Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 10 October 2017

Subject: Manchester Urgent Care System

Report of: Claudette Elliott, 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 system wide 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
- Increasing activity in A&E year on year
- Increasingly higher 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 National A&E 4 hour Target

As a result of the previous year's national performance and a recognition that Trusts were significantly under the 95% A&E 4hour target, it was agreed the A&E 4hour measure would 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 2018/19 year in a much healthier position.

Table 1: A&E 4 hour performance quarterly position across Greater Manchester Trusts

Quarter and Year end 4hr Performance for Greater Manchester Trusts (ref NHSE)

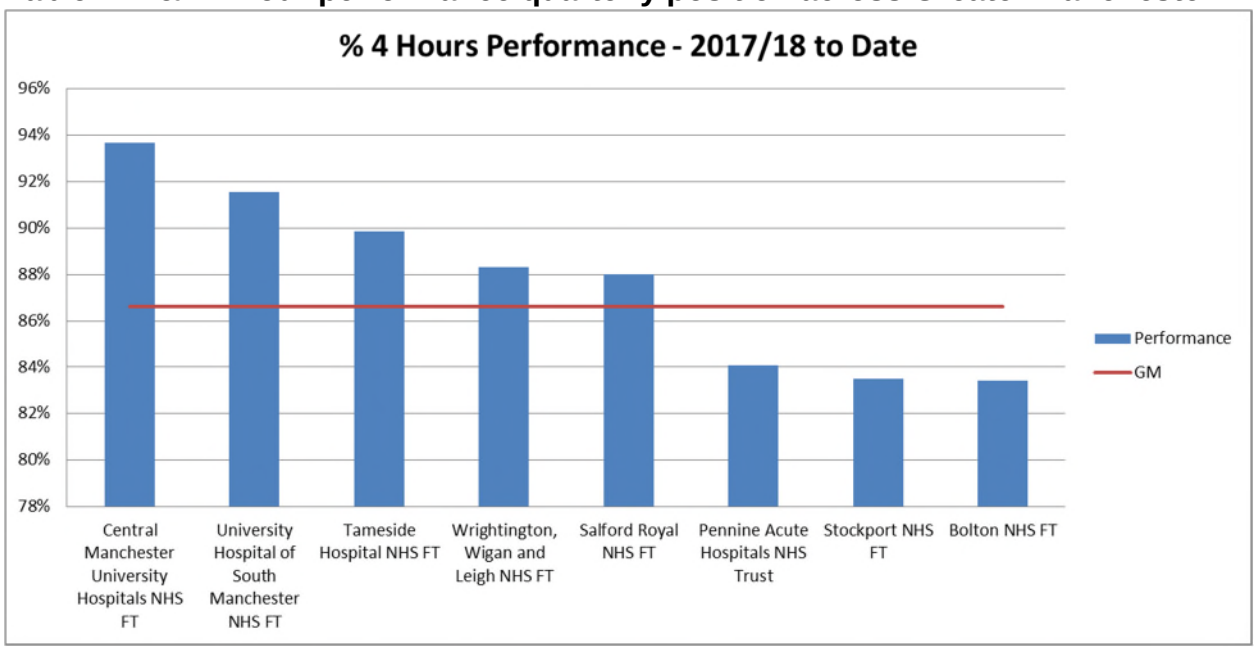
	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Year 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Year 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Year 2016/17	Q1 2017/18	Q2 2017/18	Year 2017/18
Bolton NHS FT	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%	90.93%	80.03%	90.31%	82.30%	84.97%	80.09%	82.87%	82.56%	84.58%	81.70%	83.43%
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%	91.07%	90.25%	91.99%	93.57%	93.84%	93.67%
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%	79.66%	78.77%	81.35%	83.66%	84.72%	84.09%
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%	83.90%	79.78%	85.95%	85.17%	92.28%	87.99%
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%	75.31%	75.35%	86.63%	85.78%	80.11%	83.48%

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%	82.30%	83.92%	89.59%	85.63%	93.75%	89.85%
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%	86.75%	87.74%	85.58%	92.44%	90.26%	91.56%
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%	83.57%	83.00%	87.61%	89.63%	86.29%	88.30%
Greater Manchester	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	92.90%	86.50%	83.32%	89.15%	87.79%	87.60%	88.82%	83.35%	85.59%	87.82%	88.37%	86.63%

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 3a).

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 their agreed 2017/18 STF trajectories

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

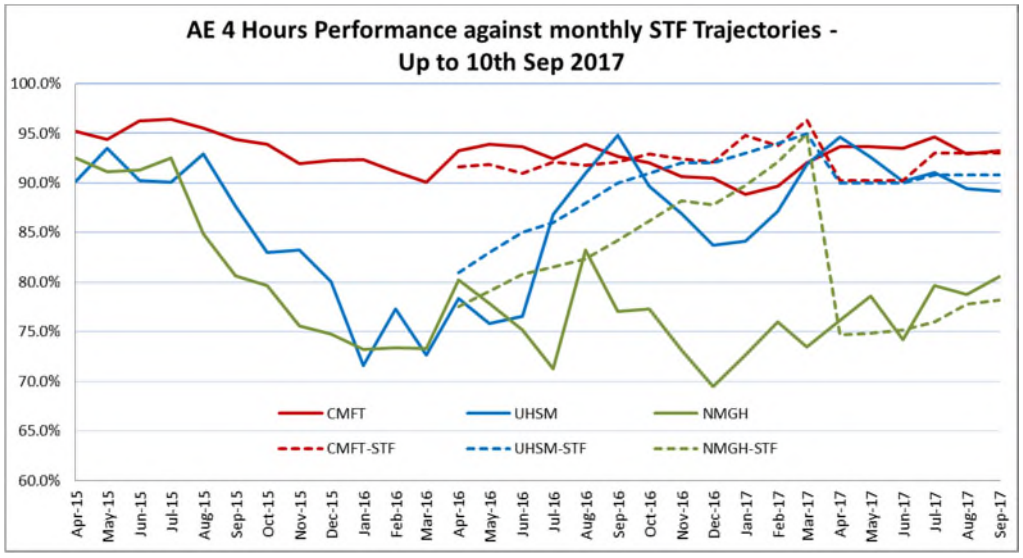


Table 3b: Manchester acute Trusts A&E 4hr performance against STF trajectories

	2014/15					2015/16					2016/17					2017/18		
	Q1	Q2	Q3	Q4	Annual	Q1	Q2	Q3	Q4	Annual	Q1	Q2	Q3	Q4	Annual	Q1	Q2 (to date)	YTD
CMFT	95.30%	95.10%	91.50%	95.60%	94.40%	95.30%	95.40%	92.70%	91.10%	93.60%	93.60%	93.00%	91.10%	90.20%	92.00%	93.60%	93.80%	93.70%
UHSM	91.10%	95.10%	92.00%	89.50%	91.90%	91.30%	90.20%	82.10%	73.80%	84.40%	76.90%	90.80%	86.80%	87.80%	85.60%	92.40%	90.30%	91.30%
NMGH	97.10%	95.10%	94.40%	94.20%	95.20%	91.60%	86.10%	76.70%	73.30%	81.90%	77.70%	77.00%	73.30%	74.00%	75.50%	76.40%	79.40%	77.80%

It is important to note the good performance against these trajectories and the commitment and drive towards returning to the 95% A&E 4hour national standard.

3.2 Ambulance handover and performance

The North West Ambulance Service (NWAS) works to strictly mandated response times for emergency call outs. In August 2017, NWAS launched the Ambulance Response Programme (ARP). The pilot has been launched to achieve a faster dispatch to the most critical calls through the use of pre-alert and nature of call questioning. This will reduce the number of multiple vehicles allocations by allocating the most clinically appropriate response to their needs.

Over the last 18 months the ARP has covered over 14 million calls nationally, testing a new operating model and new set of targets, including:

- Change the dispatch model of the ambulance service, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions.
- Introduce new target response times which cover every single patient, not just those in immediate need.
- An improved target response to life threating conditions from 8 minute to 7 minutes.

Based on figures from London Ambulance Service, it is estimated that up to 250 additional lives could be saved in England every year. This will also help NWAS deal with the increasing demand for Ambulances to ensure patients with life threatening conditions attended within 7 minutes. 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. Ambulance handovers are subject to close operational scrutiny and management via established urgent care systemwide escalation procedures

In August 2017 Manchester's hospitals performed better than the North West average and Manchester Royal Infirmary and Wythenshawe Hospital continued with greater than the Greater Manchester average turnaround time.

Table 4: Performance and ranking of Manchester Acute Trusts 30 minutes ambulance handover: Aug 2017

Site	GM Trusts Rank (1 Best - 10 Worst)				
	Target	August performance	Jan-17	Aug-17	Trend
Manchester Royal Infirmary	30:00	30:13	5	3	
North Manchester General	30:00	33:04	7	7	
Wythenshawe	30:00	31:12	1	5	
Greater Manchester	30:00	33:01			
North West	30:00	33:57			

Times of pressure 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 5: Greater Manchester ambulance handovers over 2 hours (Apr 17 – Aug 17)

Ambulance Handovers > 2 Hours September 2017 Position						
Site	**Apr-17**	**May-17**	**Jun-17**	**Jul-17**	**Aug-17**	**YTD**
Fairfield General	0	0	0	0	0	**0**
Royal Bolton	14	13	1	11	40	**79**
Royal Oldham	38	9	6	20	5	**78**
Salford Royal	0	6	7	2	0	**15**
Stepping Hill	1	3	2	2	7	**15**
Tameside General	3	1	0	2	0	**6**
Wigan Infirmary	1	9	9	17	22	**58**
Wythenshawe	0	0	1	0	0	**1**
Manchester Royal Infirmary	1	5	0	0	1	**7**
North Manchester General	18	8	11	14	22	**73**

Source: NWAS HAS Reporting Portal

Long handover delays at North Manchester General Hospital have continued to occur when A&E is under pressure and lacks ability to handover patients. There has been some correlation with long delays associated with staffing issues and recruitment of a dedicated ambulance triage nurse. North Manchester Hospital has lost a significant number of bed days due to delayed discharges, which have also impacted on longer delays.

NWAS task and finish groups are established at Manchester Royal Infirmary and North Manchester General Hospital Key priorities in 17/18 include:

- Minimising inappropriate conveyances to hospital via the use of suitable alternative services across the health and social care system
- Achieving timely and effective ambulance arrival to clear processes, with a particular focus on handovers
- Improving ambulance handovers in A&E
- Support the reduction of frequent caller from Nursing / Care Homes.

3.3 Delayed Transfers of Care (DTOCs)

DTOCs represent a major operational challenge for the health and social care system. This is a national problem and a recent quarterly report by Association of Directors of Adult Social Services (ADASS) indicates that Manchester's levels of Delayed Transfers of Care are the highest in the region. The report also indicates that Manchester has the highest non-elective hospital admissions and non-elective bed days across the Greater Manchester region.

Whilst the number of DTOCs is relatively low compared to the number of hospital beds, the high level of bed occupancy means that the impact of DTOCs is significant in the system. Patients unable to leave hospitals in a timely manner when no longer requiring acute care impacts across the patient flow system and affects other hospital and system targets (such as waiting times in A&E and ambulance turnaround times).

Each Trust has a capacity tool in place that has been used to support 2017/18 activity and capacity bed planning. Each Trust has provided detail of actions to reduce the current bed occupancy levels – aim to maintain <90%. A key constraint on opening additional beds is the availability of nursing and medical staffing needed to maintain safe standards of care.

The percentage target of beds occupied by 'reportable Delayed Transfers of Care' across each of the three hospitals is 3.3%, meaning that each of the three acute Trusts should have no more than 3.3% of their bed base occupied by patients classed as DTOCs at any one time.

For the hospitals these targets translate as below for numbers of Manchester patients delayed in hospital at any given time as:

University Hospital South Manchester (UHSM/ Wythenshawe Hospital) 10 people
Central Manchester Foundation Trust (CMFT / Manchester Royal Infirmary) 21 people
North Manchester General Hospital (NMGH) 7 people

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. Targets have also been agreed for other Local Authorities with patients in Manchester's acute hospitals. Current position for all DTOCS on all three acute sites is illustrated below.

Table 6a: UHSM / Wythenshawe Hospital average Daily DTOC Delays up to 18th Sep 2017

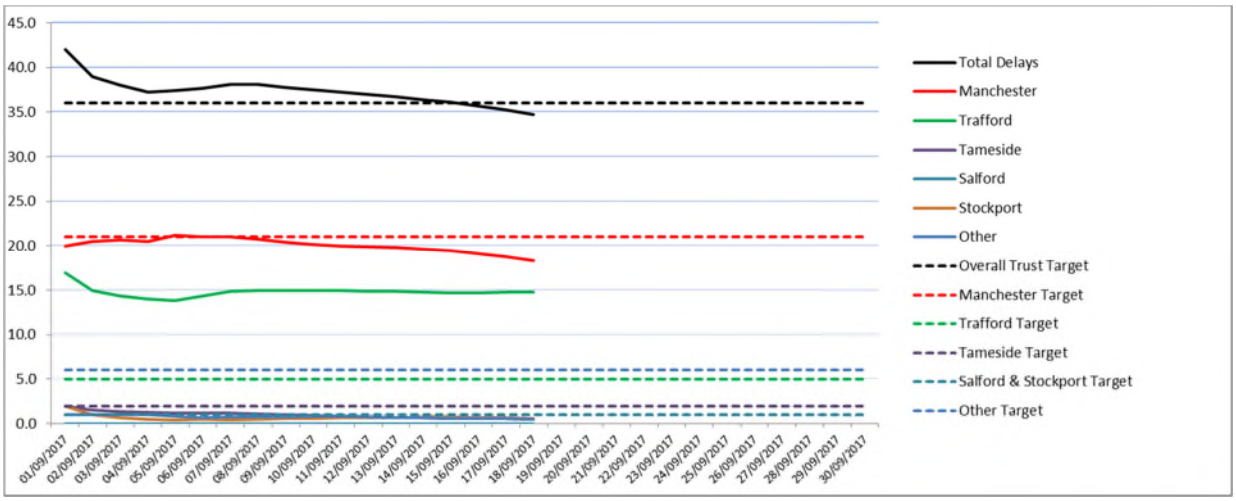


Table 6b: CMFT/Manchester Royal Infirmary average Daily DTOC Delays up to 18th Sep 2017

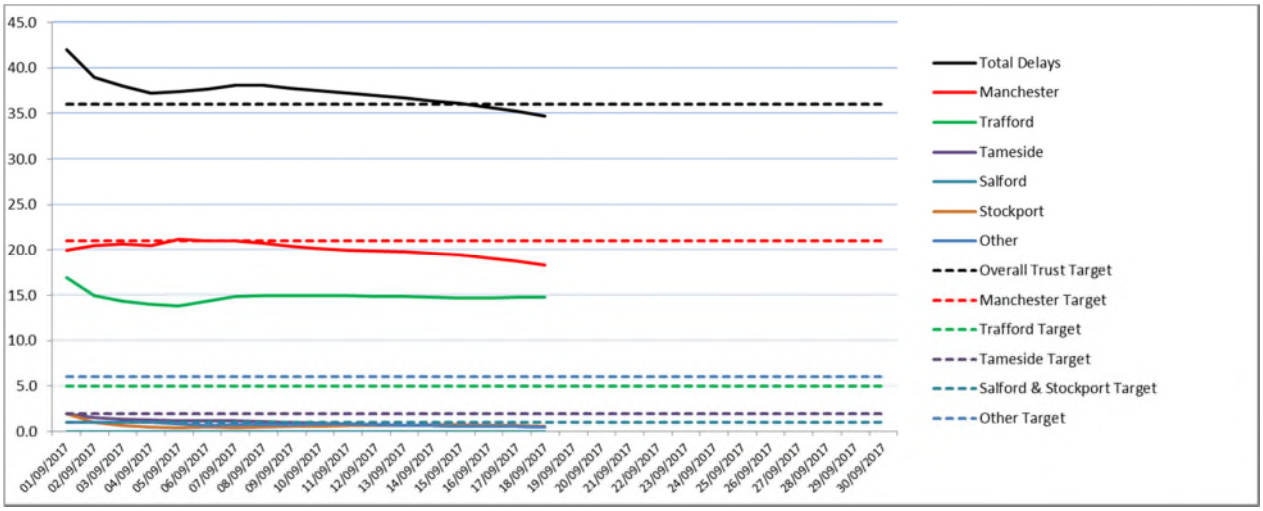
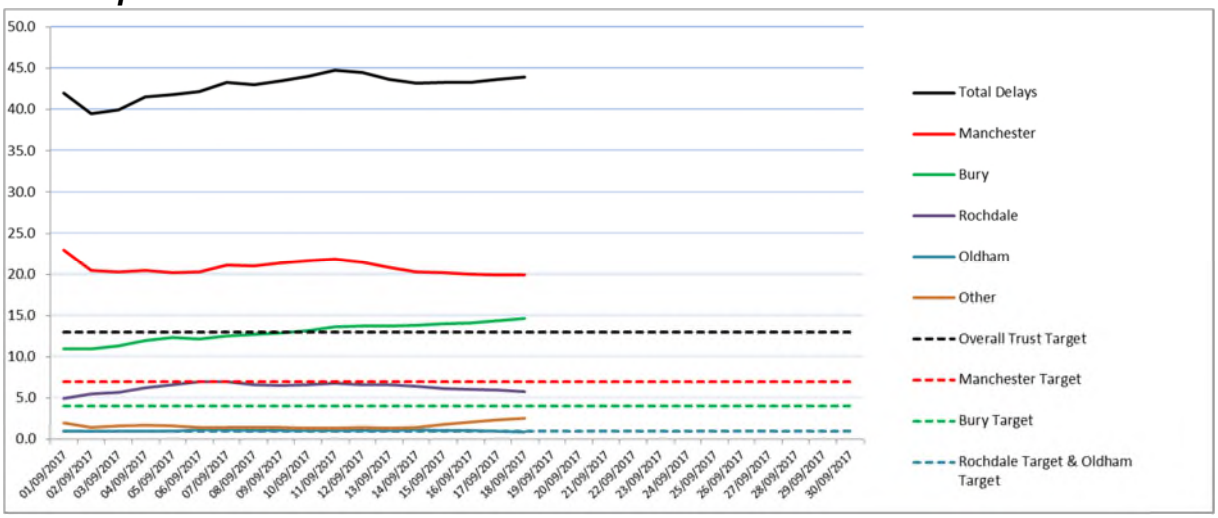


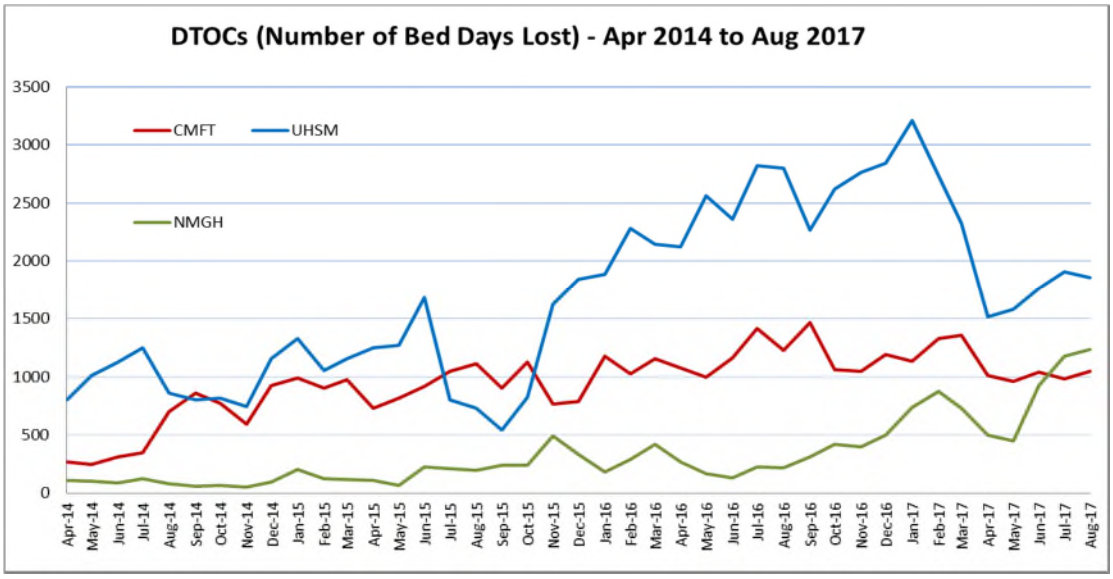
Table 6c: North Manchester General Hospital average Daily DTOC Delays up to 18th Sep 2017



Achieving timely safe and effective discharges requires effective partnership working across the whole health and social care system including ward, community and hospital discharge teams. For patients with multiple health and social care needs this can be challenging due to the numbers of professionals and organisations required to be involved in decision making regarding future care. In addition it is essential that patients and their families are fully involved in the process and any decisions made regarding future care and actions required. 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:

- Requirement for further assessment to determine future longer term care needs (such as 24 hour nursing or residential care) and can include Continuing Health Care (CHC)
- Further non-acute care to optimise rehabilitation (such as intermediate or rehabilitative care)
- Availability of appropriate move on residential or nursing accommodation – particularly when individuals require specialist nursing care for conditions such as complex dementia or mental illness.
- Adaptations to property before a safe discharge can be achieved
- Funding screening, assessment and decisions
- Waiting for a package of care in an individuals' own home
- Choice of home by an individual or family when an individual lacks capacity to make the choice themselves
- Requirement for a new or different type of housing / accommodation (i.e. sheltered or Extra-Care style supported housing)

Table 7: Number of beds days lost at Manchester's acute Trusts per month owing to delayed discharges (April 14 – Aug 17)



Source: Acute Trust Delayed Transfers of Care - Daily Activity Apr 14 to Aug 17. (Data notes- changes to recording were made by UHSM on 20th Mar 17 and NMGH on 15th June 17)

Over the past number of years there has been significant resource utilised from various sources in the system across Manchester to support transfers from hospital without any significant improvements in numbers of delays reported. Indeed there is now growing recognition that financial investment is no longer just required on a seasonal or ad hoc and single hospital site basis (as seasonal resilience monies) but that a system wide change is required if the system overall is to improve and provide a sustainable impact for Manchester (and Greater Manchester).

In support of this recognition various initiatives and alternative funding streams have been identified. The work sits across all health and social care organisations in the City and is jointly owned and overseen by Manchester's Urgent Care Transformation and Delivery Board. This City wide approach is focusing on why individuals become delayed in the system and is aiming to work 'up stream' to identify people before their care and transfer becomes delayed.

During April 2017 a self-assessment and national guide was developed and issued by the Department of Health, NHS England, ADASS and the Local Government Association (LGA) called 'High Impact Change Model – managing transfers of care between hospital and home'. This model detailed 8 High Impact Changes that could support the work of improving levels of delays across health & social care systems, by building on lessons learnt from practice and moving away from a focus solely on winter pressures to a year-round approach to supporting timely hospital discharge. Whilst acknowledging that there is no simple solution to creating an effective and efficient care and health system, this model signals a commitment to work together to identify what can be done to improve current ways of working. For reference the 8 High Impact Changes are detailed below:

- Early Discharge Planning
- Systems to monitor Patient Flow
- Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector
- Home First/Discharge to Assess.
- Seven-Day Service
- Trusted Assessors
- Focus on Choice
- Enhancing Health in Care Homes

In addition the Greater Manchester Health and Social Care Partnership have developed standards for Trusted Assessor, Choice and Discharge to Assess. These documents are currently in process of being operationalised in the acute Trusts. The Choice policy relates to how people are supported to make choices re move on from hospital. Table 8 illustrates the current position against the 3.3% target at each of Manchester's acute Trusts

Table 8: Current DTOC position in Manchester's acute Trusts against 3.3% target

Trust	Description	April -17 Actual	May-17 Actual	Jun-17 Actual	Jul-17 Actual	Aug-17 Actual	Sep-17 Actual
UHSM	% DTOC Rate	6.9%	7.0%	7.9%	8.2%	8.0%	8.2%
CMFT	% DTOC Rate	3.1%	2.8%	3.1%	2.6%	3.0%	2.9%
NMGH	% DTOC Rate	4.1%	3.6%	7.6%	9.3%	9.8%	10.5%

Manchester has a dedicated lead to improve DTOCimprovement, and improvement trajectories for Manchester DTOCs on each of the three acute Trusts have been approved at MUCTDB in September 2017.

GMHSCP have also appointed a DTOC lead to support acute Trusts across Greater Manchester (GM) in the achievement of a GM target of 3.3% for delayed transfers of care.

4.0 Citywide wide response to urgent care pressures

A number of initiatives to improve urgent care performance are being delivered collaboratively across the City. Most significantly, delivery of a Citywide strategy for the "reactive" elements of urgent care has commenced. This will ensure consistent approaches across the City.

4.1 Urgent Care First Response

Urgent Care First Response (UCFR) is Manchester's principal urgent care transformation programme. It forms part of the City's urgent care strategy and supports delivery of the National 2014 Urgent and Emergency Care Review and other national urgent and emergency care priorities. The programme aims to deliver a financially and clinically sustainable urgent care system for the City.
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.

4.1.1 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 assessment service. This is in line with the recently published national Integrated Urgent Care Specification. 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 concept of the clinical assessment service (CAS) is to provide an increased clinical component to the NHS111 service. The CAS 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. Initially in the North West, the focus has been on developing services with primary medical out of hours' services to provide further assessment to a set of NHS111 clinical codes that would previously have resulted in a NHS111 disposition of "take yourself to A&E". In Manchester, this went live in April 2017 and has enabled around 80% of this cohort of calls to no longer results in the "take yourself to A&E" disposition. Numbers are very small and the current service is only a fraction of the potential opportunities available. The national Integrated Urgent Care specification provides clear guidance for CAS development and it is expected that this enhanced offer either over the phone or via the internet will manage significant volumes of activity and will enable patients to access care safely without the need to travel.

4.1.2 Urgent primary care

To date, the focus of this workstream has been on managing primary care presentations in the City's A&E departments. GPs have often worked in A&E to manage primary care patients but the aim of the workstream is to ensure a multi-disciplinary team can work "in front" of A&E to enable A&E staff to focus on patients who need the A&E team response.

Nationally, acute trusts have been asked to develop primary care streaming models focusing on the use of GPs, for Manchester this is therefore seen as an interim step until a broader range of professionals, for example dentists, physiotherapists, pharmacists and social workers, is deployed.

On the Manchester Royal Infirmary site, the current walk in centre is being enhanced to become an urgent treatment centre (this is a nationally defined model) which will include access to diagnostics such as x-ray. This will mean that a larger number and wider range of patients will be seen than the current walk in centre.

In North Manchester, a model of 'same day care' is being developed that will incorporate an urgent treatment centre but also more integrated working between that centre, ambulatory care and community services.

4.1.3 Community urgent response

South Manchester Community Services continue to support patients in the community for up to 72 hours as part of the 2016/17 resilience model "Urgent care" taking from the community and receiving units within Wythenshawe Hospital. 2017/18 resilience funding has seen the team expand further in its disciplines with the introduction of a Community Paramedic, Primary Assessment Team Assessors and dedicated fallers response.

In Central Manchester the team proactively identify, assess and discharge patients attending A&E or acute assessment areas of the hospital to prevent unnecessary hospital admission whenever possible, promoting an in-reach model in order to pull patients back into the community. Discharges are followed up in their own homes by the community teams to continue the assessment process and support the patients to remain well at home. This is a slightly different model in that the North and South models take referrals and this service works at the front end of the hospital to identify patients. Work to extend 'CASS' will align the models.

4.1.3.1 Clinical Support to Care Homes

Since March 2017, MHCC has twice gone out to the market in the hope that a bidder could be secured for North Manchester. It is not feasible to do so for a third time. Procurement guidelines advise that we can now identify and approach potential providers to open discussions regarding service provision but we cannot approach any unsuccessful provider who has already bid for the service. A preferred provider has been identified understanding why they chose not to submit a bid and mindful of the emerging Local Care Organisation. Central and South Manchester already have proactive services to support care homes and in the longer term, it is planned that a common model of support is available across the City.

4.1.3.2 Intravenous therapy (IV)

The Manchester service specification has been shared with providers and comments continue to be worked through in order for the three providers to meet the requirements of the specification. The three services are very different and work is ongoing to measure the gap between the services and the specification. Prescribing and clinical accountability are being worked through as a priority. Pathways have been shared with the aim to align and be included in the specification. Providers have agreed to work together to share learning and the excellent work undertaken in each area and are completing project plans for meeting the specification. Full provision of the specification is likely to take three years however 'quick wins' will be identified prior to this date, for example, it is anticipated that in the next six months the management of IV therapy for cellulitis will be standardised and available in the community across the City.

4.1.3.3 Manchester model for integrated intermediate care and reablement

The award winning integrated intermediate care and reablement service called the Community Assessment and Support Service (CASS) in North Manchester is being

used as the basis for a new Citywide model. This will incorporate crisis response, home and bed based intermediate care and reablement. This will be a key priority for the emerging local care organisation. The CASS-style model will enable patients to be cared for at home and so prevent the need for hospital admission and also to enable more timely discharge to ongoing rehabilitation and recovery. The service will play an increasingly important role in supporting patients benefiting from "discharge to assess" pathways from hospital in their own homes.

4.1.4 Ambulatory care

This workstream is developing a standardised approach across the City's three hospitals for managing ambulatory emergency care. Broadly, "ambulatory care" means that patients do not need admitting to hospital and do not need the full acute hospital offer. The approach in Manchester is to maximise the number of patients benefiting from being managed as ambulatory care; this means accessing diagnostics, specialist opinion and starting treatment on an emergency daycase basis. Ambulatory care therefore reduces demand for inpatient admissions and enables patients to remain under the care of community or primary care and in-reach into acute trusts for specific interventions and then continue their care at home. A Citywide working group has developed a common specification for the City to ensure that patients receive the same offer whichever hospital they access. Ongoing work is to continue maximise the number of patients benefitting from ambulatory care, particularly expanding from a primary focus on adult medical patients to other specialties including surgery and paediatrics.

5.0 2017/18 System Resilience investment

The development of urgent care system resilience plans, are centred on additionality to provide a platform for testing out new ways of working for 2017/ 2018. In previous years, each locality has developed their resilience plans independently reducing economies of scale opportunities. Following a system wide winter debrief in February 2017, including a review of the impact of the 2016/17 resilience schemes, Manchester Urgent Care Transformation and Delivery Board agreed to move towards a Citywide framework for the development of system resilience plans across health and social care partners for 2017/18 in the context of the establishment of a single commissioning organisation.

The priority areas for 2017/18 are admission avoidance and safe and timely discharge. The principles agreed are:

- Citywide overview and methodology
- Prioritise investment to support outside of traditional hospital settings
- Contribute to the delivery of the in-hospital urgent care resilience
- Contribute to the delivery of big ticket items to optimise the impact of investment

All schemes within the total investment opportunity of £2,219,000 for 2017/18 have been subject to a comprehensive scrutiny and prioritisation process, and are now in the mobilisation phase of delivery

Table 9: Prioritised resilience schemes to support urgent care resilience in Q2 and Q3 2017/18

Prioritised Resilience Schemes	Start Date
Additionality of social workers and assessors. Enhanced reablement offer.	Q2
Creation of Discharge to Assess Neighbourhood Flats	Q3
First Refusal reserved Nursing Beds	Q2
Additionality of 5 x Discharge To Assessment Beds	Q3
Additional equipment to support discharge from hospital	Q3
Additionality to out of hours Advanced MH Practitioners to improve response to Mental Health Act assessments	Q3
GP In ED - Streaming	Q2
Development of Integrated Community Model to support rapid response	Q2
Development of 7/7 MH Rapid assessment on in patient wards at UHSM	Q2
Urgent Care Model: Project Management to support delivery	Q3
Paramedic and Ambulatory Care additionality to support deflections from A&E	Q3
Health Assessment Beds at NMGH to support discharge to assessment	Q2
To deliver a therapy focussed Frailty Service within the Medical Assessment Unit	Q3
Discharge to Assess Model to support deflections from A&E	Q2
Extension To Walk In Centre Opening Hours	Q2
Additional Inbound and Outbound transport at all 3 acute Trusts	Q3
Continuation of South Manchester Alternative to Transfer Service	Q2

5.1 Citywide resilience schemes supporting safe and timely discharge

In response to the challenges associated with delayed discharges across the City, there are several work streams focusing on improving the delayed transfer position In addition there are some specific measures being undertaken immediately to stabilise the current situation.
These measures are part funded via the 2017/18 resilience monies and part by the MCC Adult Social Care grant monies.

Development of integrated discharge teams (IDT) in all three acute hospitals is underway to ensure all three sites have fully integrated discharge teams; North are most developed with a manager in place managing staff from several different organisations; South is underway with recruiting to a manager post and agreement to centralise staff into one coordinated integrated team; Central are currently working towards full integration and plans are in place to develop further the integrated team on this site.

As part of the integrated discharge teams there are plans in place to have experienced social workers fully embedded within ward teams as well as within the discharge teams. The role of these workers is to meet and assess people as they are admitted onto wards to identify any possible requirement for Adult Social Care support and to start the ASC processes for discharge sooner in people's journey.

A key area of work is to develop further links with community and equipment teams that will enable discharge planning before admission for those people coming to hospital for elective treatment.

Development of a new City wide Reablement pathway to enable swifter acceptance and discharge to and from the service utilising a 'Trusted Assessor' approach is in place. Plans are also in place for an enhanced complex care pathway that will include a significant Reablement offer, although this work has yet to be finalised and agreed.

The commissioning pathway for adult social care commissioning has been amended to create a centralised system and to eliminate time delays when seeking packages of care and / or placements in the community.

As an acute hospital setting is often over stimulating this can exacerbate some conditions such as dementia or delirium and can lead to increased confusion and distressed behaviour as a result, often meaning individuals needs cannot be accurately assessed for long term care. The development of Neighbourhood apartments based either in sheltered accommodation or as part of the extra Care housing offer has enabled time for a more detailed assessment and to enable proper recovery planning. By discharging from an acute setting into a more 'home like' supported environment individuals and their families are supported to make realistic Choices about their future care – this can lead to improved outcomes for individuals and where appropriate can prevent long term care being inappropriately sought. This is a relatively new initiative and performance metrics include length of stay, deflection from 24 hour care as well as user satisfaction in order to measure the effectiveness of this intervention.

Improving information systems is vital to provide accurate data and up to date information on any individuals delayed in hospital. By developing City wide trackers there is now immediate oversight of capacity that includes beds in care and nursing homes, capacity in neighbourhood apartments and any discharge to assess and recover capacity, reablement and home care capacity as well as actions outstanding for individuals identified as delayed. Plans are also in place to implement the successful elements of the Community Assessment Service (CASS) based in North

Manchester, across the other south and central localities in the City. This is a very successful service integrated service of intermediate care and Reablement developed initially in North Manchester and that has demonstrated the following:

- Reduction in DTOC
- Reduction in admission to permanent 24 hour placements
- Avoidance of non elective admissions
- Increased numbers of people remaining at home

In addition it is recognised that resource out of hospital is essential to enable the system to flow and that this work requires a new focus on commissioning options for the City and for Greater Manchester. This work is already underway and work streams include piloting new models of Home Care (including a Trusted Assessor approach); improving GP and health links with residential and nursing homes to keep people out of hospital wherever possible; supporting homes and care providers to improve quality of care with support and training as well as ensuring appropriate funding; developing new models of care with providers of both 24 hour and home care.

Alongside this, work is also underway to develop increased provision and models of care that will support a discharge to assess and recover model – ensuring that Manchester's strategy of 'home first' or 'discharge to assessment and recovery' is maximised.

5.2 Alternatives to Transfer in South Manchester

Investment has been made to support NWAS' with alternatives to hospital transfer (ATT) for South Manchester. 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.

5.3 Additionality to support patients with mental ill health

Recent increased demand for out of hours social worker impacts on Manchester's ability to respond to dedicated A&E requests for Mental Health Act assessments. The Mental Health Act team are to arrive within 60 minutes of the referral being made by the Mental Health Liaison Team, and the Mental Health Act Assessment is to be completed within 4 hours of arrival to A&E. Resilience investment has been prioritised to trial a change in the way out of hours emergency work is managed - to create additional social worker posts to increase access for Advanced Mental Health Practitioners (AMHP) to focus on completion of the Mental Health Act (MHA) assessment within the 4hr standard. This pilot will look to increase AMHP provision at busy or peak times to support additional capacity out of hours in the A&Es across the City. This is with a view to developing a new single Citywide service that has the

potential to be scaled up across Greater Manchester. This pilot will also inform the existing Greater Manchester Mental Health (GMMH) transformation programme, where the transformational 'ask' within the service contract sits under the redesign of the acute care pathway.

Patients and users with mental health illness cite the chaos of A&E waiting rooms as one factor which adds to the feelings of anxiety as they wait for A&E or Mental Health assessment. Health Watch Manchester and its volunteers have completed a walk though of each A&E site, spoken with staff and witnessed the patient journey first hand. All three sites received positive feedback around the positive staff attitude from the Mental Health Liaison Teams and Acute providers. The two provisional areas of some concern was the supervision of patients once they were in a room within A&E awaiting assessment and how we meet the needs of the homeless with support following Mental Health assessment/advice. Recommendations on how to improve the A&E environment are to be taken forward at local A&E ODGs.

Investment has also been prioritised to extend Mental Health cover to acute inpatient wards at Wythenshawe Hospital to 7 days a week during operational hours. This additionality ensures acute staff has access to mental health teams 7 days a week. It also enables effective patient flow by preventing build-up of referrals over weekend ensuring there's no delays/ risk of impacting whole system at beginning of each week.

5.4 Primary Care Streaming from A&E at Manchester Royal Infirmary and North Manchester General Hospital

Attendances to A&E continue to increase, and a proportion of these patients have pathology that could have been dealt with by services other than A&E. Streaming these patients away from or out of highly pressured A&Es, to co-located GP led primary care services, ensures that:

- Patients receive the care that they need,
- Performance against the 4hr standard improves, whilst also making sure that those patients who need a GP can go straight there.

Various options for primary care streaming models are in place across Manchester. As part of the wider transformation of urgent and emergency care services, all systems are working to ensure have a robust streaming service in place, following the best practice principles, examples, and minimum agreed standards. Additionality has been provided to support Primary Care Streaming at Manchester Royal Infirmary and Wythenshawe Hospital.

6.0 Urgent Care Winter planning

Learning from the lessons of Winter 2016/17 we need to ensure improvement in our management of winter at all levels. Manchester has sought to improve our forward planning to ensure we anticipate and respond to service demands.
Through the robust scrutiny of performance data and trends we are able project likely impact on service demand to ensure mitigation is put in place pro-actively.

Assurance against Urgent Care Winter Planning has been submitted to Greater Manchester Health & Social Care Partnership. A summary of Urgent Care Winter Planning is included in Appendix A. The 'Plan on a page' summarises key urgent care performance measures, deep dive outputs, and risks to achieving A&E 4hr target. The plan summarises the gateway referenced actions, Urgent Care First Response deliverables in this financial year, and 17/18 UC funded resilience schemes.

All partner organisations are working on operational winter plans to respond to fluctuations in capacity and demand in during winter.

Partners are collaborating to monitor illness patterns in the local community and weather changes that may affect specific patient cohorts. Manchester Health & Care Commissioning (MHCC) has a focus on respiratory within the Primary Care Standards for 2017/18. In addition there is additional payment under the scheme to vaccinate respiratory cohorts within 6 weeks of release of the vaccination with the intention of capturing this cohort before winter.

Flu is a key factor in NHS winter pressures. It impacts on both those who fall ill and the NHS services that provide direct care, and on the wider health and social care system that supports people in at risk groups. The annual immunisation programme is a critical element of the system-wide approach for delivering robust and resilient health and care services throughout the year, helping to reduce unplanned hospital admissions and pressure on A&E. The best way to improve the prevention and management of flu is to increase the uptake of vaccinations, especially among those in clinical risk groups and health and social care workers with direct patient contact. Flu immunisation is one of the most effective interventions that can be made to reduce harm from flu and the pressures on health and social care services during the winter. Partners are therefore working together to ensure that strong local plans are in place. The Manchester Flu Group has the coordinating responsibility to work through the flu action plan across the agencies. This group is led by Greater Manchester Health and Social Care Partnership immunisation team and has representation from; the City Council, Public Health, Nurses, Acute Trusts, Practice Managers, CCG and Intrahealth.

As part of Greater Manchester's Stay Well This Winter Campaign, an 'Everyone' campaign has been launched to get people of all ages and backgrounds to think how easy it can be to catch flu and highlight that it is not just vulnerable people that are susceptible. A sample of the 'Everyone' branding is attached as APPENDIX 2.

MUCTDB has reviewed last winter's performance and progress against the national Urgent and Emergency Care (UEC) Nine Point Plan, and agreed three key work stream elements that will give biggest improvement. Areas of focus are:

- Patient flow
- Support to Care homes
- Bed occupancy

An in-depth gap analysis of the three priority areas against UEC Delivery plan has been completed. Action plans are being developed in support of the 4hr and 3.3% DTOC trajectory.

Effective and adequately resourced command and control & escalation processes are in place across Manchester to respond in a timely manner to urgent care pressures in the system. The control room structure has realised an improvement in performance and control of flow throughout the acute Trusts and will continue to be in place throughout Winter 2017/18. Robust director level on-call arrangements are in place to cover the winter operational plan 7 days a week.

The National Operational Pressures Escalation Framework (OPEL) was launched across Greater Manchester in June 2017 to support system wide support at times of escalation. This framework is supported by an agreed set of internal actions and actions that will be taken by external partners to enable de-escalation of system pressures as quickly as possible.

7.0 Governance

Manchester's Urgent Care Transformation and Delivery Board continues 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.

8.0 Conclusion

Urgent Care health and 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, 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 Urgent Care 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.

7.0 Appendices

Appendix 1: Manchester's Urgent Care Winter Plan on a page 2017/18

Appendix 2: Greater Manchester 'Everyone' Flu Campaign

Manchester UC Transformation & Delivery Board: Provisional Winter Plan 2017/18 v0.5

Performance

- % of all patients who spend 4hrs or less in A&E
- Reportable delayed transfers of care (acute & non acute beds)
- 12hr trolley waits in A&E
- Bed Occupancy Rates

Year On Year Deep dive: Key messages
UHSM: Growth in attends and admissions from SM over 65s. Growth in LoS for over 65s
CMFT: Growth in attends and admissions
NMGH: Reductions in attends and admissions this has not been the evidence since April 17

Key Risks
- Workforce, - Out of Hospital capacity
- Bed capacity, - Increased activity
- System fragility - Financial Sustainability

NHSE / NHSI G'way Ref 06969

FREEING UP HOSPITAL BEDS

By **October 2017**:
1. Better and more timely hand offs (A&E / Acute Physicians)
2. Discharge to assess
3. Trusted assessor
4. Streamlined CHC process
5. 7 day discharge

Bed Occupancy Levels - Acute Trusts utilised Bed modelling tool with agreed actions to achieve 87% in winter 17/18

ADULT SOCIAL CARE GRANT 17/18
Focus on home care and care home capacity:
- Market Capacity and Sustainability – New models of Home Care and care home provision
- Development of Assistive Technology
- New model of discharge to assess with increased reablement capacity and the intermediate care home pathway

MANAGING A&E DEMAND
1. STF: Achieve 90% by **September 2017** sustained, to 95% **March 2018**
2. By **Oct 17**: Front door Primary Care streaming (slice of £100m capital)
3. Support to care homes – direct access to clinical advice / on-site assessment (via 111)
4. By **Oct 17**: Implement Ambulance Response Programme recommendations
5. Standardise Walk in Centre / Minor Injuries Unit / UCC
6. Evening and weekend GP appointments – 50% coverage by **Mar '18**;100% by **Mar '18**
7. By **Mar 18**: increase 111 calls receiving clinical assessment (APAS) by 30%

9 Point Plan / Resilience Schemes

9 Point Plan Key Themes	RAG Rating		
	Central	North	South
Front Door Or Clinical Streaming			
* Support To Care Homes			
* Bed Capacity			
Demand Diversion From Hospitals: Ambulances			
Demand Diversion From Hospitals: 111			
Demand Diversion From Hospitals: Urgent Treatment Centres			
GP Extended Access			
Mental Health Support In A&E			
* Patient Flow			

2017 / 2018 Approved Winter Resilience Schemes	Manchester City Council (citywide)						CMFT			UHSM					NMGH				
	Discharge To Assess Beds	Social workers and assessors / reablement	Out of hours AMHPS	Discharge to Assess Neighbourhood Flats	Reserved Nursing Beds	Additional equipment	Discharge to Assess Model	Extension to WIC hours	Inbound and Outbound same day transport	Development of 7/7 RAID Service	GP In ED – Streaming	Inbound and Outbound same day transport	Continuation of SM ATT Service	Development of Integrated Model	Therapy focussed Frailty service within the MAU	Urgent Care Model: PMO support	Health assessment beds	Paramedic & Ambulatory Care additionality	Inbound and Outbound same day transport
Bed Capacity	Y	Y		Y	Y	Y	Y		Y	Y		Y		Y	Y	Y	Y	Y	Y
Patient Flow	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Manchester UCFR (a-d)

(a) First contact
- Ongoing profiling of services on DoS
- Further expansion as part of GM Clinical Assessment Service work including six month pilot for children and young people (go live September 2017) and mental health (model still in development)
- Support delivery of NHS111 integrated urgent care targets (ongoing)
- APAS support - GM wide (July 17)

(b) Urgent primary care
- To agree a city model for integrated urgent primary care (Sept 17)
- Develop initial primary care streaming models for the city's A&E departments (Sept 17)
- Piloting initial aspects of the North Manchester same day care model (July 17)
- Development of MRI WIC as an urgent treatment centre (Dec 17)

(c) Urgent community care
- Roll out of crisis response service in central and south, based on NM model (BC Aug 17)
- Roll out of wider Manchester model for integrated intermediate care and reablement (based on NM CASS model) – (Dec 17)
- Citywide approach to managing IC beds (Mar18)
- Expansion of reablement (core, complex, discharge to assess) – BC Sept 17
- Develop D2A pathways – main focus D2A at home – See ASC (Commence July 17)
- IV at home (Oct 17)
- **Support to care home residents (Autumn 2017)????**

(d) Ambulatory care
- Transition to new citywide specification for adult general medicine AEC in 17/18 – **DATE???**
- Development of surgical model(s) – CMFT and UHSM collaboration in 17/18 **– DATE??**
- Agree future phasing / scope for wider specialties and paediatrics (Autumn 2017)
- Ensure alignment with urgent community and urgent primary care models (ongoing)

UPDATE Table and performance data below

17/18 UC traiectories

A&E 4hr Performance (STF Monthly & Cumulative Trajectories)

Trust	Position	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
UHSM	Monthly	90.0%	90.0%	90.0%	90.8%	90.8%	90.8%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
	Cumulative	90.0%	90.0%	90.0%	90.2%	90.3%	90.4%	90.3%	90.3%	90.3%	90.2%	90.2%	90.6%
CMFT	Monthly	90.2%	90.2%	90.2%	93.0%	93.0%	93.0%	91.1%	91.1%	91.1%	90.0%	90.0%	95.0%
	Cumulative	90.2%	90.2%	90.2%	90.9%	91.3%	91.6%	91.5%	91.5%	91.4%	91.3%	91.2%	91.5%
NMGH	Monthly	74.7%	74.9%	75.2%	76.0%	77.8%	78.2%	80.6%	82.4%	83.6%	81.9%	85.9%	90.0%
	Cumulative	74.7%	74.8%	74.9%	75.2%	75.7%	76.1%	76.8%	77.5%	78.2%	78.5%	79.2%	80.1%

DTOC Performance Trajectories

Trust	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
CMFT	3.1%	2.8%	3.1%	2.9%								3.3%
NMGH	4.1%	3.6%	7.6%	8.6%								3.3%
UHSM	6.9%	7.0%	7.8%	8.2%								3.3%

A&E 4hr Performance RAG Rating

Above national standard >=95%	Above STF, below national	Below STF target

Stay Well This Winter Greater Manchester visuals

The main objective of the 'Everyone' campaign is to get people of all ages and backgrounds to think how easy it can be to catch flu and highlight that it is not just vulnerable people that are susceptible.

The existing campaign characters have established a family unit, which shows how easily flu spreads throughout family members.

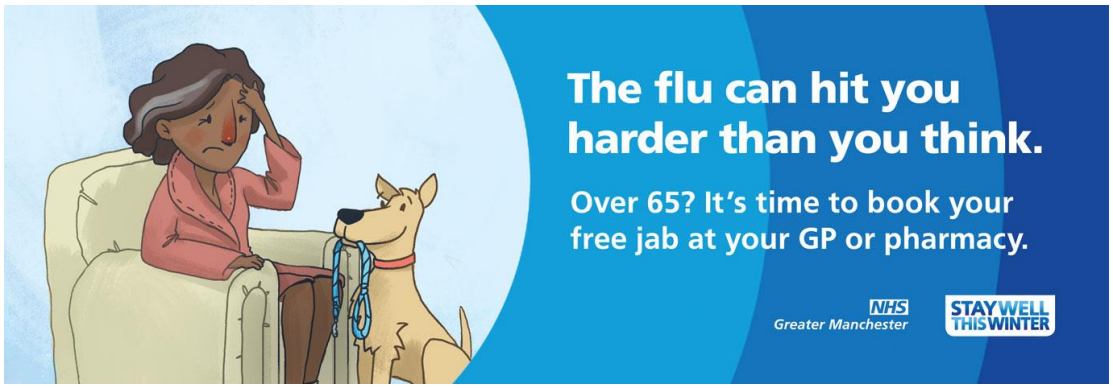
The blue branding of the national Stay Well This Winter campaign is used, which aligns both campaigns so they can be used alongside each other.

Note: The GMCA logo is being used in place of NHS Greater Manchester

Bus back

Parents of 2 and 3 year olds:

Over 65's



Taxi wrap


STAY WELL THIS WINTER
Catching the flu is as easy as hailing a taxi.
Protect yourself with the flu jab at your GP or a pharmacy.
STAY WELL THIS WINTER
GMCA
NHS
The flu spreads fast in Manchester.
Don't let it get to you. Get your vaccine at your GP or a pharmacy.
STAY WELL THIS WINTER