Manchester City Council
Report for Resolution

Report to: Health Scrutiny Committee – 2 February 2017

Subject: Manchester Urgent Care System

Report of: Ed Dyson, Chair Manchester Urgent Care Transformation and Delivery Board

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Summary

There are a range of performance measures and targets to assess urgent care system performance; the most widely shared is A&E performance which is measured by the national 4 hour target. It can also be seen as a proxy for the urgent care system as a whole as a sign of demand, ambulance performance, discharges. A&E performance is a measure of the system as a whole rather than the performance of a specific hospital. In Manchester, like other parts of the country, this performance indicator is not achieving the NHS standard.

There are a number of systemwide issues which impact upon this performance. These are described in detail within the paper. The paper also sets out the actions being taken within Manchester to improve A&E performance. It describes how the system is working together to do this.

Recommendations

Committee members are asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection):

None

1.0 Introduction

This paper outlines the key issues facing Manchester's Urgent Care system. The report will highlight current performance and difficulties achieving the required performance across urgent care health and social care systems. The report will also detail current measures and actions as well as detail future initiatives that will be taken to secure improvement. Committee members are asked to note the contents of this report.

2.0 Overview

There are a range of performance measures and targets to assess urgent care system performance; the most widely shared is A&E performance which is measured by the national 4 hour target, and monitored on a daily basis by each acute Trust and local CCGs. Performance against the 4 hour target can be seen as a proxy measure to show pressures on the whole urgent health and care system. 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 agreed trajectory 4 hour target in A&E.

There are a number of system wide issues impacting on urgent care performance in Manchester. These issues are not specific to Manchester but are facing health and social care systems In Greater Manchester and across the country. The key challenges are:

- Shortages of staff in key areas including medical, nursing, therapist and social care. This places a reliance on agency staff and additional pressure on core staff
- Increased attendances and acuity of patients presenting in A&E
- Increased turnaround time of ambulances in A&E, impacting on wider NWAS performance
- Beds taken out of the system by acute providers. They have been unable to reopen owing to challenges in nurse recruitment
- High levels of delayed discharges impacting on timely admission and effective patient flow
- Lack of sustainable provision of home care capacity to support discharges
- Variability in the provision of seven day health and social care services which can lead to gaps in joint working, typically out of hours and at weekends

This paper details current urgent care performance, problem areas, resilience schemes to improve urgent care performance and quality, and processes to formally monitor performance, lead improvement and provide assurance to Greater Manchester Health & Social Care Partnership (GMHSCP) and NHS England.

3.0 Current performance across the urgent health and care system

3.1 A&E 4 hour Target

As a result of the underperformance at the beginning of the 2016 / 2017 against the 95% A&E 4 hour target it was agreed the A&E 4hour measure will be performance

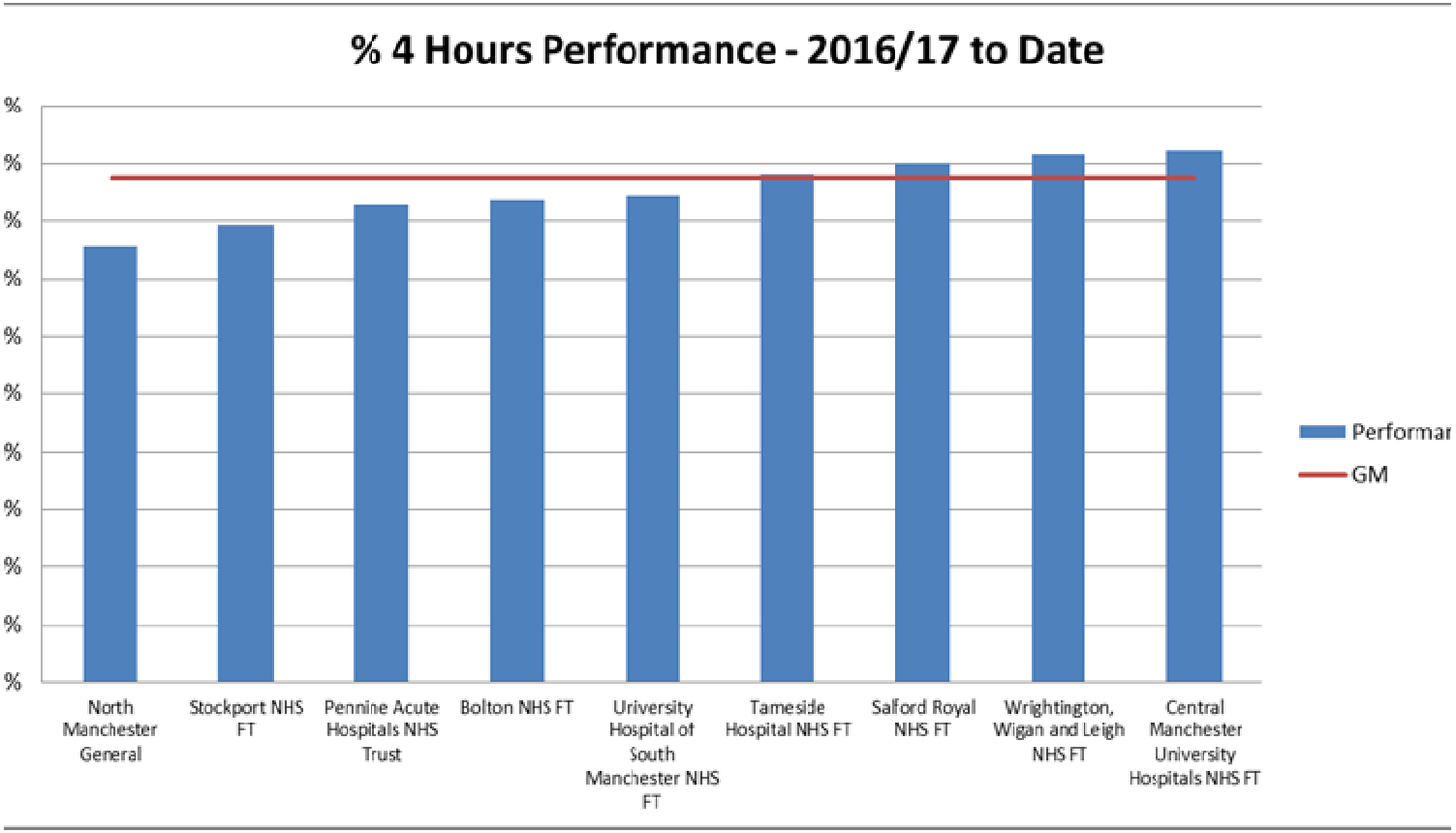
managed daily and monthly in terms of deviation from an agreed trajectory. The trajectory was agreed as a way of incentivising the acute Trusts to achieve an agreed sustainable and deliverable monthly trajectory resulting in entering the 2017/18 year in a much healthier position

Table 1: A&E 4 hour performance quarterly position across Greater Manchester Trusts against the agreed trajectory.

Quarter and Year end 4hr Performance for Greater Manchester Trusts (ref NHSE)														
	Q1	Q2	Q3	Q4	Year	Q1	Q2	Q3	Q4	Year	Q1	Q2	Q3	Year to Date
	2014/15	2014/15	2014/15	2014/15	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16	2016/17	2016/17	2016/17	2016/17
Bolton NHS FT	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%	90.93%	80.03%	90.31%	82.30%	84.97%		83.63%
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%	93.61%	92.98%	91.01%	92.29%
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%	85.71%	84.39%	79.68%	82.70%
Salford Royal NHS FT	92.70%	96.60%	94.80%	95.80%	94.90%	96.20%	95.22%	90.95%	90.86%	93.29%	92.24%	87.81%		90.04%
Stockport NHS FT	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%	92.97%	80.65%	72.94%	84.88%	82.05%	76.69%		79.37%
Tameside Hospital NHS FT	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%	89.59%	77.67%	81.27%	84.83%	90.40%	86.00%		88.21%
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%	76.89%	90.82%	86.74%	84.67%
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%	92.31%	91.17%		91.74%
Greater Manchester	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	92.90%	86.50%	83.32%	89.15%	87.79%	87.46%		87.62%

The above 4hr performance data is shown per acute Trust. North Manchester General Hospital 4hr performance is included in the Pennine Acute Hospitals data. For ease of reference and local reference the data for North Manchester General Hospital is shown against the other Greater Manchester hospitals below.

Table 2: A&E 4 hour performance quarterly position across Greater Manchester



The following tables illustrate the Manchester hospital's 4hr A&E performance against the agreed STF trajectories

Table 3a: Manchester acute Trusts A&E 4hr performance against STF trajectories

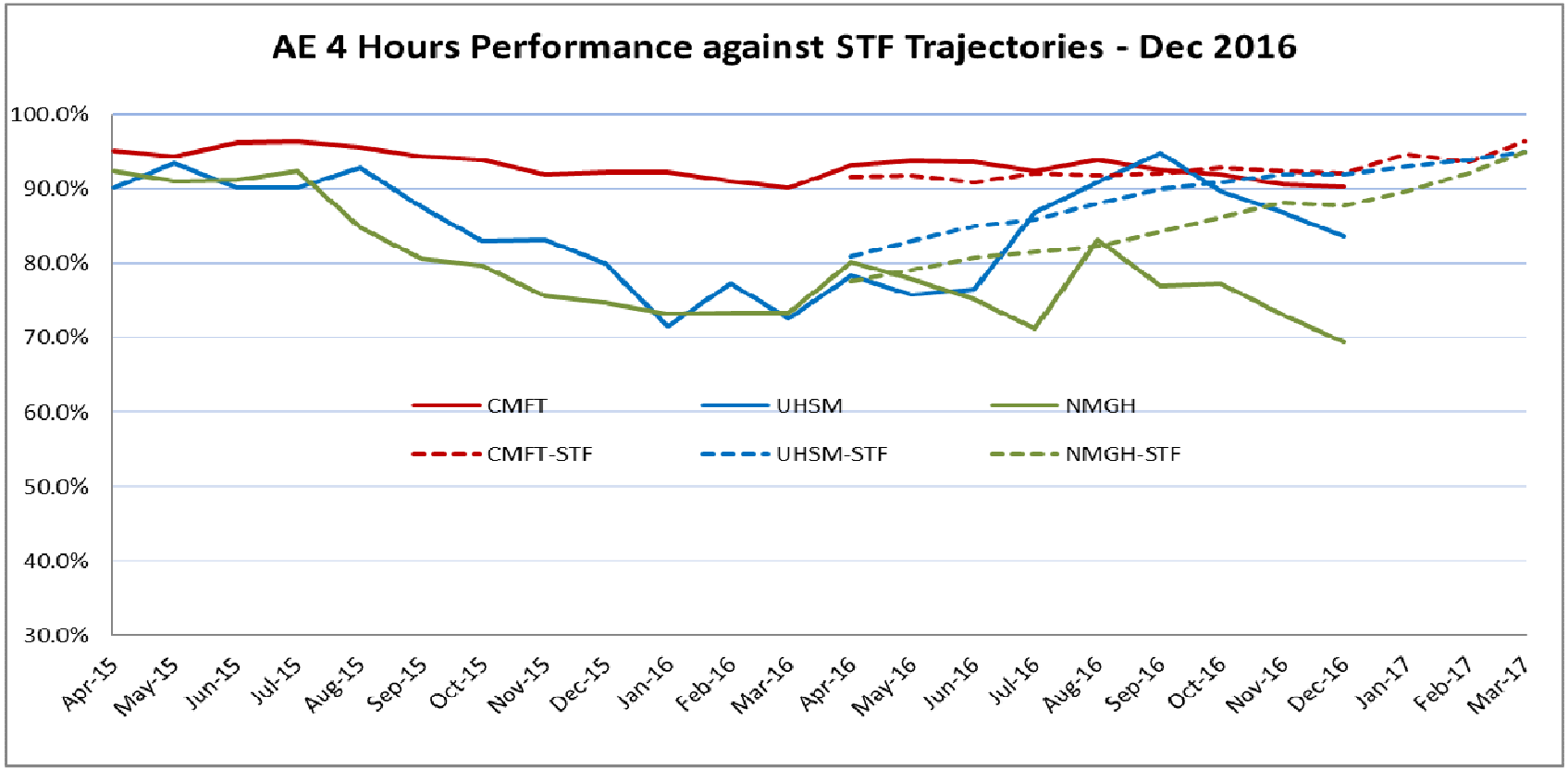


Table 3b: Manchester acute Trusts A&E 4hr performance against STF trajectories

	2014/15					2015/16					2016/17			
	Q1	Q2	Q3	Q4	Annual	Q1	Q2	Q3	Q4	Annual	Q1	Q2	Q3	Annual
CMFT	95.3%	95.1%	91.5%	95.6%	**94.4%**	95.3%	95.4%	92.7%	91.1%	**93.6%**	93.6%	92.9%	91.1%	**92.3%**
UHSM	91.1%	95.1%	92.0%	89.5%	**91.9%**	91.3%	90.2%	82.1%	73.8%	**84.4%**	76.9%	90.8%	86.7%	**84.6%**
NMGH	97.1%	95.1%	94.4%	94.2%	**95.2%**	91.6%	86.1%	76.7%	73.3%	**81.9%**	77.7%	77.0%	73.4%	**75.7%**

Source: Source: NHS England - National Published Statistics .Q3 - 2016/17 - UCSI Shared Intelligence Reports

3.2 Ambulance handover and performance

The North West Ambulance Service (NWAS) works to strictly mandated response times for emergency call outs, which includes an 8 minute response time for 75% of calls for patient with life threatening conditions. These are designed to get suitably trained personnel out to a person in need of emergency medical attention – and often emergency conveyance to hospital – within an optimum timeframe. For the ambulance service to achieve these response times it is necessary to maximise the time that vehicles and crews are out on the road responding to emergencies.

When a patient requires hospital treatment, they are conveyed by NWAS to hospital. The care of the patient is transferred from the NWAS crew to the hospital staff. This is known as a 'handover'. The standard for this is 15 minutes to handover the care of the patient to the hospital and 15 minutes to clean and prepare the vehicle for its next call; therefore 30 minutes in total.

The faster the ambulance crew can handover the patient the sooner they can become available to respond to another call. Delays in handover to A&E can have a significant impact upon the operational delivery of the ambulance service.

During December 2016, pressures on the urgent and emergency care system across Greater Manchester have led to some very long waits – sometimes upwards of >2 hours – for the care of patients to be 'handed over' from ambulance crews to receiving hospital sites. This is not conducive to patient experience, quality care or the effective use of ambulance resources.

Table 4: Greater Manchester ambulance handovers over 2 hours

Hospital Site	Ambulance Handovers > 2 Hours (Dec 16)
Stepping Hill	121
Royal Bolton	84
North Manchester General	45
Wigan Infirmary	41
Royal Oldham	29
Tameside General	21
Fairfield General	10
Wythenshawe	8
Manchester Royal Infirmary	6
Salford Royal	6
Total	**371**

Source: NWAS HAS Reporting Portal – January 2017

This problem is not unique to Manchester or Greater Manchester. Across the NWAS North West footprint, the average turnaround has increased from 30 minutes in December 2015 to 38 minutes in December 2016. This affects crew availability to respond to calls.

There has been a large focus across Greater Manchester on the handover of patients from NWAS who held a Patient Safety Summit at the end of Q3 to improve the handover of patients as we headed into winter. This focus by the Trusts has resulted in a positive impact on handover times, with all 3 hospitals in Manchester improving.

In January 2017 Manchester Royal Infirmary and Wythenshawe Hospital had an average turnaround time of 30 minutes, and North Manchester General Hospital had an average turnaround time of 33 minutes.

All three acute hospitals improved their rating in the GM ambulance ranking table.

	GM Trusts Rank (1 Best - 10 Worst)		
	Q1/Q2 2016/17	1st Nov - 1st Jan	Trend
Manchester Royal Infirmary	9	5	
North Manchester General	10	7	
Wythenshawe	3	1	

Focused ambulance' handover' work to address performance in Manchester has included:

- Each CCG has A&E Operational Delivery Groups, who monitor performance of NWAS and have specifically challenged Trusts on handover performance.
- A dedicated NWAS task and finish group at both CMFT and NMGH.
- UHSM is leading specific work about sharing best practice for handover across Manchester.
- Resilience investment to improve ambulance handover and patient flow

Ambulance handovers is subject to close operational scrutiny and management via established urgent care system-wide escalation procedures.

3.3 Delayed Transfers of Care (DTOCs)

Delayed Transfers of Care (DTOCs) represent a major operational challenge for the health and social care system. Again, this is a national problem. Although the number of DTOCs is relatively low as a proportion of the number of hospital beds, the high levels of bed occupancy mean that the impact of DTOCs is significant. Patients unable to leave the hospitals when they no longer need acute care prevent the effective flow of patients through the hospital system and can affect a hospital's ability to achieve the 4-hour A&E standard. Achieving timely, safe and effective discharge from hospital requires effective partnership working between the ward, discharge team, social care and community services. For patients with multiple health and care problems, this can be challenging because of the number of

professionals and organisations involved in assessment, decision making and future care. This requires excellent coordination between staff and services. It is critical that patients and families are involved in decision making and clearly understand what is planned and what actions they may need to take.

There are a number of both NHS and Social Care factors that may result in a delayed discharge from an acute hospital for patients who are medically fit. These include:

- Completion of assessment of needs, for example for long term care. Such decisions should not be made when a patient is medically unwell.
- Further non acute NHS care (including intermediate care, rehabilitation etc). In common with acute beds, there is pressure on other beds, such as intermediate care, in the city. This can mean that patients need to wait for a bed to become available.
- Nursing Home or Residential Home availability which can mean that patients wait for a bed to become available. There can be capacity issues in parts of the city and also for specialist needs such as elderly mental illness
- Community Equipment/adaptions. In order to ensure a patient's home is safe for their future needs, they may need to wait for equipment and adaptations to be made prior to discharge
- Public Funding
- Access to timely care package in own home. As described below there are capacity issues with home care which mean that it takes time for a care package to be commissioned and put in place
- Patient or family choice. Making major decisions about future health and care needs can be very difficult for patients and families so families need to be clear about such decisions as soon as possible during the patient's hospital stay. This means that families can have the necessary time to make decisions such as choosing a care home. Delays can occur with family choice because a home of choice has no availability, poor communication between the hospital and families or because moving to a care home can have financial implications for patients and their families.
- Housing - patients not covered by NHS and Community Care Act. Equipment and adaptations may not be enough to enable someone to stay in their current home and so they need to explore options for different types of housing, such as Extra Care

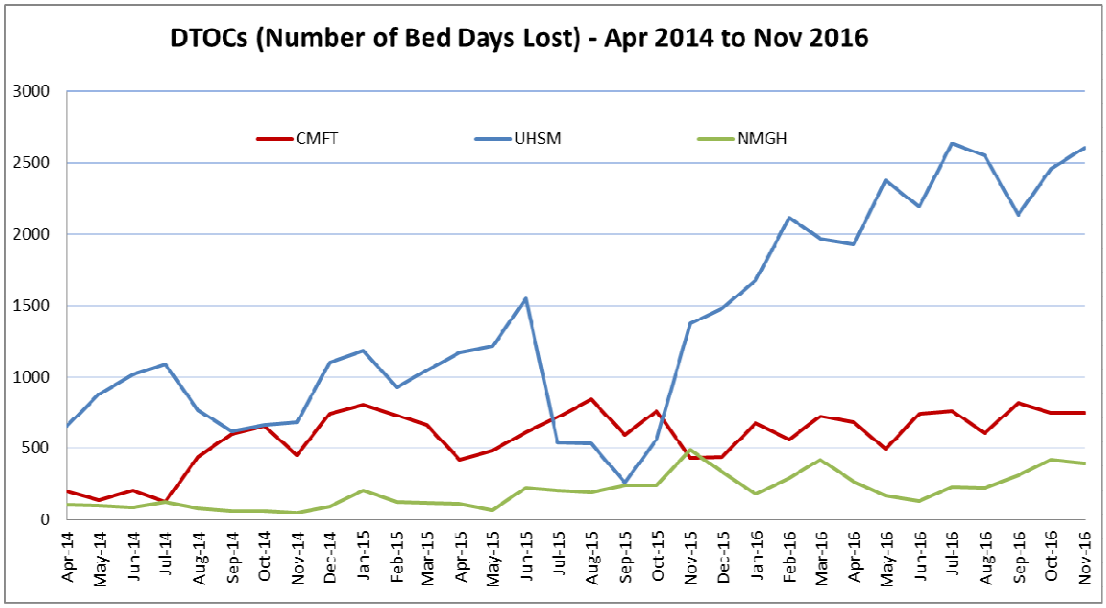
The range of initiatives described in section 5 of this report show how the city is working to overcome DTOCs.

Across Manchester, Manchester City Council (MCC) support three acute Trusts, each dealing with DTOCs independently, which presents a significant operational complication for the Council's Adult Care Service ie the management of DTOCs takes place in triplicate, with all the resource implications entailed. In addition, MCC's ability to contribute to the timely discharge of patients is inevitably affected by budget pressures.

The footprints of the Manchester acute Trusts also mean that they have patients from a number of localities outside Manchester. This means they must work with other community providers and local authority social care teams to facilitate discharges.

Manchester City Council is continuing working through a transformation programme to integrate health and social care services, through the "Care Closer to Home Project". A key aim is to manage demand differently to ensure the Council is able to continue to discharge its statutory duties effectively, in an increasingly challenging operational environment and enable more people to remain at home for as long as possible supported by community based packages of care and support. There are current market challenges to availability of Home Care provision across the city. CCGs are working in partnership with MCC to understand current market constraints and opportunities to develop new models that move away from time based commissioning that may include new roles that blend traditional health and care roles.

Table 5: Number of beds days lost at Manchester's acute Trusts per month owing to delayed discharges (April 14 – Nov 16)



Source: Acute Trust Delayed Transfers of Care - Daily Activity Apr 14 to Nov 16

DTOC challenges are most prevalent at UHSM. It was agreed that we had a need for a system-wide approach to the DTOCs challenge at UHSM and it was agreed to identify a named Executive in each partner organisation across health and social care to whom blockages to discharge could be escalated, for action and feedback.

A member of the CCG Improvement team attends the daily delays meeting held at UHSM, identifying those patients where business as usual processes were not facilitating a discharge and escalating these to the appropriate Executive for specific action.
As detailed earlier there are a number of reasons for delays, with current challenges related to the availability of appropriate packages of care and both general and specialist dementia nursing home places across Manchester and Trafford. Work is ongoing across the health economy to improve discharge processes and the availability of nursing and residential home capacity.

For Central Manchester, DTOCs are fairly well managed, and have not been highlighted as an issue.

GMH&SCP have appointed a DTOC lead to support acute Trusts in the achievement of a GM target of 3.3% for delayed transfers of care. Table 6 illustrates the current position against the 3.3% target at each of Manchester's acute Trusts

Table 6: Current DTOC position in Manchester's acute Trusts against 3.3% target

Trajectory - 3.3% by Mar-17	Trajectory - 3.3%											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
UHSM	9.3%	11.4%	10.6%	11.9%	11.3%	9.9%	10.7%	11.9%	10.5%	12.6%	4.0%	3.3%
CMFT	1.9%	1.4%	2.1%	2.1%	1.7%	2.3%	2.1%	2.1%	3.3%	3.3%	3.3%	3.3%
NMGH	2.2%	1.2%	1.0%	1.8%	1.7%	2.5%	3.3%	3.2%	3.9%	3.3%	3.3%	3.3%
City Wide	4.3%	4.6%	4.7%	5.2%	4.8%	4.8%	5.1%	5.5%	5.7%	6.3%	3.5%	3.3%

Target
Actuals

3.4 NHS111

NHS 111 is the non emergency phone number which provides signposting, advice and access to other urgent care services. In November 2015, NHS 111 also took over responsibility for the call handling of GP Out of Hours' services. This presented significant challenges to NHS 111, particularly in managing the significant surges in call numbers that occur in the early evenings and Saturday mornings. The service has therefore been monitored closely from both a performance and quality perspective.

The disposition of calls from NHS111 has remained relatively constant since November 2015.

Table 7: Disposition of NHS111 calls (Nov 15 – Dec 16)

	% Total Ambulance Despatches	% Recommended to Attend A&E	% Recommended to attend primary and community care	% Recommended to Attend Other Service	% Not Recommended to Attend Other Service
NHS North Manchester CCG	16%	7%	56%	2%	19%
NHS Central Manchester CCG	15%	8%	55%	2%	20%
NHS South Manchester CCG	14%	7%	56%	3%	20%
North West Position	**14%**	**7%**	**58%**	**3%**	**18%**
GM Position	**15%**	**7%**	**57%**	**3%**	**18%**

3.4.1 NHS111 Performance

Since the full roll out of NHS111, performance has been monitored closely. There were initial concerns around performance which improved from April 2016. This coincided with new staff who were NHS Pathways (the system used by NHS111) trained commencing work in the NHS111 call centre. Over the summer performance improved with 80-90% of calls answered in 60 seconds.

Since October 2016 performance, in terms of percentage of calls answered in 60 seconds is reducing. This has been closely monitored as performance was a cause for concern, particularly at weekends. Since new staff have been trained and undergone preceptorship (period of transition), more staff have come on to the rota and performance has begun to improve.

To support an improvement in performance and quality, NWAS have introduced some new models of care which have required some changes to call handling. Callers will be asked to select from an initial menu specific types of problems they are calling about. These new models are being closely monitored and are designed to improve the patient experience and performance.

3.4.2 NHS 111 Clinical governance

All feedback and complaints are reviewed the Manchester Clinical Lead for NHS111 and discussed at the Greater Manchester Clinical Quality Assurance Committee. More in depth reviews have been conducted when indicated. From this review there have

been areas for improvement in the service identified. This has included submitting requests for change to NHS Pathways, making changes to the NHS111 Directory of Services and some specific initiatives. For example, there were a number of calls for patients in care homes when the caller was not able to provide the information that NHS111 required. A 'Guide to Making a Call to NHS111' was written and this has been presented to the Manchester Care Homes Forum and distributed to all care homes.

Other initiatives include an audit of calls for patients who were 'expected deaths' when there was no information available to NHS111 stating that they were expected to die. This GM wide audit revealed that there were a number of reasons why this information was not visible to NHS111, from technical problems, GP had not uploaded information, GP had not received information from the hospital, particularly if they were sent home on a 'fast track'. There has been work to address the issues where possible at individual and system level as required.

3.4.3 NHS111 Patient experience

Each month NHS111 sends out 100 patient satisfaction surveys for each county footprint (Greater Manchester, Cheshire and Merseyside, Cambria and Lancashire). In November 2016 a total of 211 out of 300 surveys sent were returned. One of the questions asked is 'what would you have done if NHS111 had not been available?'. Around 29% answered 'go to A&E' and 15% answered 'call 999'. On further analysis those who would have gone to A&E, half were referred to primary care services or given home management advice and 43% were referred to the ambulance service or A&E, minor injuries unit or urgent care centre. Based on the consistent reporting from the patient surveys, NHS111 is helping to reduce A&E attendances.

4.0 System wide response to urgent care challenges across North, Central and South Manchester

A number of initiatives to improve urgent care performance are being delivered collaboratively by all three Manchester CCGs. Most significantly, a citywide strategy for the "reactive" elements of urgent care is being developed. This will ensure consistent approaches across the city.

4.1 Extended primary care access

Manchester's three GP federations provide additional access to GP appointments across the city. Patients registered with a Manchester GP can book an appointment during weekday evenings and at weekends across eleven locations across the city. This increase in GP appointment capacity makes it much easier for Manchester patients to book a GP appointment and particularly meets the needs of those who find it difficult to attend surgeries during routine working hours.

The urgent primary medical services out of hours' service provided by GTD Healthcare still provides care for Manchester registered patients during the out of hours' period; 1830-0800 Monday to Friday and 24 hours at weekends.

4.2 Home from Hospital

Home from Hospital service offers personalised support to patients aged over 60, who fall outside the scope of re-ablement and social care and may be at risk of re-admission, following discharge from the three acute Hospitals within the City. The service contacts all over 60s the day following discharge and ensures that vulnerable or isolated patients can be provided with practical discharge support which helps them build resilience at home. This can include falls prevention measures minor repairs, help with applying for welfare benefits and technical support to address property disrepair, assess home adaptations and offer assistance to improve the energy efficiency and thermal comfort of their home.

4.3 Alternative to Transfer (ATT)

NWAS is working with other services to provide alternatives to hospital transfer. The use of the Pathfinder Tool identifies which patients are safe to be left at home subject to there being another service available to continue appropriate assessment and care of patients in a timely manner. This is particularly beneficial for lower acuity patients, particularly those who are elderly who currently are taken to the emergency department and often admitted when this may have been unnecessary.

This scheme has consistently shown reductions in emergency ambulance activity, reductions in A&E attendances, and reductions in hospital admissions. All three CCGs have ATT cover seven days a week.

There is a slightly different version of the scheme operating in North Manchester. Whereas the out of hours service provides a standard GP led ATT service for Central and South Manchester, in North Manchester, NWAS is referring directly into the Crisis Response multidisciplinary team, this is the highly regarded ANP led Amber Pathway with a confirmed deflection rate of 97% compared with standard ATT rates of between 76% - 92%. In line with standard ATT services the Out of Hours service provides cover during the overnight period.

5.0 Local Resilience Schemes to improve performance.

5.1 Commissioning for Quality and Innovation (CQUIN) and Resilience Schemes

As a result of challenged performance during 2015/16, the Manchester and Trafford Urgent Care System identified that a new approach was needed if partners were to respond to the sustained pressures across the health and care economy. The CQUINs payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. This means better experience, involvement and outcomes for patients.

The Manchester CCGs allocated non recurrent resilience funds, and Central and South Manchester CCGs also utilised CQUIN funding to provide assurance and improve the performance and quality of urgent care services for 2016/17. As NMCCG was an associate of the PAHT contract, it was not part of this scheme and therefore

its resilience schemes were developed with the North East Sector and are shown later in this paper.

Resilience Scheme Themes	CQUIN Scheme Themes
1. A&E Attends	
2. Attendance Avoidance	
3. Admission avoidance	
4. Patient flow	
5. Effective & Timely discharge	

In November 2016, Manchester's Urgent Care Transformation & Delivery Board were given an additional investment of £995k non recurrent funding for Central, South Manchester & Trafford in the five mandated improvement initiatives: A&E Streaming, NHS111, Ambulance, Patient Flow, Discharge, within the 2016/17 A&E Improvement Plan. A number of proposals were approved that through the allocation of extra non recurrent monies support the development of areas needing improvement. These proposals have been agreed by the GMH&SCP and £500k has been allocated to the South & Trafford economy, and £490,800 for the Central & Trafford economy.

North Manchester locality submitted proposals as part of the Pennine Acute Hospitals footprint via the North East Sector A&E Delivery Board. North Manchester locality proposals were approved and were allocated £449,401.

Workplans have being developed to facilitate mobilisation, and monitor performance against agreed trajectories. These will be aligned to each locality improvement plan.

5.2 South Manchester A&E Operational Delivery Group

During 2016/17, the South Manchester and Trafford health and care system has prioritised support for urgent care performance. The associated assurance plan was developed with the following principles in mind:

- 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

The plan included two key elements:

5.2.1 CQUIN investment

CQUIN resources form part of the hospital's contract. In recognition of the significant challenges for the urgent care system, it was agreed that these resources would be directed to support the UHSM in the delivery of the A&E performance standard in 2016/17. This has included focus on service delivery such as:

- Fast Track of GP patient referrals avoiding A&E.

- Develop next day bring back system for patients to ambulatory care to avoid an emergency admission.
- Reduce the number of medical patient 'outliers' in surgical beds
- Appropriate management of histopathology and abnormal radiology results
- Deliver effective and timely discharge
- Reduce the number of NHS attributable reportable delayed transfers of care

5.2.2 System resilience investment

Community Urgent Care Response
A Community Urgent Care Response team has been established and went live in October 2016 using the Single Point of Access (SPA) as the point of referral. The SPA became operational 7 days per week from 21st November 2016. The service has an agreed referral pathway to the night sitting service (provided by Age UK) through SPA.

The Enhanced Care element of the service went live from the 1st December 2016. Each GP practice has defined a local agreement for frequency, type and patient identification of Multi-Disciplinary Teams. There is also MCC funded social care additionally to the Integrated Community Team which support and compliment the team – and to improve timeliness of assessments and requests for reablement.

The investment is also expected to reduce the number of South Manchester patients readmitted into UHSM within 30 days.

A&E Helicopter Role
Investment has been made to support a recurrent 'Helicopter' role to focus on busy periods in emergency department. The role is a senior clinical role to support staff in A&E to improve ambulance handover/turnaround and reduce delays to assessment / treatment. The role provides clinical input in supporting patient review and flow; challenge to the system regarding optimising deflections; alongside a close understanding of local issues. This role has consistently attributed to the achievement of the A&E 4hr target in busy periods to reduce ambulance handovers.

Rapid Assessment Interface & Discharge (RAID) additional posts
Additionality in the mental health RAID team at UHSM from 5 day Monday-Friday to 7 day working, enables 24/7 mental health assessment and interventions for all UHSM inpatients, regardless of GP registration, and those presenting at A&E/Medical Admissions Units (MAU) - allowing rapid response via a single point of access. The additionality also supports provision of formal and informal education, teaching and supervision to acute hospital staff Informal training session's topics include: risk assessment, psychiatric symptoms / disorders, nursing care, Mental Health Act/Mental Capacity Act, medication and challenging behaviour..

Discharge Coordinators
This scheme is funding for GP Practices in South Manchester to have a named discharge coordinator in GP practice to support short length of stay and turnaround from ambulatory care. Tasks include arrangement of medication changes, medicines reviews, arrange GP review and to monitor readmissions with a view of reducing these by the coordination of additional tasks.

5.2.3 A&E improvement plan investment

In addition to its assurance plan for 2016/17, the South Manchester and Trafford system was successful in securing further investment from the Greater Manchester Health and Social Care Partnership to support delivery against the national requirements of the A&E Improvement Plan. This investment included initiatives such as:

- Additional community beds in Manchester and Nursing beds in Trafford under the Rapid Hospital Discharge Scheme
- Purchasing additional equipment to increase capacity and reduce delayed discharges

5.3 Central Manchester A&E Operational Delivery Group

During 2016/17, the Central Manchester and Trafford health and care system has prioritised support for urgent care performance. The associated assurance plan was developed with the following principles in mind:

- 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

The plan included two key elements:

5.3.1 CQUIN investment

CQUIN resources form part of the hospital's contract. In recognition of the significant challenges for the urgent care system, it was agreed that these resources would be directed to support the Trust in the delivery of the A&E performance standard in 2016/17. This has included focus on service delivery such as:

- Increasing the utilisation and activity within the trust's ambulatory care unit
- Increasing the utilisation and activity within the trust's surgical hot clinics
- Introducing a process to track the timelines of patient transfer from the emergency department to the appropriate ward, following the allocation of beds
- Reducing the number of delayed transfers of care which are attributable to the NHS

5.3.2 System resilience investment

The system resilience plan for the year includes initiatives such as:

- Investment in the in-hospital urgent care system
- Investment in a package of additional social care resource to support timely discharge of Manchester patients 7 days per week (Q2-4)
- A partnership initiative between CMFT and the North West Ambulance Service to support the management of ambulance arrivals and turnaround times at the

Manchester Royal Infirmary. The role commenced in October 16 which has led to a reduction in ambulance handover delays at Manchester Royal Infirmary year on year. (Q3-4)
- An enhanced home from hospital service to operate at CMFT (Q3-4)
- Investment in GP shifts at the Royal Manchester Children's Hospital emergency department, to support the department in times of pressure (Q3-4)
- Investment to increase the coverage of a service which works with frequent callers to the North West Ambulance Service (Q3-4)

5.3.3 A&E improvement plan investment

In addition to its assurance plan for 2016/17, the Central Manchester and Trafford system was successful in securing further investment from the Greater Manchester Health and Social Care Partnership to support delivery against the national requirements of the A&E Improvement Plan. This investment included initiatives such as:

- Expand the Intermediate Care Assessment Team with a focus on discharge to assess and improving rapid response
- Investment to facilitate timely discharge including funding to secure additional EMI/nursing beds for Manchester patients, and to block book additional homecare packages
- Investment in reablement capacity to facilitate patient flow in to and out of reablement, and improve response times to avoid hospital admission
- Block purchase nursing home beds in Trafford under the Rapid Hospital Discharge Scheme for patients requiring ongoing nursing care needs

<u>Health and social care integration</u>
In addition, Central Manchester CCG and Manchester City Council continue to work with Central Manchester's Provider Partnership to continue initiatives which support collaborative working and the integration of health and care services. Examples include:

- Manchester pathway for homeless patients (MPath), jointly funded by CMCCG and NMCCG – a specialist GP led multi-disciplinary team which has considerable expertise in working with homeless patients that possesses the skills, knowledge and networks to work with relevant statutory and non-statutory agencies to undertake work with frequent A&E attendees and homeless patients that are admitted to the MRI and to NMGH in order to reduce attendances, admissions and readmissions, improve health outcomes and patient experience and increase the use of primary care services for this cohort
- Care homes primary care model – a collaborative initiative which provides primary care, community nursing and
- pharmacy support to Central Manchester care homes, with a focus on supporting residents to receive high quality and well-coordinated care in their place of residence, and to reduce avoidable admissions to hospital
- Community intravenous therapy service – to provide IV therapy in community settings, therefore supporting patients to avoid hospital stays or prolonged hospital stays where clinically appropriate

5.4 North Manchester A&E Operational Delivery Group

North Manchester CCG is a partner in the North East Sector A&E Delivery Board as approximately two thirds of its registered patients use the PAHT sites, particularly North Manchester General Hospital (NMGH); the other third of its population mainly gravitate towards CMFT. In the North, assurance is provided via a North Manchester A&E Operational Delivery Group (ODG). A&E performance at North Manchester General Hospital (NMGH) has been challenging in 2016/17, and NMGH are not expected to achieve the 4 hour A&E standard. Compared with its peers, the site has a low conversion rate which is a positive report. There is pressure on the site, the cause of which is multi-factorial; workforce recruitment, severity of presenting illness, delayed discharges, and reduced bed capacity. The impact is felt across the system with an increasing number of ambulance delays which is causing concern.

Year on year there has been a reduction in A&E attends at NMGH, with the greatest reduction in attendances and emergency admissions being North Manchester CCG registered patients. This reflects the success of some of the innovative developments in community services in North Manchester. Due to North Manchester having a multi-disciplinary discharge team, the delays for North Manchester patients are significantly low compared with patients from other boroughs on the site.

In addition to the many robust and highly commended services commissioned across the North locality, the CCG has committed the following funds to further boost resilience. The total amount for the North Locality as at 20th January, 2016 (incorporating SRG baseline of £1,386,000, additional CCG funding of £382,925 and additional GM monies of £449,401) is £2,218,326. Of this, £939,044 is spent on PAHT North schemes. The rest of the investment is spent with the local authority, the third sector, NWAS and CMFT. All schemes are agreed by the partners within the North Manchester Locality Group which takes the view that we should have a locality approach rather than a wholly acute approach; furthermore schemes are designed to work alongside existing services.
Examples of some of the services which add resilience to the system and work to enable safe patient flow are as follows (this is not an exhaustive list):

5.4.1 System Resilience Schemes

Community Assessment and Support Service (CASS)
The Community Assessment Support Services CASS is an integrated community health and social service. It includes reablement, intermediate care, crisis response and navigator services. The enhanced intermediate care beds and home pathway placements are available to step patients up from the community and also to step down from acute care

North Boiler and Home Support Fund
This is available to Crisis Response and to Manchester Care and Repair to fund ad-hoc social needs of vulnerable patients. Examples are electricity top-up cards, food staples, clean linen, house cleans, boiler repairs/replacements. Keeping vulnerable patients safe and warm at home contributes to their ability to self-manage and reduce demand on the urgent care system. It also includes equipment to help families prevent child accidents at home, eg stair gates, window locks

North Manchester Crisis Response
The Crisis Response team is an award winning multidisciplinary team delivering a 7 day service to patients in their place of residence. The service delivers care to acutely unwell patients and has a wide range of community services to access within and outside of CASS. They also work with North West Ambulance Service (NWAS) to take Amber referrals direct from NWAS and treat patients within their home, due to the skill-mix within the team. The service has recently received further CCG investment to enable it to expand and increase its offer to patients

Enhanced Home from Hospital
This service which mirrors the service at CMFT, is operating from NMGH and, taking vulnerable people to their place of residence, settling them in and doing that little bit extra to make sure that they are safe at home; it is a 'take home and tuck up' service. For Manchester patients it complements the core Home from Hospital service referenced in the citywide initiatives.

Community Intravenous Therapy (IV) Service
This is a successful service delivered in the community and offers IV antibiotics and sub-cut fluids to patients within their place of residence as an alternative to admission and also supports early hospital discharge.

Palliative Care Hub
The Palliative Care hub in North Manchester is fully operational with a Consultant based in the Community. A highly responsive service delivering a high level of care with dignity and respect allowing patients to be cared for in their preferred place of residence

Ambulatory Care
The CCG has funded an additional post to work alongside acute staff within the Ambulatory care facility (North Manchester Treatment Centre) promoting admission avoidance, ambulatory care primary and community delivered pathways, clinical advice and links in with community delivery of urgent care.
Beginning in November 2016, a clinical project manager role is overseeing the transition of ambulatory care which entails working closely with ambulance crews to identify patients with ambulatory care conditions and stream them directly to the Treatment Centre on the site, thereby allowing timely handover of patients; this role is enhanced by NWAS who have also released a paramedic to help assist embedding this practice within the ambulance corridor at NMGH and with crews on their way to the site.

Falls pathway
The falls pathway allows referral to the community urgent care service to avoid admission. This is enhanced by additional falls equipment made available to clients

Acute Respiratory Assessment Service
The Acute Respiratory Assessment Service provides responsive early supported discharge and admission avoidance. A consultant led clinic is provided in the Cheetham Hill area with 'hot-slots' available for on the day consultant access for patients in the community. Pulmonary rehabilitation is provided all year round in a variety of locations including patients' own place of residence to support patients.

Additional capacity
North Manchester CCG funded additional capacity in 2016/17

- NMGH consultant and medical staff to increase capacity including additional ward rounds
- Additional paediatric staffing at NMGH
- Additional reablement packages, reablement workers and social workers
- Additional equipment into the North Manchester Community Services

Night Sitters
The CCG has funded Night Sitters to sit with vulnerable and eligible patients overnight to attend to patient needs, for example to remind them to take medication, see to toilet needs. This is to promote patient dignity and well-being, support patients in their place of residence and to reduce demand on the urgent care system

Transport (SRG funded)
North East Sector SRGs have funded a 'single point of booking' at PAHT, to reduce the duplication of transport bookings, reduce transport wastage, and ensure patients are able to leave the PAHT sites in reasonable timeframes. It also offers an inbound service to primary care to enable quicker turnaround of patients. In North this service is also offered to the Crisis Response Service to further support patients as appropriate

Care Homes
The CCG has funded lifting equipment in 10 care homes across North Manchester. This first phase has yet to be evaluated with NWAS but approximately 76 ambulance call outs have been prevented in 4 months. 4 more units for care homes, and a further unit for a mental health facility is planned for the next phase.
In addition, the CCG has put out to bidders to tender for an enhanced primary care offer to care homes across North Manchester, closing date for bids Friday 20th January, 2017

Housing
The CCG recognises the link between health and housing. Working with the City Council it has collaborated on a range of housing options to facilitate safe discharge for clients that require a period of up to 8 weeks transitional housing with different levels of support. Currently there are 5 transitional flats in North Manchester with a further 2 coming on line in February; in addition the CCG is working with the council to scope 3 sheltered accommodation units in Crumpsall, hopefully also on line in February. There is a pilot to enhance the current HOOP (Housing Options for Older People) service – another highly regarded North Manchester initiative - by offering a floating housing worker to cover the North locality and also an additional case worker with Care & Repair to help clients maximise their incomes and keep safe and well at home

5.4.2 A&E Improvement Plan initiatives

The North Manchester proposals to deliver against the A&E Improvement Plan include:

- An ATT/AVS for paediatrics in North for 7 days a week, 08:00 to 24:00. To test demand for a paediatric amber pathway
- A&E trackers at the MRI - 2 x Band 3 (because a third of North Manchester patients use the CMFT urgent care footprint)
- Additional A&E Nurse Support at NMGH to improve handover (15.6 hours) Band 5
- 1 x Middle Grade doctor at NMGH
- Additional reablement workers to expedite discharges and boost flow through the system - Grade 4
- Additional Social Worker - to extend social worker role currently in place to Mar 17 to facilitate patient flow and timely discharge
- Medical Assessment Unit- Physiotherapy post at NMGH

It is recognised that despite significant investment across the City there are still a number risks to achieving required performance. The risks include:

- An inability to recruit medical and nursing workforce, and flex bed capacity during surges in demand
- Demand on acute bed stock
- Availability and flexibility of appropriate out of hospital capacity leading to increased delayed discharges
- Poor mental health performance against the 4 hour target

All of the risks have the ability to impact on the benefits realisation of local resilience schemes.

5.5 Citywide initiatives to support urgent care resilience

Additional to the above resilience infrastructure, the Manchester's Urgent Care Transformation & delivery Board have agreed a number of Citywide work streams to improve performance across the City:

5.5.1 Citywide Resilience schemes

- UHSM are leading a citywide ambulance handover workstream to share best practice in relation to handovers across all three acute Trusts
- CMFT are leading a citywide mental health workstream to review A&E mental health data and breach attributions
- During Quarter 3 2016/17, Mersey Internal Audit have undertaken a due diligence review of systems for reporting and managing DTOCs across the city of Manchester to ensure there is a consistent approach as the Single Hospital Service develops. The final report will be reported to Manchester's Urgent Care Transformation & Delivery Board in Q4, and will be used to inform a 'Safe and effective discharge' workstream led by Manchester City Council on behalf of the City

5.5.2 Transformation - Urgent Care First Response

Urgent Care First Response (UCFR) is Manchester's principal urgent care transformation programme. It forms part of the city's emerging urgent care strategy and supports delivery of the National 2014 Urgent and Emergency Care Review. The

programme aims to deliver a financially and clinically sustainable urgent care system for the city. Manchester's health and care commissioners have identified UCFR as a priority programme of work within the draft prospectus for the emerging local care organisation because of the fragility of the current urgent care system and the need to deliver significant financial savings, particularly through reductions in non elective hospital admissions and long term admissions to residential and nursing care.

The programme is a Manchester locality plan priority with overall governance from the city's Health and Wellbeing Board with the Manchester Urgent Care Transformation and Delivery Board being accountable for delivery of the programme.

UCFR was originally developed as a proposal by the Central Manchester Provider Partnership in March 2015. The proposed approach was supported by commissioners from the three Manchester CCGs who agreed that the model should be developed on a citywide basis.

UCFR has four workstreams:

- First contact
- Urgent primary care
- Community response
- Ambulatory care

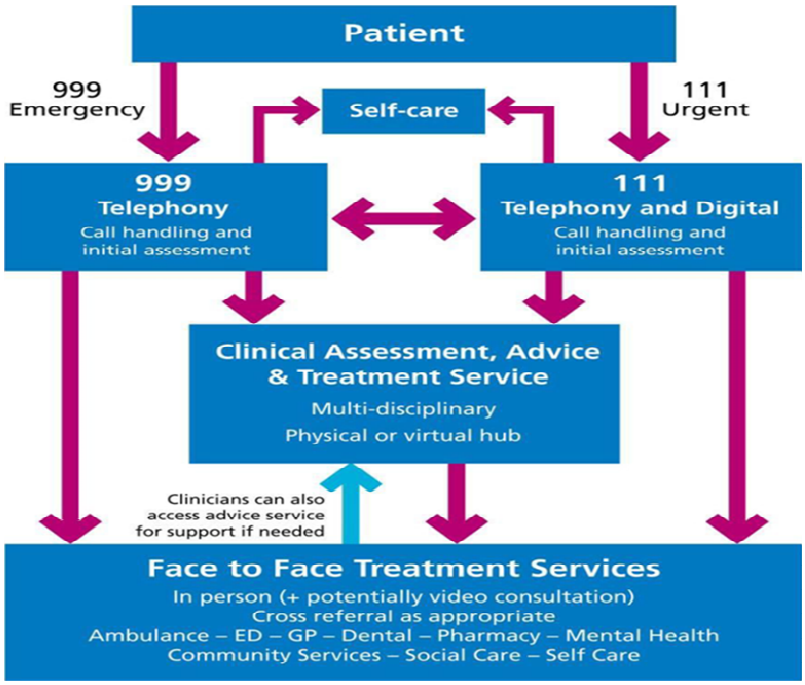
The emerging models for each of the four workstreams have been developed by commissioners and providers working together.

5.5.2.1 First Contact

The First Contact workstream is focused upon maximising the effectiveness of the NHS 111 non-emergency telephone number and implementation of the clinical hub/clinical assessment service. The CCGs have employed a Project Support Officer to ensure that there is accurate profiling of services of the NHS 111 directory of services. This will ensure that patients are able to access the right service from NHS 111 and reduce activity at higher acuity services such as A&E. Accurate profiling of services on NHS 111 is what drives the NHS 111 disposition and is therefore within the gift of providers and commissioners to ensure that dispositions are effective.

The development of the clinical hub/ clinical assessment service has been led to date by North West Ambulance Service through a CQUIN in its contract with North West CCGs. The clinical hub will offer enhanced triage, assessment and management of patients accessing 111 and 999 and will also provide support to health and social care professionals from a range of specialists including GPs, pharmacists, social care, mental health etc.

The approach is shown diagrammatically below (source: NHSE Model of Integrated Urgent Care, September 2015) Note, the box shown as "Clinical Assessment, Advice and Treatment Service" is the clinical hub/ clinical assessment service:



In the North West, the main early implementation work of the clinical hub has focused on agreeing a limited set of clinical codes that currently give a disposition of attendance at A&E or a low priority ambulance response to transfer through to primary medical out of hours' (OOH) providers. This was initially implemented in Cumbria in September 2016 with a very limited code set which has been extended following safe testing. Governance arrangements for the implementation of this approach are robust and the code set requires sign off by CCGs, NWAS and the relevant OOH provider. This Cumbria model will be implemented in Manchester before the end of March 2017.

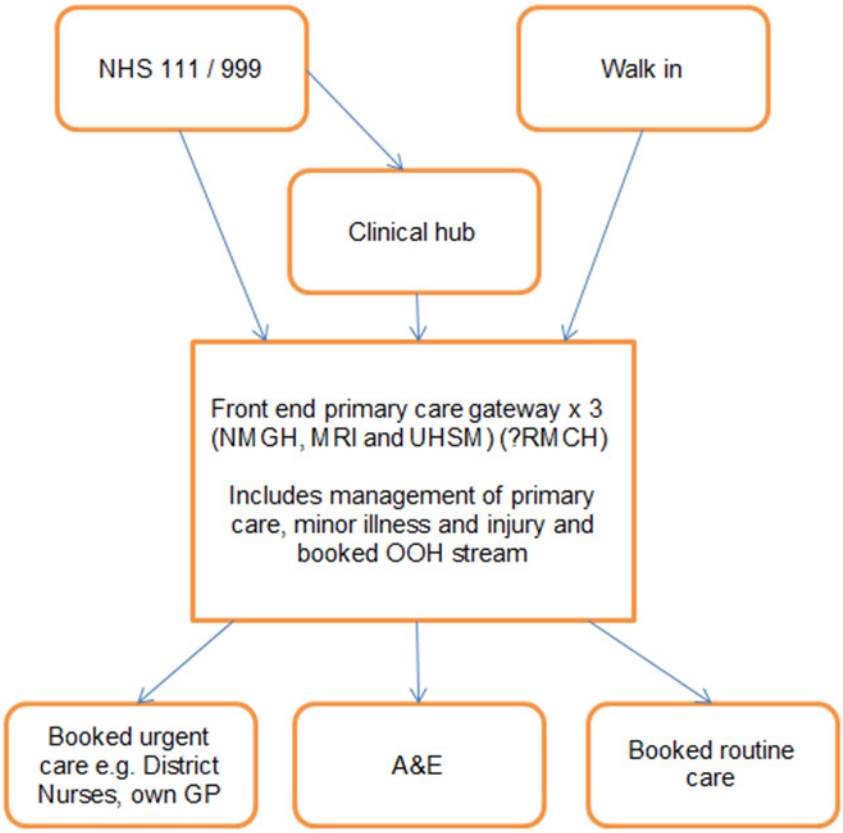
This is therefore a very limited initial implementation but as described above, the clinical hub offers significant opportunities to improve patients' ability to receive timely, effective professional (clinical and other health and care professionals) and also to enable professionals working face to face with patients to receive support and advice from those working in the hub.

The First Contact workstream is critical to the delivery of the overall urgent care programme because of its proposals to maximise the extent to which urgent care activity can be managed via telephony and other virtual solutions and by ensuring patients are directed to the right service, in the right place at the right time.

5.5.2.2 Urgent primary care

The urgent primary care workstream is developing a model for 24/7 urgent primary care for the city. Within its scope are the following existing services; urgent care appointments within in hours primary care, an element of the extended access capacity, primary medical out of hours' service, walk in primary care services including up to 50% of current A&E activity. The emerging model has two main elements; an urgent primary care offer within the community including relevant fit with the city's 12 neighbourhood approach to provision, and a model for an integrated

multi-disciplinary "gateway" to sit in front of the city's three main A&E departments, shown in the model below:



This approach supports national requirements for effective streaming of primary care activity within A&E services and is designed to reduce overlap and duplication of current services and make the most effective use of the urgent care workforce.

This emerging model would build on existing aspects of primary care on the hospital footprints including OOH bases, the WIC at MRI and primary care services at NMGH and UHSM. Further work will be required to determine the offer within the primary care gateway, its financial arrangements, its contribution to performance standards and to understand and address any estates requirements to reconfigure current A&E departments. This may therefore affect implementation timescales and may necessitate a phased approach to implementation. It will also be important to consider whether a fourth primary care gateway would be needed at RMCH given its distance from the MRI A&E and WIC.

Away from the hospital setting, improvements in access to primary care in patients' own GP practices will be supported by the Manchester CCGs' Primary Care Standards. The city has implemented its hub based extended access programme which enable patients to book GP appointments up to 8pm Monday to Friday and at weekends. Further improvement work will take place to maximise the effectiveness of the service.

Discussions have recently started regarding the urgent primary care requirements for the city centre. This will need to meet the needs of workers and visitors and

particularly the rapidly expanding resident population whose characteristics are very different from any other area in the city.

5.5.2.3 Community response

This workstream focuses on the development and integration of services to enable patients to receive care outside of hospital to either avoid or minimise the duration of any non-elective hospital admission. Services across the city have been developed on a locality basis and the workstream seeks to standardise the offer to patients across the city. To this end, CCG commissioners have identified a series of services that should be offered consistently across the city.

The initial areas of focus have been identified as short term crisis health and social care support to maintain care at home which is not currently available across the whole of the city; a consistent approach to the delivery of home intravenous therapy services and consistent support to care home residents, focusing initially on primary care and medicines optimisation. Commissioners have also recently started a review of intermediate care, discharge to assess and other sub-acute and community beds to determine future non acute bed requirements.

5.5.2.4 Ambulatory care

Ambulatory emergency care is the management of patients needing rapid access to specialist opinion, diagnostics and treatment without the need for hospital admission; in effect it is emergency day care. NMGH, MRI and UHSM all have models of ambulatory emergency care presently in operation. However, their operating models, scope of operation and tariff arrangements vary. The intention, through this project, is to build on our models of care and to develop a consistent ambulatory care offer across the City, with consistent generic principles and financial arrangements. The initial priority is adult general medicine and commissioners' expectation is that although hospital based, ambulatory emergency care needs to have a strong community ethos to support urgent community care services.

The city's ambulatory care offer will work alongside first contact, urgent primary care and urgent community response to deliver joined up care which is proportionate to an individual's needs.

6.0 Governance

Manchester's Urgent Care Transformation and Delivery Board was established in September 2016 to maximise the clinical, operational and financial effectiveness of the Manchester urgent health and care system, including its interface with neighbouring economies, in particular Trafford.

Key functions of the Board are to:

- Develop and implement urgent care strategies for the city to support delivery of Government policy including the urgent and emergency care review and the A&E improvement plan
- Be responsible for the delivery of the urgent care transformation programme within the Manchester Locality Plan

- Ensure the effective implementation of existing urgent care work programmes, particularly Urgent Care First Response
- Develop innovative commissioning and provider models for urgent care
- Ensure consistent standards in urgent care services across the city
- Ensure sharing of best practice
- Act as a citywide A&E Delivery Board for when action should be taken at city rather than locality level.

7.0 Conclusion

Urgent Care performance across the city and indeed across Greater Manchester is challenged.

There are a number of system wide issues impacting on care performance. These include shortages of staff in key urgent care areas, increased attendances and acuity of patients presenting in A&E, poor turnaround of ambulances in A&E, reduced bed capacity, high levels of delayed discharges and a lack of sustainable provision of home care capacity to support discharges. There is also a variance in the provision of seven day health and social care services which can lead to gaps in joint working, typically out of hours and at weekends.

Local A&E Operational Groups have put in place a number of resilience focussed schemes to improve performance and quality. Manchester's Transformation and Delivery Board provides a formal governance structure to monitor performance and lead improvement.

The Health Overview and Scrutiny Committee is asked to note the content of the paper.