



Local system reviews

Progress monitoring

Trafford

Introduction

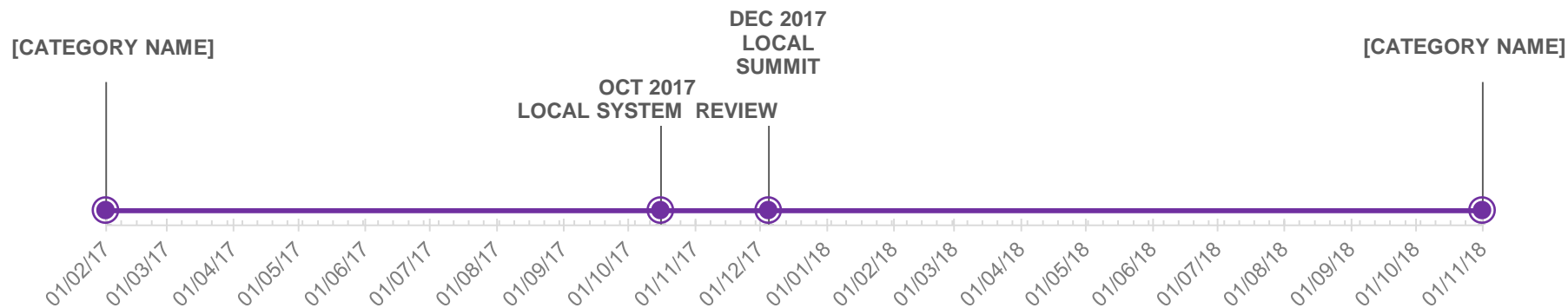


Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

Trafford's local system review took place in October 2017 (published report [here](#)) and the system produced an action plan in response to the findings. This progress update draws on:

- Trafford's self-reported progress against their action plan (at 31.10.2018).
- Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to the end of 2017/18. DToC data goes up to July 2018.
- Telephone interviews with four system leaders involved in delivering and overseeing the action plan.

Timeline of activity



Overview progress against indicators



[A&E attendances \(65+\)](#)

Remained consistently above the England average but little variation compared to their own history.

[Emergency admissions \(65+\)](#)

Remained consistently above the England average. They increased in the last two quarters of 2017/18 to be significantly higher than their own average rate.

[Emergency admissions from care homes \(65+\)](#)

Fluctuated above the England average over 2017/18, however remained within the upper and lower limits of their own average.

[Length of stay \(65+\)](#)

Length of stay over seven days remained in line with England average and own average.

[Delayed transfers of care \(18+\)](#)

Remained above the England average but has reduced overall and is no longer significantly higher than the national average.

[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.

Overview reported progress against action plan



Governance, challenge and scrutiny	<p>Trafford is represented at GM Partnership level and works closely with Manchester around the transformation of urgent care.</p> <p>The Trafford Aging Well group is now established and the Ageing Well Plan is in development with recent public consultation around this. Dementia and falls strategies are in place, with GP training on identifying falls and frailty.</p> <p>The Health Overview Scrutiny Committee has new membership. Its role has been reviewed and training will be provided to members. The VCSE sector are represented across HWB sub-groups with work ongoing to review their role.</p>
Commissioning and market management	<p>A new homecare and reablement framework was established increasing market capacity and reduced the number of people waiting for homecare. A Specialist Commissioner for Transforming Homecare was recruited, in June 2018, along with a Business Change Analyst to develop new models and procurement opportunities for providers from Jan 2019.</p> <p>Refreshed frameworks in place for Homecare and Residential Care using Flexible Purchasing Systems (FPS) allow system to flex capacity and make use of the best providers in the market. A revised Information leaflet has been produced for patients on hospital discharge.</p> <p>Have adopted the GM quality framework for care home improvement. Registered Manager leadership development programme commenced on September 2018 and programme for aspiring managers in development.</p>
Intelligence, evaluation, and quality assurance	<p>Following Local Care Alliance developments and changes in the governance structure, work is in progress to develop a specific performance dashboard to meet the needs of the HWB.</p> <p>Work has progressed on allowing single records/case summaries to be viewed by all providers. Mobile working programme for social care staff has been completed and mobile working programme for community staff has commenced (due summer 2019).</p>

Overview reported progress against action plan



Maintaining wellbeing in usual place of residence	<p>The primary care development organisation was paused, a review was carried out and it was decided to move forward with a neighbourhood model. The Local Care Alliance was est. April 2018 with commissioners, providers and VCSE partners. Trafford will commission, and LCA partners will deliver an integrated, all age, neighbourhood based health and care system with a redesigned primary care offer at the centre. Variable quality in primary care will be addressed through commissioning a set of standards owned and delivered through the LCA.</p> <p>Enhanced Care Home Team went live Feb 2018 and now in 8 care homes with highest levels of conveyance, attendance and admissions into hospital. Model refined and latest data return shows reduced GP callouts.</p> <p>A Winter Resilience Voluntary Sector Grant Programme was established to commissioning small organisations to support winter. The British Red Cross which supports D2A is now based in the Integrated Discharge Team. A Care Navigator Pilot was completed and Trafford CCG has agreed funding for roll out.</p> <p>Early 2018 a series of 'Trafford Talks' sessions were held to inform future service design. Workshops allowed CCG and Council colleagues to input into the future model and workings of the organisation.</p>
Crisis management	<p>The 2017/18 winter plan was implemented and supported the improvements seen in Trafford since last year. A system debrief identified the learning for the 18/19 winter period. An Easter plan was developed to support discharges over the holiday periods.</p> <p>The Integrated Discharge Team have daily meetings to review individual DToC cases in Wythenshawe Hospital. From November 2018, the team moves to integrated hub working, and discharge planning from the front door.</p> <p>Escalation channels have been clarified with the Trafford Urgent Care Control Room as the first point of escalation for system leaders. Escalation via a single escalation route has significantly reduced the number of escalations required to Executive Directors.</p> <p>Primary care access has been reviewed and four extended access hubs are now operational. Primary Care schemes for respiratory conditions have been developed, and UTI identified through care home scheme.</p>

Overview reported progress against action plan



Return to usual place of residence

Discharge planning from point of admission has been improved with electronic tracking. The Electronic Patient Record has been developed to include a trusted document, completed by all Integrated Discharge Team which could potentially form part of discharge summary, and can be used to access all Discharge to assess pathways.

There is still limited uptake of Personal Health Budgets which was highlighted in the May 18 report. Trafford CCG has widened its offer and commenced training for commissioners to offer PHB's to CHC eligible residents as the default offer.

Work is ongoing to learn from critical incidents. All health agencies report incidents as required via the clinical incident reporting system. The system has held case reviews and shared learning across the system for Hospital discharge cases particularly to support pathway reviews.

The form and function of all establishments Opal House, Ward 6 Trafford General and Ascot House intermediate care has been clarified and our community services capacity has now developed to be sufficient to meet the need of the system.

Stakeholder reflections



Since the local system review in 2017, Trafford has enhanced its approach to integrated working with robust leadership and improved local oversight.

The recent formation of a Local Care Alliance (LCA) with local partners/ providers aims to provide care closer to home. Work is developing at pace for the LCA to deliver an integrated neighbourhood based health and social care system. This will be flexible, responsive and proactive with a redesigned primary care offer at the centre delivered across four neighbourhoods. It will support people to remain at home, prevent unnecessary hospital admissions, facilitate timely discharge and appropriate aftercare, and help prevent readmissions.

The established Trafford Enhanced Care Home Team helps those identified as being frail by their GP, or who have recently been admitted, and supports them in their own home. It is anticipated the team will help improve current performance as data highlights emergency hospital admissions from care homes (65+) has continued to increase since Q2 2017/18.

Since the Local System Review DToC performance has remained above the England average, although reducing overall. Further improvement is anticipated resulting from increased reablement capacity and the work of the Integrated Discharge Team, which meets daily to review all DToC. Activity is also routinely monitored at a senior level with escalation options. The plan for January 2019 is to implement ward level trusted assessment across the hospital for all four discharge to assess (D2A) pathways across Manchester and Trafford. Pathway 3 (Intermediate care) is in place, and has been recently reviewed to improve the quality of the referrals, and adopt trusted assessment for D2A referrals completed by the District Nurse Liaison.

A review of Trafford IT systems is underway and work has commenced on the Trafford social care data feed into the Greater Manchester integrated care record platform, with the feed due to go live February 2019.

Direction of travel

The system is working proactively with partners and providers to deliver integrated neighbourhood based health and social care that will keep people at home and prevent unnecessary hospital admissions. The approach will also support timely discharge and appropriate aftercare, and help prevent readmissions. It is anticipated this approach once embedded will support improved performance and outcomes.

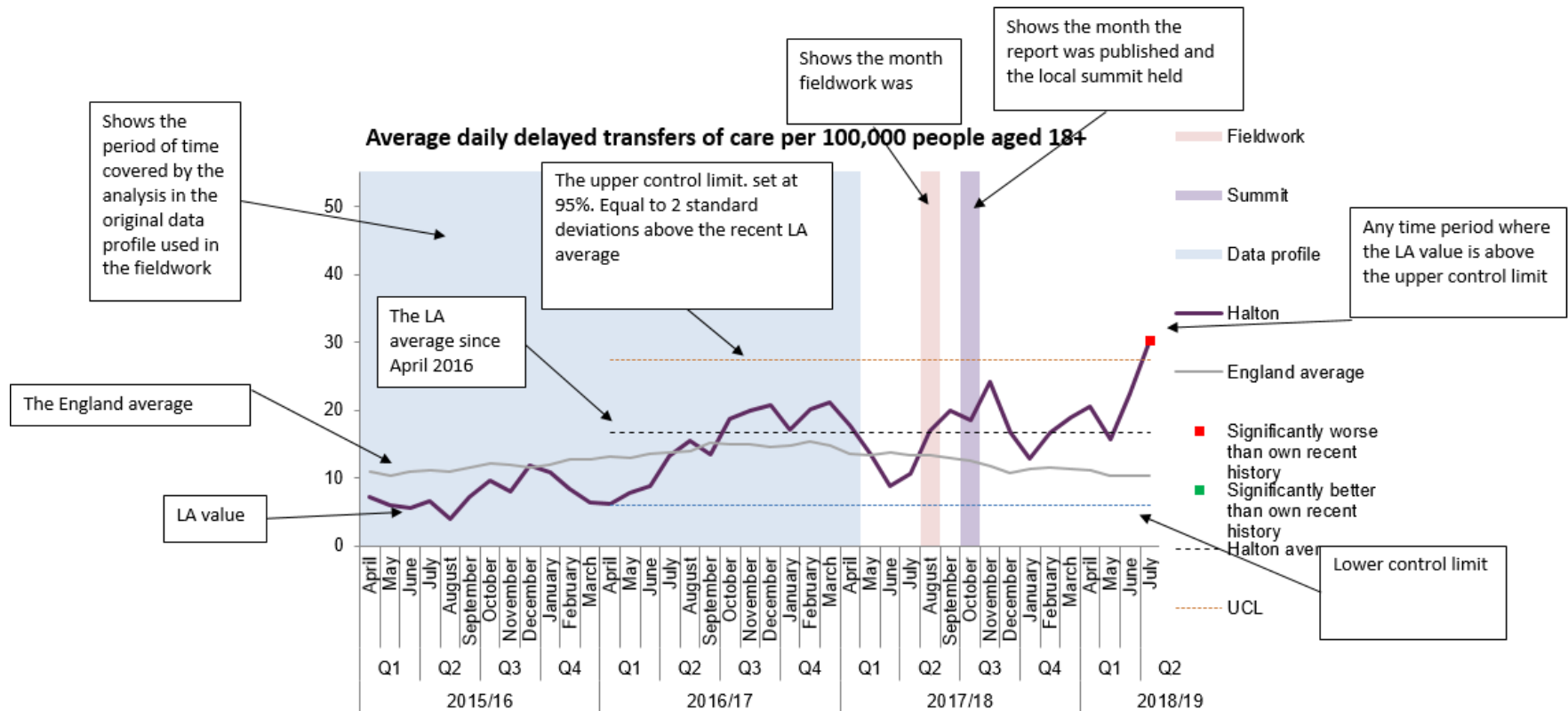
Improvement during the year has been achieved by system leaders of whom a number were interim appointments. The permanent appointments take up post early 2019 and have a clear understanding that their remit will be to continue developing and embedding current and evolving work streams.

The system acknowledges a need to facilitate improved delivery in the following areas:

- **Voluntary sector:** Supported by two new voluntary sector appointments to the Health and Wellbeing Board, which will develop relationships and understanding. The system is seeking to increase use of the sector to 1) help support people avoid hospital admission; 2) facilitate safe discharge and 3) avoid readmission.
- **Personal Health Budgets:** Seeking to remove complexities in the running of the scheme by streamlining back office support and to promote health budgets as the standard offer, when appropriate, with a supportive brokerage framework.
- **Care market capacity:** Although lots of good work has been undertaken to improve quality of the local care market there is a need to ensure capacity is able to meet local need.

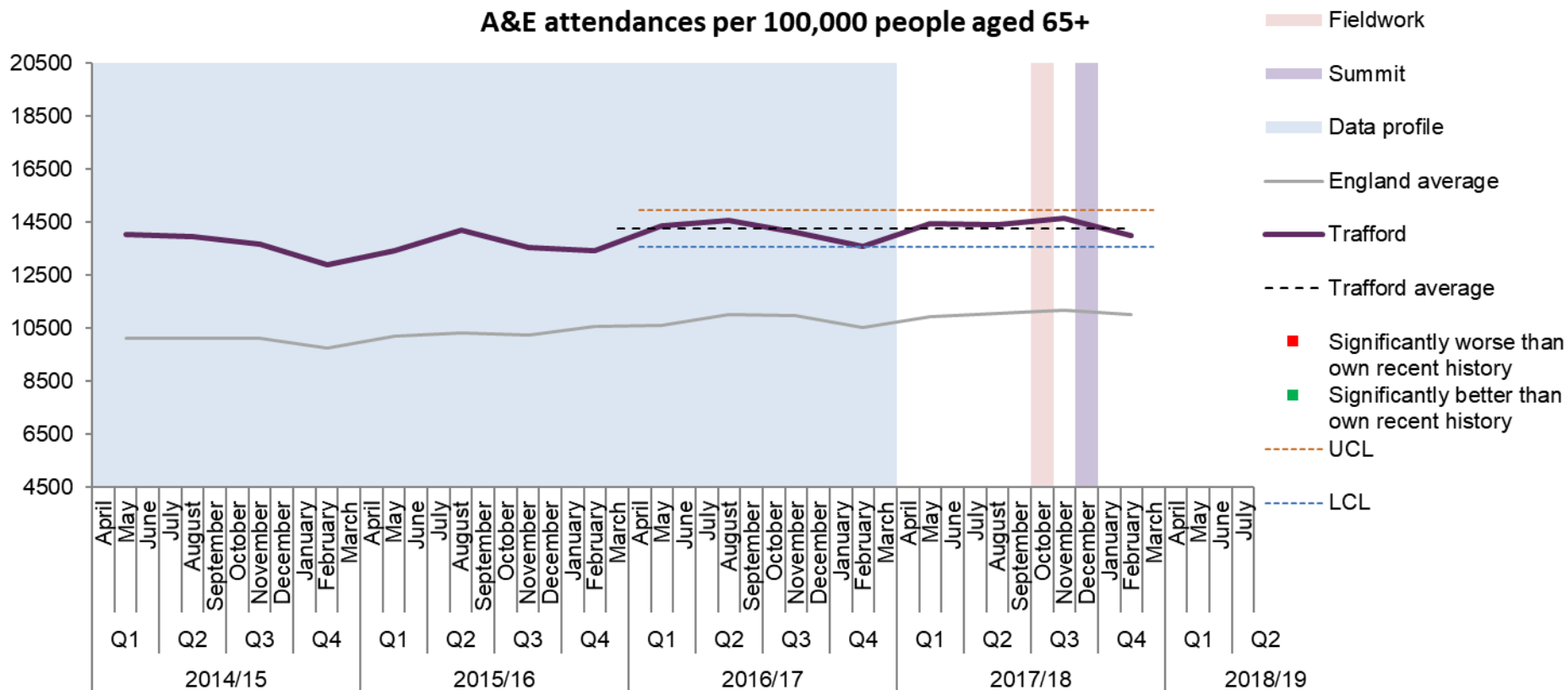
Appendix: Trend analysis introduction

The following slides present a trend analysis for six indicators. The diagram below shows how to interpret the graphs.



Appendix: A&E attendances

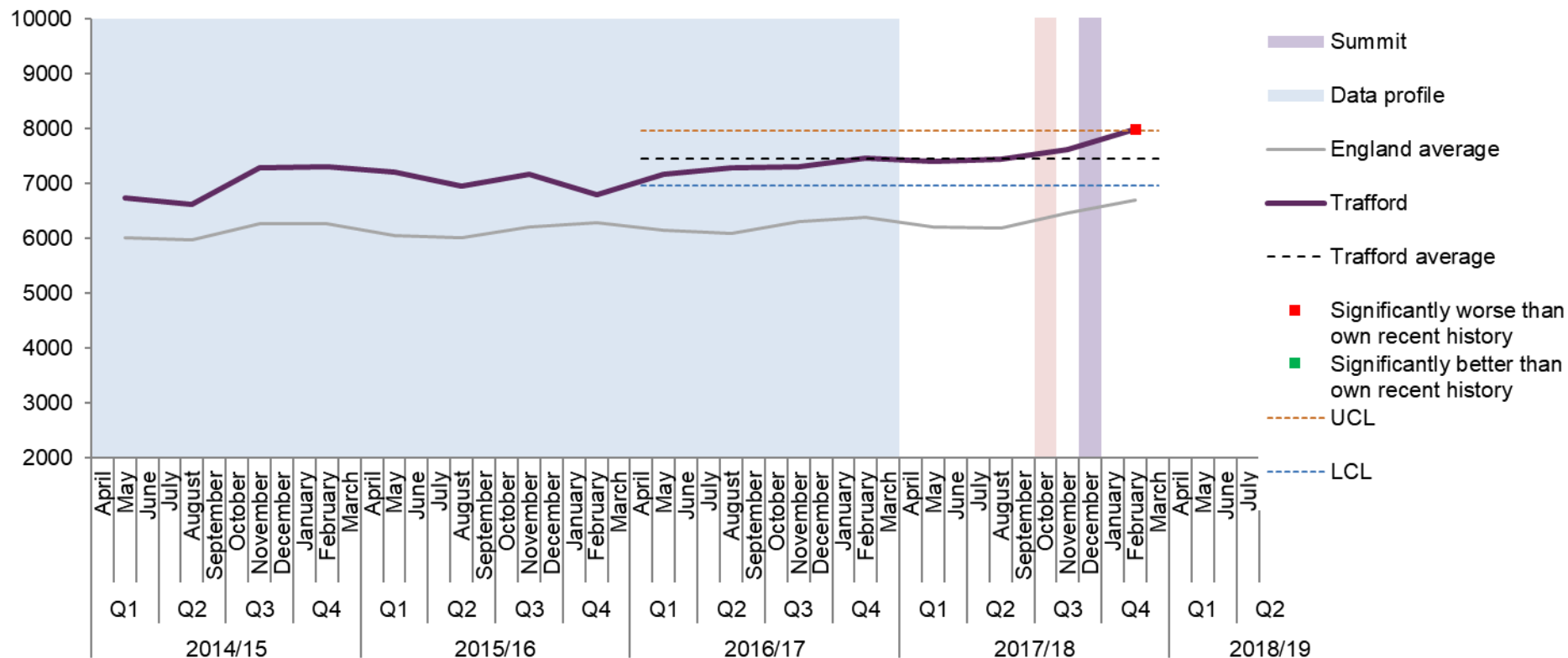
A&E attendances per 100,000 people aged 65+



Since we produced the data profile for the original local system review, Trafford's performance for A&E attendances (65+) has remained consistently above the England average and has shown little variation over the last 2 years – performance has remained within the upper and lower limits of their own average rate.

Appendix: Emergency admissions

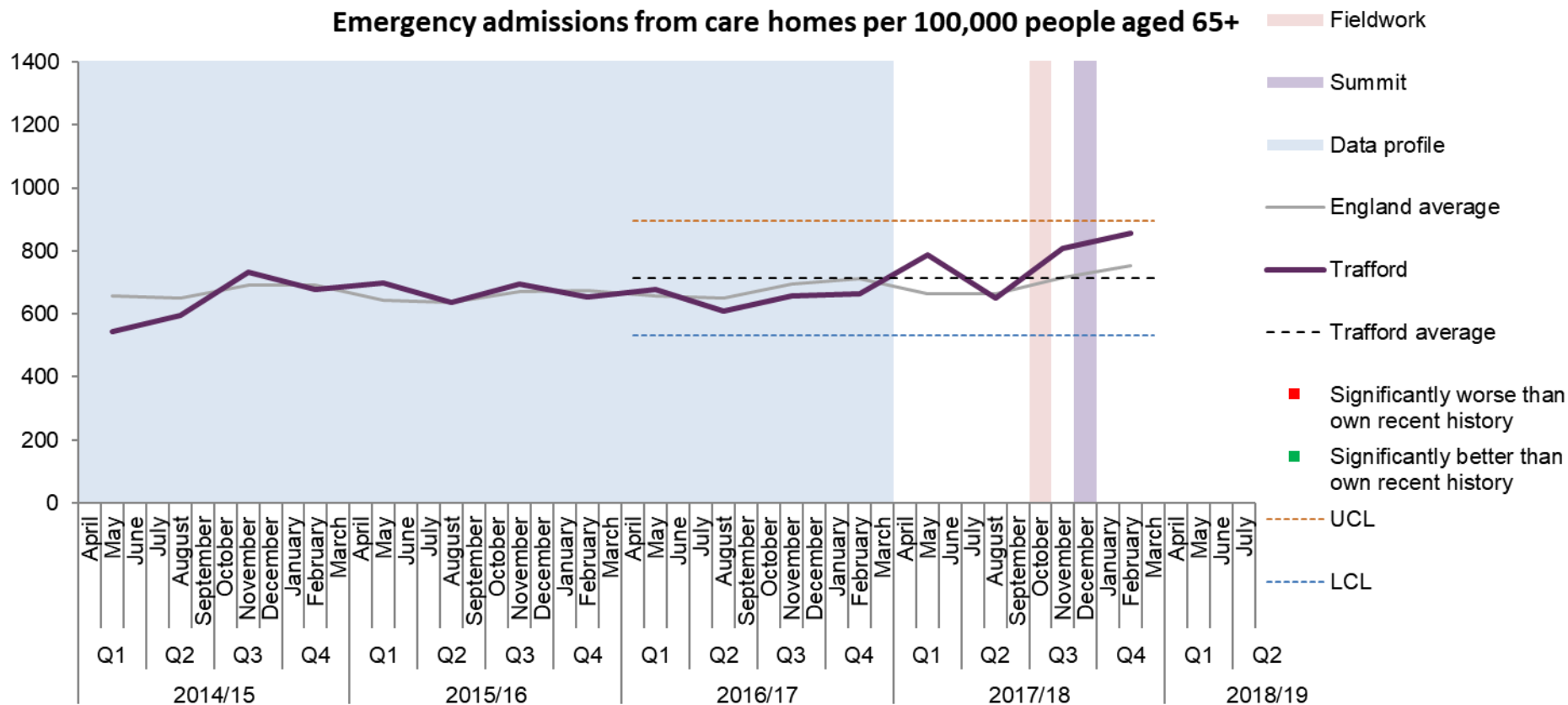
Emergency admissions per 100,000 people aged 65+



Since we produced the data profile for the original local system review, Trafford's performance for emergency admissions (65+) remained consistently above the England average and increased in the last two quarters of 2017/18 to reach a point significantly higher than their own average rate.

Appendix: Emergency admissions from care homes

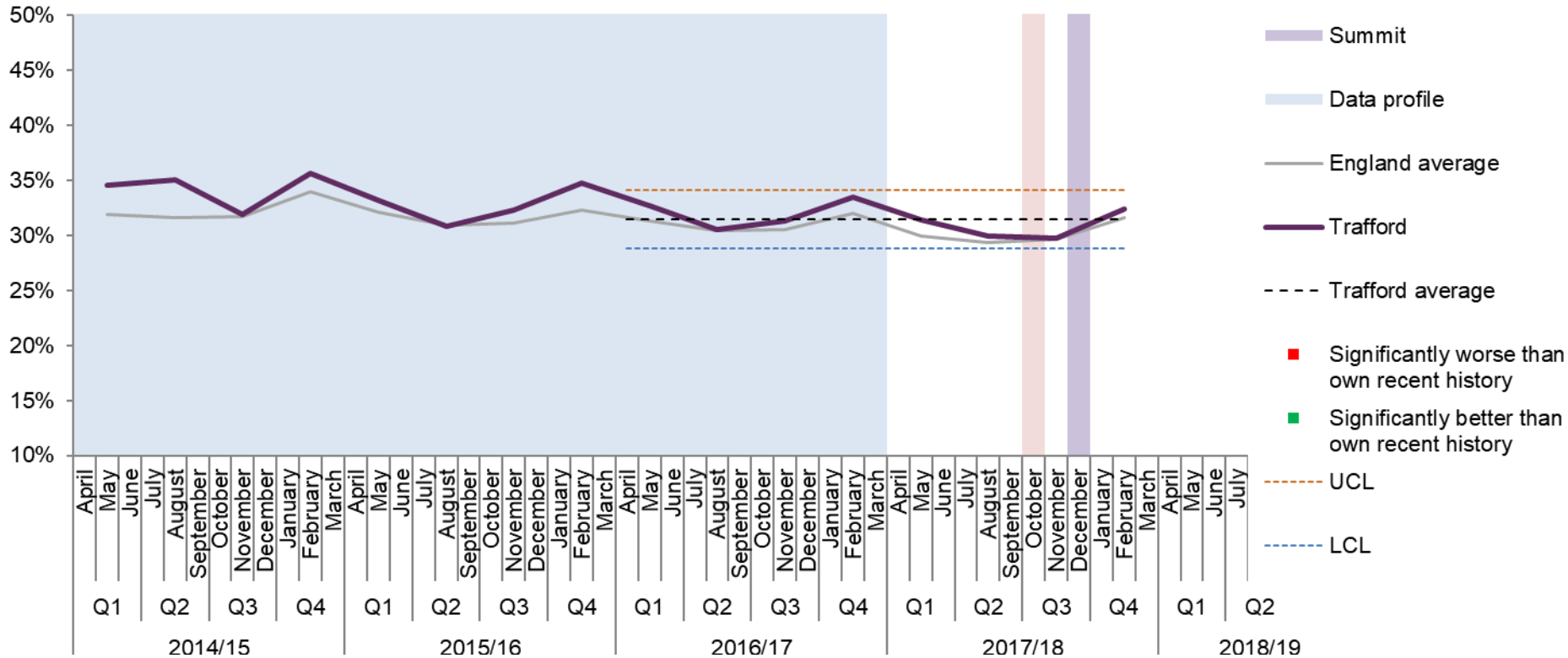
Emergency admissions from care homes per 100,000 people aged 65+



Since we produced the data profile for the original local system review Trafford's performance for emergency admissions from care homes (65+) has been above the England average in 3 out of 4 quarters, where previously it was more in line with the England average. However it has remained within the upper and lower limits of it's own average.

Appendix: Lengths of stay over 7 days

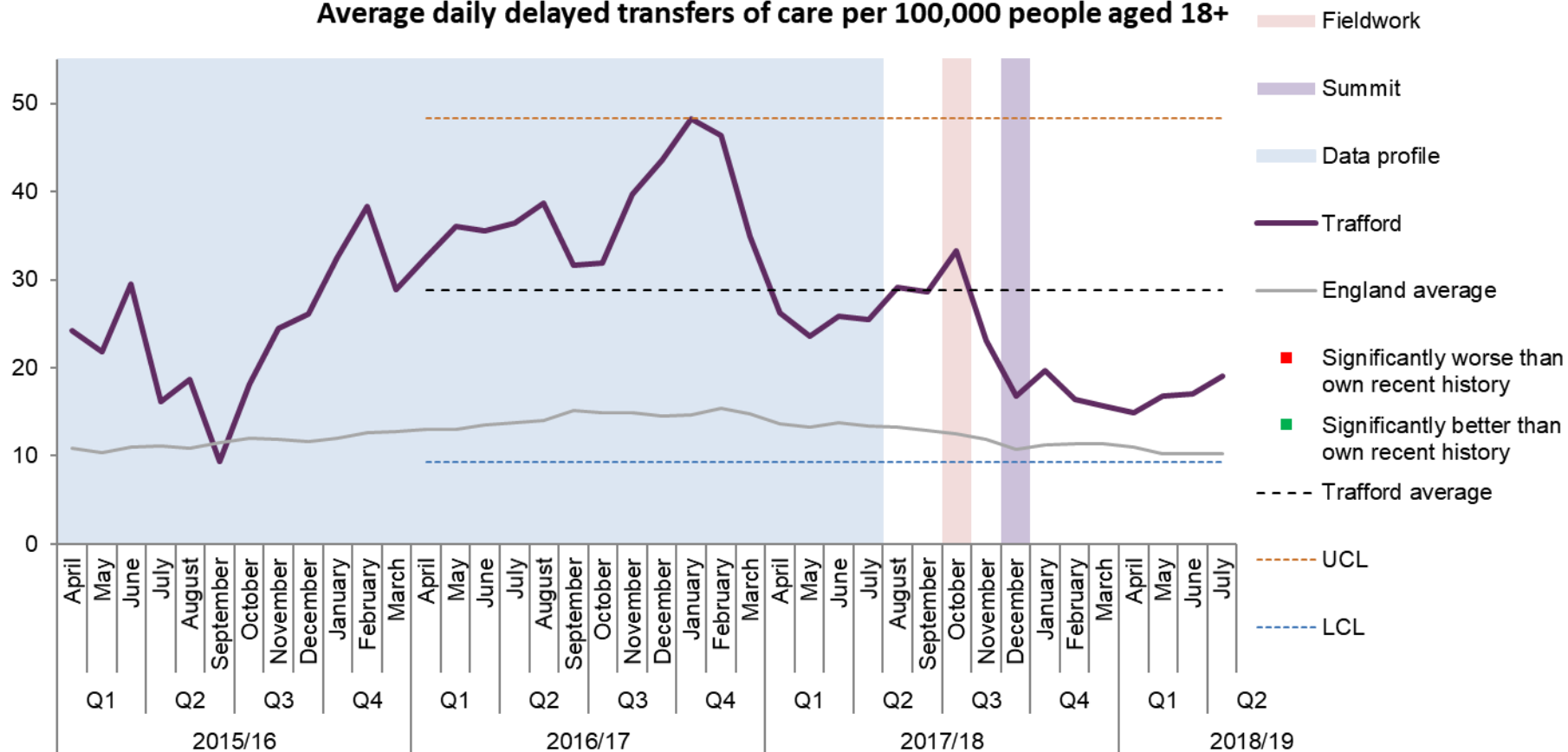
Length of stay over 7 days for emergency admissions people aged 65+



Since we produced the data profile for the original local system review, Trafford's performance for lengths of stay over 7 days (65+) has remained in line with the England average and within the upper and lower limits of it's own average.

Appendix: Delayed transfers of care

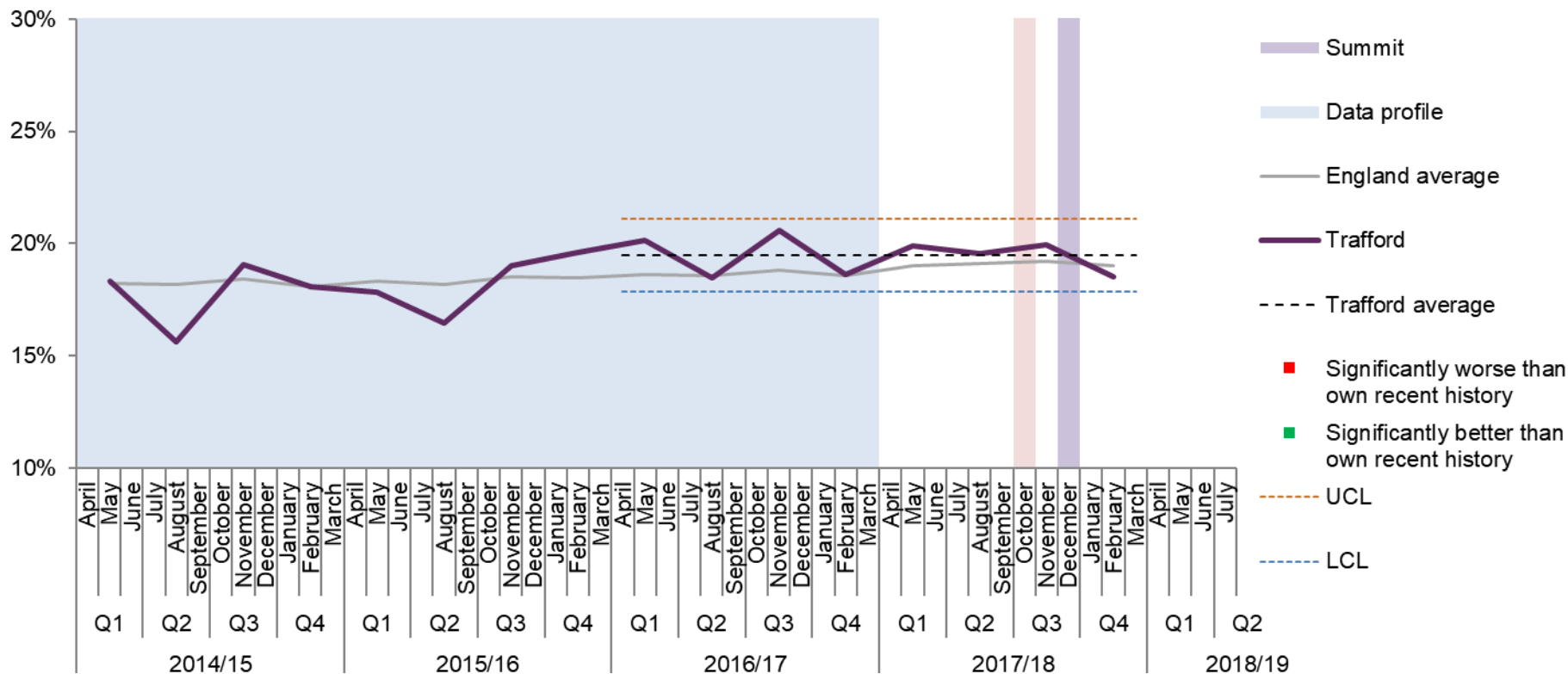
Average daily delayed transfers of care per 100,000 people aged 18+



Since we produced the data profile for the original local system review, Trafford's DToC performance has remained above the England average although it has been reducing overall. It is no longer significantly higher than the national average which it was at the time of the review and in many months previous to that.

Appendix: Emergency readmissions

Readmissions within 30 days for people aged 65+



Since we produced the data profile for the original local system review, Trafford’s emergency readmission performance (65+) has not changed much, remaining just above the England average over the first 3 quarters of 2017/18 and then falling just below the England average in Q4.