

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 1 November 2017

Subject: Manchester's Urgent Care Winter Planning

Report of: Claudette Elliott, Director of Commissioning, Manchester Health and Care Commissioning

Summary

The purpose of this paper is to provide detail on Manchester's system wide winter plans to support urgent care resilience throughout quarters 3 and 4 of 2017/18 (i.e. October 2017 through to 31 March 2018).

Recommendations

The Board is asked to note the report

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	Learning from the lessons of Winter 2016/17, and the robust scrutiny of performance data and trends, Manchester has sought to improve the citywide forward planning to ensure we anticipate and respond to winter demands in 17/18 by maximising the clinical, operational and financial effectiveness of the Manchester urgent health and care system.
Self-care	

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Background documents (available for public inspection):

None

Urgent Care Winter planning 17/18

1. Introduction

- 1.1 This paper provides detail on Manchester's system wide winter plans to support urgent care resilience throughout quarters 3 and 4 2017/18. Manchester and Trafford Urgent and Emergency Care Transformation and Delivery Board (MTUECTDB) has responsibility for the development of urgent care plans for winter resilience and ensuring effective system wide surge and escalation processes are robust and in line with national and GM expectations.
- 1.2 Learning from the lessons of Winter 2016/17, and the robust scrutiny of performance data and trends Manchester has sought to improve the forward planning to ensure we anticipate and respond to winter demands in 17/18 by maximising the clinical, operational and financial effectiveness of the Manchester urgent health and care system, including its interface with neighbouring economies, in particular Trafford.
- 1.3 MTUECTDB has also reviewed last winter's performance and progress against the national Urgent and Emergency Care Nine Point Plan, and agreed three key work stream elements that will give biggest improvement. Areas of focus are to improve patient flow in hospitals, improve bed occupancy rates and offer support to care homes to reduce unplanned admissions into hospital.
- 1.4 Significant financial investment has been provided to test out a number of systemwide schemes providing additionality and to test out new ways of working throughout winter to support urgent care resilience
- 1.5 Manchester and Trafford's Urgent Emergency Care Transformation and Delivery Board has provided assurance against urgent care winter planning to Greater Manchester Health and Social Care Partnership. A summary of Manchester's Urgent Care Winter Plan 17/18 is included as Appendix 1.

2. 2017/18 Urgent Care System Resilience investment

- 2.1 Urgent and emergency care performance across the City and indeed across Greater Manchester is challenged. There are a number of system wide issues impacting on performance. These include shortages of staff in key urgent care areas, increased attendances and acuity of patients presenting in A&E, pressure on beds, 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. Whilst assessments continue within the acute providers across seven days, ability to access community health and social care capacity to step down to is varied across providers at weekends and Bank Holidays.
- 2.2 An integral part of winter planning involves the development of urgent care system resilience plans, centred on additionality to provide a platform for

- testing out new ways of working to improve performance and quality, and support winter planning in 2017/ 2018.
- 2.3 In previous years, each Manchester 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, and evidence from 'Deep dive' analyses of historical data and trends, Manchester and Trafford's Urgent Care and Transformation Delivery Board agreed to move towards a citywide framework for the development of system resilience plans across health and social care partners for 2017/ 2018 in the context of the establishment of a single commissioning organisation.
- 2.4 In response to pressure points in the urgent care system, it was agreed that the key areas of focus for winter 2017/18 would be hospital admission avoidance and safe and timely discharge. The principles for the winter resilience schemes are:
- Citywide overview
 - 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
- 2.5 All schemes within the total investment opportunity of £2.8m for 2017/18 have been subject to a comprehensive scrutiny and prioritisation process, including a "dragon's den" session with two GP lead A&E Operational Delivery Group (ODG) Chairs. A summary of prioritised schemes is listed in Appendix 2
- 2.6 Safe and timely discharge has been identified as a key priority in 17/18 following an assessment of our collective position across the city. Collectively, Manchester Health and Care Commissioning have brought together multiple funding streams of resilience, transformation and local ability to maximise the delivery of winter resilience and assurance.
- 2.7 Development of integrated discharge teams (IDT) in all three acute hospitals is underway to ensure all three sites have fully integrated discharge teams. 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 start the adult social care processes for discharge sooner in people's journey.
- 2.8 Manchester City Council are leading the move to a discharge to assess model, where the assessment of long term support does not take place in an acute medical setting, but reablement is quickly identified to support a person back to their home. The increasing reablement capacity will help facilitate discharge to assess.
- 2.9 Investment has been provided to develop a new Manchester reablement pathway to enable swifter acceptance and discharge to and from the service utilising a 'Trusted Assessor' approach is in place.

- 2.10 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. Resilience investment into the development of Neighbourhood apartments based either in sheltered accommodation or as part of the extra Care housing offer will enable 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.
- 2.11 Plans are also in place to implement the successful elements of the Community Assessment Service (CASS) - based in North Manchester, to integrate intermediate care and Reablement - across the other south and central localities in Manchester
- 2.12 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.
- 2.13 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.

Investment in 'Alternatives to Transfer' in South Manchester

- 2.14 South Manchester has seen a significant increase in older people attending A&E. Resilience investment has been made to support NWAS' with alternatives to hospital transfer (ATT) for South Manchester. 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. 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 scheme has consistently shown reductions in emergency ambulance conveyances.

Additionality to support patients with mental ill health

- 2.15 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. 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.

- 2.16 Investment has also been continued 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 have 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.

Primary Care Streaming from A&E

- 2.17 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,
 - Reduces pressure on busy A&Es
- 2.18 Additionality has been provided to support Primary Care Streaming at Manchester Royal Infirmary and Wythenshawe Hospital during winter.
- 2.19 North Manchester urgent care commissioners funded additional primary care infrastructure in A&E at North Manchester General Hospital, which will develop into a new sustainable model from April 2018.

3. Winter Surge & Escalation

- 3.1 Due to historic challenges in performance during winter, and as part of the Greater Manchester Urgent and Emergency Care reform, an Operational Urgent & Emergency Care Hub will be established in December 2017 to provide operational oversight, support and coordination at a GM level. The hub will operate 24/7, 365 days a year, and also act as a winter room for the purposes of supporting wider regional and national winter plans.
- 3.2 Across the Manchester health and social care system, effective and adequately resourced command and control and escalation processes are in place and will continue to be in place throughout winter, with robust Director level on call arrangements in place to cover the winter operational plan 7 days a week.
- 3.3 The National Operational Pressures Escalation Levels (OPEL) framework 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 actions to be mobilised by partners to enable the de-escalation as quickly as possible.

- 3.4 A minimum of weekly tactical conference calls will commence in November 2017 to provide system wide updates from partner organisations and enable wider communication and timely escalation during times of pressure.

4. Flu Vaccinations

- 4.1 Flu vaccination programmes are a key factor in NHS winter planning. Flu 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.
- 4.2 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 all agencies. This group is chaired by Greater Manchester Health and Social Care Partnership Immunisation Team and the Director of Population Health and Wellbeing is ensuring that actions agreed are implemented locally.
- 4.3 For the 2017/18 flu season, a key objective of Manchester's communications strategy is to target the at risk populations and health and care workers delivering frontline services. Specifically, Manchester will:
- Support Greater Manchester's Stay Well This Winter Campaign.
 - Ensure that schools and parents understand the importance of why the vaccine should be given to children, and that schools understand the role they have to play in hosting the vaccination programme; the child vaccination programme has been extended to include children up to the age of eight years.
 - Ensure that health and care workers in all sectors are aware of their duty of care to protect their patients, clients and residents.
- 4.4 Other positive developments this year include:
- A Greater Manchester voucher scheme with pharmacies for staff working in care homes will commence on 1 November 2017. This should increase uptake of this group of staff not directly employed by the City Council or NHS.

- Specific vaccination sessions for rough sleepers to be delivered by Urban Village Medical Practice.
- 4.5 Finally, outbreak management plans, based on the experience of the 2016/17 season are now in place to ensure an effective response if outbreaks occur out of hours and over bank holiday periods e.g. Christmas and New Year.

Manchester UC Transformation & Delivery Board: 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

ADULT SOCIAL CARE GRANT Q3/4 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

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

MANAGING A&E DEMAND

1. STF: Achieve 90% by **September 2017** sustained, to 95% **March 2018**
2. **Oct 17:** Front door Primary Care streaming (slice of £100m capital)
3. Support to care homes via NHS111 as part of NW plans
4. **Oct 17:** Implement Ambulance Response Programme recommendations
5. Standardise Walk in Centre / Minor Injuries Unit / UCC - awaiting GM response
6. Evening and weekend GP appointments –100% by **Mar '18**
7. **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	Green	Green	Green
* Support To Care Homes	Yellow	Yellow	Yellow
* Bed Capacity	Yellow	Yellow	Yellow
Demand Diversion From Hospitals: Ambulances	Yellow	Yellow	Yellow
Demand Diversion From Hospitals: 111	Yellow	Yellow	Yellow
Demand Diversion From Hospitals: Urgent Treatment Centres	Yellow	Yellow	Yellow
GP Extended Access	Green	Green	Green
Mental Health Support In A&E	Yellow	Yellow	Yellow
* Patient Flow	Yellow	Yellow	Yellow

2017 / 2018 Approved Winter Resilience Schemes	Manchester City Council (citywide)						CMFT			UHSM				NMGH						
	Discharge To Assess Beds (Q3)	Social Workers And Assessors / Reablement (Q2)	Out Of Hours AMHPS (Q3)	Discharge To Assess Neighbourhood Flats (Q3)	Reserved Nursing Beds (Q2)	Additional Equipment (Q2)	Discharge To Assess Model (Q2)	Extension To WC Hours (Q2)	Inbound And Outbound Same Day Transport (Q2)	Development Of 7/7 RAID Service (Q2)	GP In ED – Streaming (Q2)	Inbound And Outbound Same Day Transport (Q2)	Continuation Of SM ATT Service (Q2)	Development Of Integrated Model (Q2)	Therapy Focussed Frailty Service Within The MAU (Q3)	Urgent Care Model: PMO Support (Q3)	Health Assessment Beds (Q2)	Paramedic & Ambulatory Care Additionality (Q3)	Inbound And Outbound Same Day Transport (Q2)	
Bed Capacity	Y	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	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 – Q3 17/18
- IV at home (Oct 17)
- Support to care home residents (Jan 18)

(d) Ambulatory care

- Transition to new citywide specification for adult general medicine AEC in 17/18 – Project plans agreed. To confirm baseline assessment to inform timelines
- Development of surgical model(s) – CMFT and UHSM collaboration as part of Single Hospital Service in 17/18
- Agree future phasing / scope for wider specialties and paediatrics as part of Single Hospital Service in 17/18
- Ensure alignment with urgent community and urgent primary care models (ongoing)

17/18 UC trajectories

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%	2.8%	3.0%	2.9%						3.3%
NMGH	4.1%	3.6%	7.6%	9.3%	9.8%	10.1%						3.3%
UHSM	6.9%	7.0%	7.9%	8.3%	8.0%	8.1%						3.3%

A&E 4hr Performance RAG Rating

Above national standard >=95%	Above STF, below national	Below STF target
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Organisation	Proposal	Costings for Resilience Scheme proposal	Start Date
MCC	Additionality of social workers and assessors. Enhanced reablement offer.	£850,996	Q2 Onwards
MCC	Creation of Discharge to Assess Neighbourhood Flats	£100,000	Q3 Onwards
MCC	First Refusal reserved Nursing Beds	£56,650	Q2 Onwards
MCC	Additionality of 5 x Discharge To Assess Beds	£109,417	Q3 Onwards
MCC	Additional equipment	£45,000	Q3 Onwards
MCC	Additionality to out of hours To AMHPS	£90,000	Q3 Onwards
UHSM	GP In ED - Streaming	£167,000	Q2 Onwards
South Provider Partnership	Development of Integrated Community Model	£310,691	Q2 Onwards
GMMH at UHSM	Development of 7/7 RAID Services at UHSM	£136,888	Q2 Onwards
NMGH	Urgent Care Model: PMO support	£59,800	Q3 Onwards

NMGH	Paramedic and Ambulatory Care additionality	TBC from alternative funding source	Q3 Onwards
NMGH	Health Assessment Beds at NMGH	£100,000	Q2 onwards
NMGH	To deliver a therapy focussed Frailty Service within the MAU	£135,000	Q3 Onwards
CMFT / MRI	Discharge to Assess Model	£237,865	Q2 Onwards
CMFT / MRI	Extension To Walk In Centre Opening Hours	£151,200	Q2 Onwards
MHCC	Inbound and Outbound transport, single point of booking to reduce aborts at NMGH. Part of 3 year contracted service, 17/18 is the 3rd year	£55,000	Q3 Onwards
MHCC	Inbound and Outbound transport at CMFT and UHSM	£100,000	Q3 Onwards
MHCC	Continuation of SM ATT Service at UHSM	£195,000	Q2 Onwards