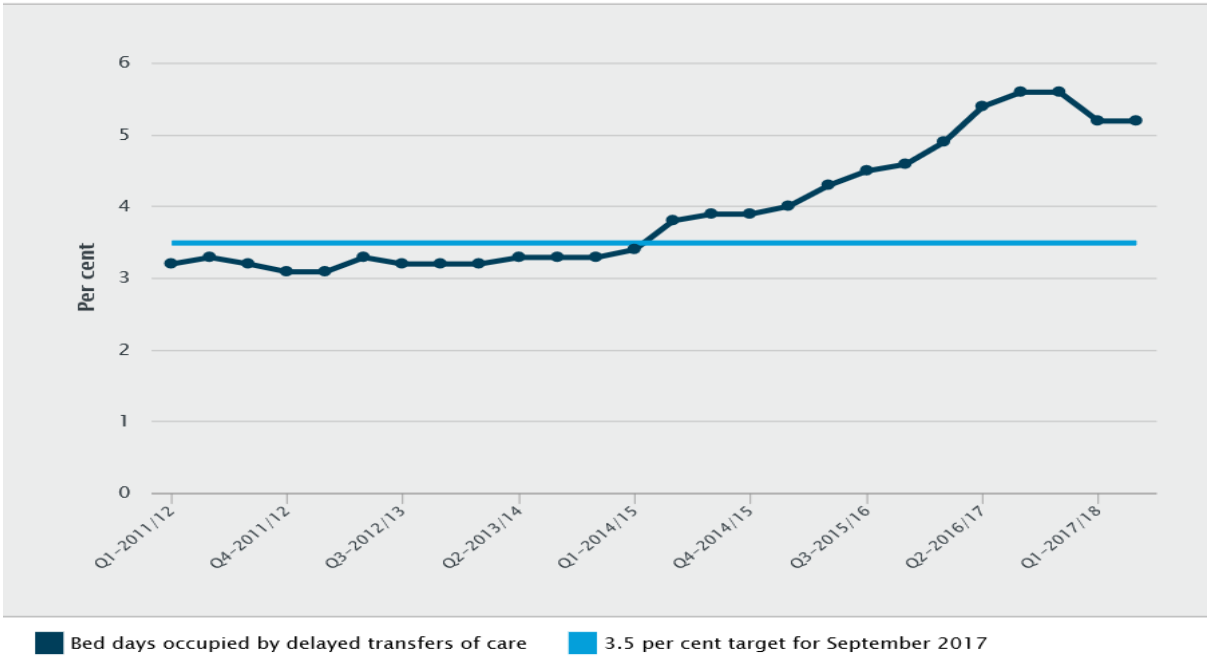
4.Impact and Performance Monitoring

4.1 The initatives that were funded through the i-BCF and the CQC action plan focused on enabling patients who had been assessed as medically optimized to be discharged from hospital in a timely manner and to receive the right levels of care.

4.2 The increase in the number of people being delayed in leaving hospital was an increasing phenomenon from 2014/5 onwards and this led to national targets being set in September 2017 at 3.5% – however, nationally these

targets have not been reached and performance averages at in excess of 5% (Kings Fund).

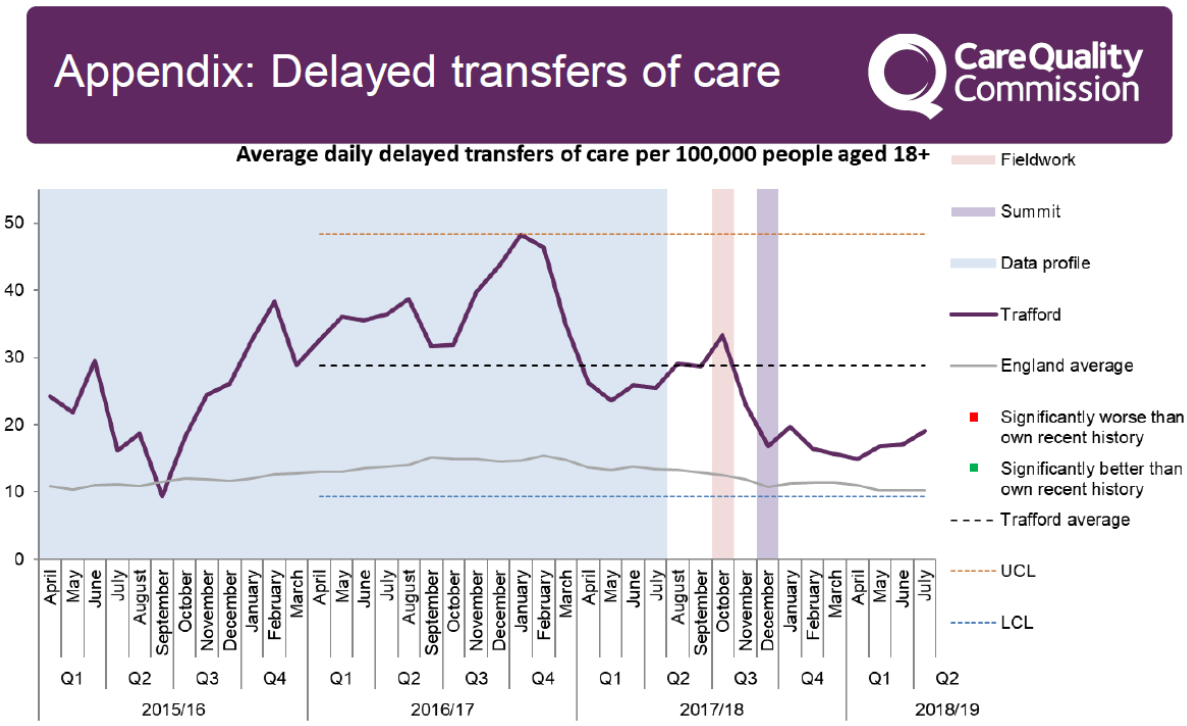
Figure 1: Percentage of bed days occupied by delayed transfers of care



4.3 Our performance is monitored as part of a Greater Manchester system, and on a North-West and national footprint. As well as the national target, Greater Manchester has its own more ambitious target of acceptable levels of patients who are delayed in leaving hospital. The Greater Manchester target is 3.3% which translates to 17people for Trafford. At the time the targets were set our DTOC figures were in excess of 50 people and had been known to be as high as 80 people in times of pressure.

4.4 The developments described in paragraphs 3.1 to 3.4 had an immediate and significant impact on our DTOC performance as described in the CQC progress review

.

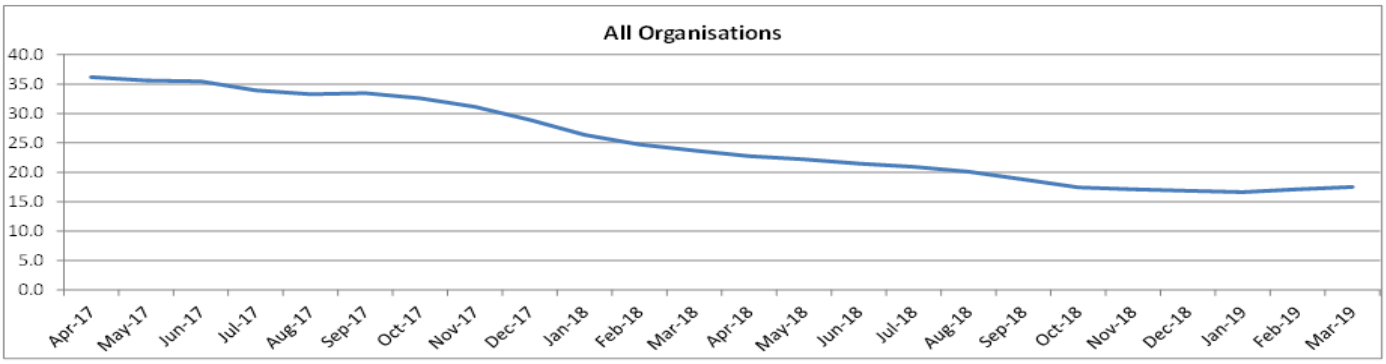


However, we were still someway off achieving our target.

4.5 In June 2018, all our homecare services and our SAMs services were recommissioned. SAMs (Stabilise and Make Safe) is our reablement service. This service supports people to develop and regain their confidence and independence skills following a period of hospitalization, trauma or ill-health. The number of SAMs providers was increased from 2 to 7 in 2018 on an incremental basis bringing more capacity into the system. SAMS also has an impact on the take-up of homecare, as a period of reablement often results in a reduced level of need to homecare. This means that we have reduced the waiting list from an average of 90 people in December 2016 to between 4 and 6 now. It also means that we make better use of the existing long-term homecare services.

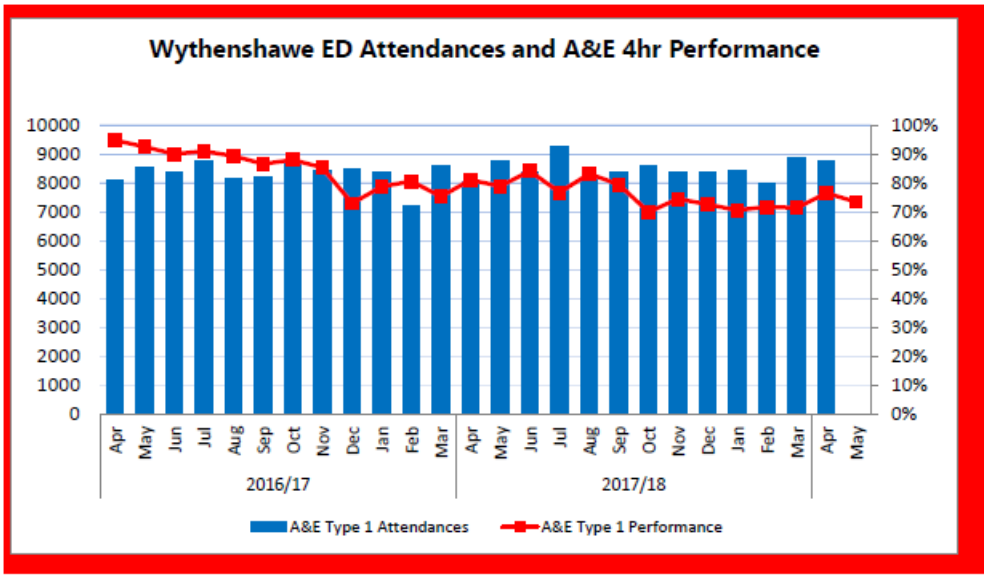
4.6 The combination of D2A beds and increased SAMs has led to the DTOC reduction being both maintained and improved.

ASCOF 2c - DTOC attributable to all organisations per 100,000 population											Target	10.0
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	22.8	22.2	21.5	20.9	20.1	18.8	17.4	17.1	16.9	16.6	17.1	17.5
2017/18	36.2	35.6	35.5	33.9	33.3	33.4	32.6	31.1	28.9	26.4	24.7	23.7
Variance	-37%	-38%	-39%	-38%	-40%	-44%	-47%	-45%	-42%	-37%	-31%	-26%



5. New Focus

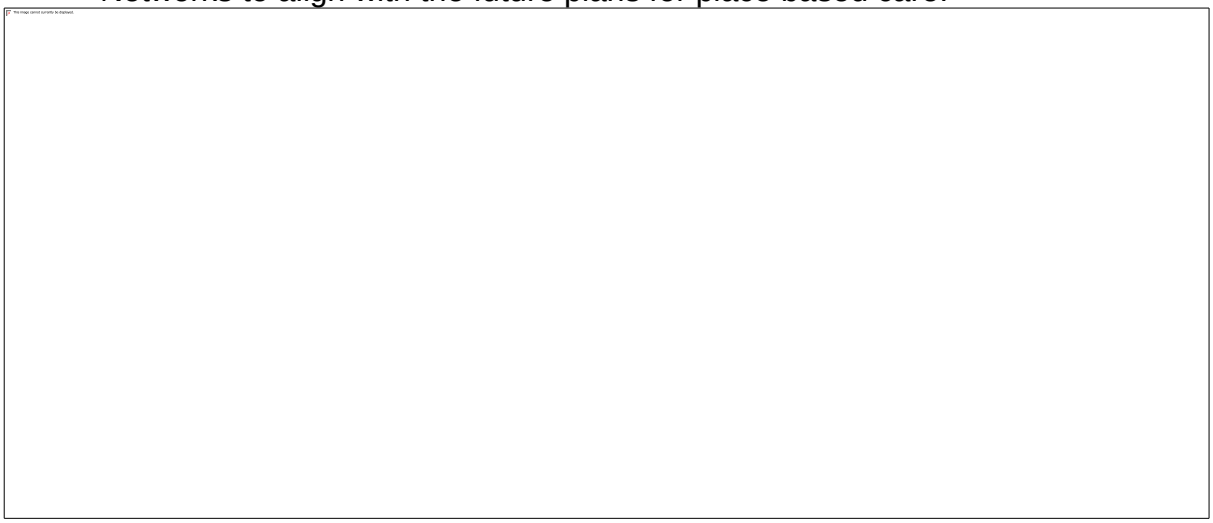
5.1 It is generally recognized that whilst the DTOC performance is improving nationally, this is not addressing the key issues. Hospital admission continues to increase, and the focus is now on length of stay as this is increasing, and impacting on hospital performance. The latest analysis shows that the number of A and E attendances and admissions at Wythenshawe rose from 2017/8 to 2018/9, with the number of attendances increasing by 1.4% and the number of admissions increasing by 6%. This disparity in numbers of attendances and admissions only partially reflects the acuity of patients, and also reflects the lack of knowledge of community alternatives, the lack of community services and 4hr waiting targets together with risk averse behaviour.



5.2 In recognition of the increases, the CGG has led on a number of initiatives to support in the prevention of hospital admission. In 2018, the CCG commissioned:

- The TECHT (Trafford Enhanced care Home) team to provide enhanced clinical support to 8 nursing homes
- Care Navigators to support effective discharge and support people in their home.
- Developed and commissioned an A&E Streaming Pilot on the Wythenshawe Site to effectively manage people in the most appropriate setting
- Specialist Community Paramedic supporting people in the community by taking direct referrals from NWAS.
- Developed an acute directory of services to inform providers of appropriate service provision.

5.3 The TECHT team operated from February 2018 to April 2019. It comprised a highly skilled team of clinicians who visited care homes to provide specialist medical support to reduce hospital attendance and admission from care homes, as this is an increasing pressure on the hospital in Trafford. The service is currently being redesigned to be delivered through the GP clinical Networks to align with the future plans for place based care.



5.4 A&E Streaming Pilot Wythenshawe Hospital

A proof of concept pilot for the implementation of streaming on the Wythenshawe site started on the 05th December 2018 to the 30th May 2019. The pilot was commissioned by both Trafford CCG and MHCC and delivered through Mastercall Healthcare.

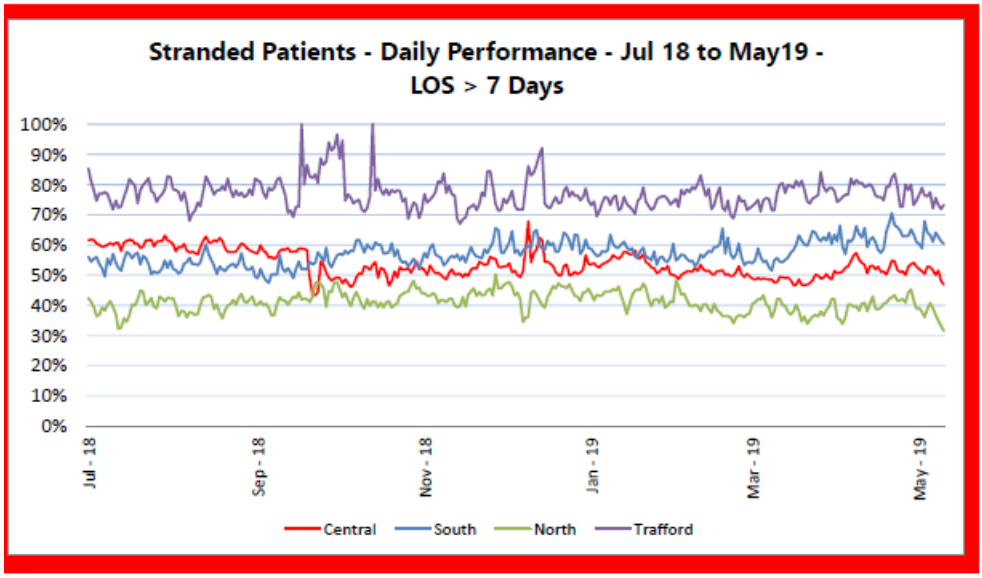
The pilot formed part of the wider winter plan for Trafford within the context of the Local Care Alliance (LCA). The main objective of this pilot was to support Manchester University NHS Foundation Trust (MFT) in the achievement of the 95%, 4 hour target whilst also helping to support the flow of non-elective patients into the hospital, whilst also adhering to national and regional expectations for the implementation of front door streaming provision. Wythenshawe Hospital continues to significantly underperform against the ED

95% 4 hour target. The intention of the development of the service was to support the Trust to better manage patients within the ED department and help support them to achieve improved performance and improve the patient experience and journey.

Throughout the course of the pilot changes to the model of delivery were undertaken in collaboration with MHCC, MFT and Mastercall through weekly Task and Finish Groups. Graph 2 below provides a snap shot of the levels of activity during the pilot over a specific period. As can be seen from the graph there are a number of occasions where the numbers seen have met or exceeded expectations demonstrating a proof of concept for the need for primary care streaming.

Our shared objective as an urgent care system is to improve the care and journey of patients through the development of a service where senior clinicians are accessible at the earliest available opportunity to ensure patients are managed by the most appropriate service for their needs. Therefore the development of a sustainable model for Urgent Care Streaming is being developed for the Wythenshawe site and is currently being agreed with all parties for implementation at the earliest opportunity.

5.5 There is now a national target of a reduction of 40% of long-stay patients against the baseline figure of 2017/8. These patients are often referred to as stranded and super-stranded depending on the length of stay. We are required to report on these as a whole system as the delays can be caused by a variety of different factors.



5.6 The CCG commissioned the Red Bag scheme in 2018. This has been rolled out to nine local homes. The Red Bag accompanies nursing and residential home patients into the hospital. It contains documentation relating to that individual which describes their normal functioning levels. This should facilitate

a shorter stay in hospital as the staff will be able to recognize when it is appropriate to discharge the patient. The scheme will be evaluated later this year.

5.7 A new programme of work is being developed to maintain and improve performance in hospital discharge, but also reduce hospital attendance and admission and length of stay. As detailed earlier, these are a focus on admission avoidance and an improved reablement/intermediate care offer.

6. Next steps

6.1 Admission avoidance

6.1.1 Trafford have commissioned numerous schemes to begin to address admissions and avoidance and in addition, new initiatives are in development.

6.1.2 A workshop is being planned to take stock of current and new projects and -to further consider the collective impact

6.1.3 Two exciting new projects in development are the expansion of the UCCR to provide a responsive service to GPs who identify people in crisis or at risk of hospital admission – the UCCR will use their expertise and knowledge to identify an appropriate service with the aim of preventing hospital admission.

Alongside this a comprehensive programme of transforming homecare services will be launched through a tender process in the summer. This will offer local providers the opportunity to strengthen and change our existing homecare offer with a view to enabling people to receive the right level of community support to remain in the community for longer, delaying or reducing the need for residential or nursing care and avoiding unnecessary hospital attendances and admissions. This will encompass the development of a differently skilled workforce which will be able to provide a wider range of support, including low level clinical support to people in their own homes, flexing this support when crises arise. In addition, hospital visits will form an integral part of the service, so that when a resident is admitted to hospital, contact will be maintained facilitating a aster discharge.

6.2 Intermediate Care

6.2.1 Trafford have already held a workshop with key stakeholders from across the system to identify areas for improving our intermediate care offer. Led by Trafford CCG, with the interim Corporate Director of Adult Services as the Senior Responsible Officer, this is a truly integrated piece of work, and will not only focus on intermediate care and community enhanced nursing /therapy services – commissioned by the CCG, but also the D2A

beds, homecare and the local reablement services commissioned and provided by the Council.

6.2.2 The ambition is that by 2024, Trafford will have a co-designed and co-produced model based on rehabilitation to support people who are frail, elderly or have complex conditions which is fully integrated with our Trafford integrated delivery model and ensures people are able to access the most appropriate level of care to enable them to progress and improve to return to, or remain in, their home, whilst having a service that can respond holistically to their needs.

7. Recommendations

7.1 Members are asked to note the progress made to date in delivering improvements to date – in particular the continued reduction in delayed transfers of care and the improvement in the quality of care homes.

7.2 Members are asked to note the changing focus of the work and the inclusion of length of stay as a new national target.

7.3 Members are asked to note the closure of the CQC action plan and the focus on the admissions avoidance and intermediate care in order to maintain and improve performance in DTOC and quality as well as adresss the new targets.

7.4 Members are recommended to request a further update in 6 months time on these areas.

8. Supporting Documents

8.1 Appendix One : CQC Trafford Local System Review 2017

8.2 Appendix Two : CQC Trafford Local System Review Progress Report 2018

8.3 Appendix Three : CQC Action Plan June 2019