Public Document Pack

MANCHESTER CITY COUNCIL

# Health Scrutiny Committee

Date: Tuesday, 5 November 2019
Time: 2.00 pm
Venue: Council Antechamber, Level 2, Town Hall Extension

This is a **Supplementary Agenda** containing additional information about the business of the meeting that was not available when the agenda was published

### Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

### Filming and broadcast of the meeting

Meetings of the Health Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

## Membership of the Health Scrutiny Committee

**Councillors** - Farrell (Chair), Clay, Curley, Holt, Mary Monaghan, Newman, O'Neil, Riasat and Wills

# Supplementary Agenda

**7. Winter Pressures** 3 - 18

Report of The Director of Performance and Quality Improvement, MHCC and Trafford CCG and The Director of Adult Social Services

This paper provides an overview of urgent care winter planning for 2019/20. It contains information on the joint system-wide planning taken across the Manchester urgent care system, the surge and escalation approach taken in order to manage periods of pressure and the resulting impact on key performance targets.

# Further Information

For help, advice and information about this meeting please contact the Committee Officer:

Lee Walker
Tel: 0161 234 3376
Email: l.walker@manchester.gov.uk

This supplementary agenda was issued on **Friday 1 November 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension , Manchester M60 2LA

**Manchester City Council**
**Report for Information**

**Report to:** Health Scrutiny Committee – 5 November 2019

**Subject:** Winter Pressures

**Report of:** Michelle Irvine, Director of Performance and Quality Improvement, MHCC and Trafford CCG and
Bernadette Enright, Director of Adult Social Services

---

**Summary**

This paper provides an overview of urgent care winter planning for 2019/20. It contains information on the joint system-wide planning taken across the Manchester urgent care system, the surge and escalation approach taken in order to manage periods of pressure and the resulting impact on key performance targets.

**Recommendations**

To consider and comment on the information in the report.

---

**Wards Affected:** All

---

**Alignment to the Our Manchester Strategy Outcomes (if applicable):**

| Manchester Strategy outcomes | Summary of how this report aligns to the OMS |
|---|---|
| A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities | None |
| A highly skilled city: world class and home grown talent sustaining the city's economic success | Skilled multi-disciplinary health and social care workforce to be resilient meeting the demands of the city |
| A progressive and equitable city: making a positive contribution by unlocking the potential of our communities | Working across boundaries to maximise capacity of all hospital and community based services to support system wide flow |
| A liveable and low carbon city: a destination of choice to live, visit, work | None |

| | |
|---|---|
| A connected city: world class infrastructure and connectivity to drive growth | None |

**Contact Officers:**

Name: Jason Hughes
Position: Performance & Quality Improvement Lead
Telephone: 0161 765 4754
E-mail: jasonhughes@nhs.net

Name: Mark Edwards
Position: Chief Operating Officer, MLCO
Telephone: 07807578447
E-mail: mark.edwards@mft.nhs.uk

Name: Tim Griffiths
Position: Assistant Director Corporate Affairs
Telephone: 07985448165
E-mail: tim.griffiths@nhs.net

Name: Marie Rowland
Position: Assistant Director Performance
Telephone: 07980910304
E-mail: Marie.Rowland@mft.nhs.uk

**Background documents (available for public inspection):**

None.

## 1. Introduction

1.1 This paper outlines the various elements of winter planning and summarises the outputs of the various workshops, both within the locality and regionally. As with previous years, a system-wide approach - which brings together the key partners including commissioners, community health and social care providers, primary care, mental health providers and acute providers - is taken to winter pressures planning, looking at all organisational winter plans.

1.2 This process is co-ordinated by the system resilience team of Manchester Health and Care Commissioning to ensure that the urgent care system is prepared for winter.

1.3 This paper details the activities led by Manchester Local Care Organisation and will detail significant amounts of work on the recovery of the Manchester Delayed Transfer of Care (DTOC) position alongside preparation for winter and interventions in adult social care with regards to the care home market. The paper also provides an overview of activities led by Manchester University Foundation Trust, and Greater Manchester Mental Health Trust.

1.4 The paper and responses set out within are set within the context of a challenged health and care economy. Whilst Manchester's current performance against the four-hour target falls below the nationally mandated target its position is comparable to the rest of Greater Manchester. However, the number of delayed transfers of care, patients staying in hospital over seven days (this is the definition of a stranded patient regardless of whether they are medically fit) are all above the Greater Manchester average. The work described within the paper sets out the actions that are being taken to support an improvement against areas where performance remains challenged.

## 2. Winter resilience planning approach

2.1 Below are the key interventions and processes that outline the Manchester approach to winter planning. This is led by MHCC:

- **Flu programme**
  Comprehensive local flu strategy supporting the national flu campaigns
- **Operational pressures escalation levels (OPEL) framework**
  System wide escalation plans in line with the OPEL national framework are agreed at an organisational level with defined triggers, actions and communication
- **Urgent care hubs**
  GM urgent care hub operational across Greater Manchester to support all acute sites with the ability to divert or deflect ambulances and support with the repatriation of patients. Manchester urgent care hub established to

support complex discharge management to care homes and homecare provision

- **Service level plans**
  Highlighting coverage, service contact details, operational hours, staffing and any variation from business as usual covering Christmas and new-year period
- **Resilience funding**
  Contract negotiations for 2019/20 with the main providers included the requirement that providers would establish mechanisms to ensure their resilience throughout the year
- **Manchester and Trafford system wide urgent care improvement plan**
  Highlighting key transformational work-streams, reflecting national/regional priorities and operational priorities with alignment to NHS Long Term Plan
- **Locality peer reviews**
  The GM Partnership organised peer reviews within each locality across Greater Manchester. The partnership is making available an information pack containing all presentations from every review and key contacts details so that systems can look at progressing areas of shared learning and practices
- **Clinical Assessment Service (CAS)**
  Following 90 day test of change a remobilisation of the service for winter. CAS is a single GM clinical assessment service that is integrated with a community based urgent care response in each locality

## 3. Winter Workshops and Conferences

| Event | Date | Outline |
|---|---|---|
| Operational Delivery Group - Winter Planning Session | 2nd October | All System Partners attended. Plans were presented from organisations on the approach to winter and what will be in place. |
| NHSE/I North West Winter Warm-Up Conference | 4th October | Regional event with leaders from across health and social care. Introductory plenary session from Bill McCarthy, Daren Mochrie, Graham Urwin and Jon Rouse followed by workshops covering all areas of urgent care across acute, mental health, community and primary care. |
| GMHSCP Winter Preparation Workshop | 18th October | Greater Manchester event which set the local context for winter. Sessions focused on issues recognised as a system challenge and to identify any practical solutions that could be implemented ahead of winter. |

## 4. Manchester University Foundation Trust

4.1 The MFT Winter Plan takes a Trust approach to address the demand for services through our acute and specialist hospitals and clinical services, the key aims of the plan are to:

- Keep patients safe and ensure the delivery of effective care
- Improve and manage patient flow, minimising delayed transfers of care and long length of stay
- Flexibly manage peaks in demand
- Support staff well-being
- Ensure timely escalation processes, internal and externally
- Maintain capacity to deliver clinically urgent, long wait and cancer inpatient activity

4.2 The key components of the plan include:

- Reflects learning from previous winters, national priorities and best practices, feedback from staff, recommendations from external/internal reviews.
- Governance processes to support oversight and reporting related to urgent care including: Group oversight, National SITREP reporting, OPEL GM system reporting, joint working with locality Urgent Care Board and Operational Delivery Group, individual hospital governance and operational processes.

4.3 The plan includes MFT Group interventions as well as individual Hospital and Managed Clinical service.

4.4 At Group level:

- Staff well being – Flu Vaccination Programme, staff recruitment, retention and well-being programmes
- System escalation and reporting
- Working with NHSI ECIST Team across MRI, RMCH, WTWA and the MLCO.
- MFT governance arrangements
- Review of the elective programme based on safety considerations

4.5 Individual Hospital and Managed Clinical Service Plans reflect national priorities including:

- New models of care – development of urgent care treatment centre models
- Optimising streaming
- Increasing throughput of ambulatory pathways
- Focus on reducing minors breaches overnight.
- Improving flow programmes
- Embedding safer standards
- Joint working with the MLCO to reduce DToCs and long length of stay patients – this includes recent approval of additional joint funding from

MHCC, MFT and MLCO to implement an Integrated Discharge Team at Manchester Royal Infirmary
- Discharge to Assess – Manchester ward
- Dedicated major trauma ward at MRI
- Additional bed capacity at MRI – 12 beds
- Some additional ED capacity in SMH / RMCH
- Rapid flu testing in place from October
- Working with the third sector – British Red Cross
- Additional actions have been taken through Q2/Q3 to support urgent care resilience in the face of unprecedented demand levels and these continue into Q4.
- Risks to the plan have been considered with demand, high delayed transfer of care, and long length of stay identified as critical factors. In addition, mental health capacity, infection and flu outbreaks, resilience of the care home market and EU Exit may pose a risk.

## 5. Greater Manchester Mental Health Trust

5.1 GMMH have developed and written their own Winter Resilience plan to ensure that as an organisation they are prepared for winter and continue to deliver high quality, safe services throughout the winter period, and at times of increased demand, pressure and challenge.

5.2 The winter plan provides details and information on the GMMH winter offer, the systems in place to ensure business continuity and the operational arrangements in place to support these. It ensures that the interface and communication with partner organisation remains active and supportive, and describes how GMMH can support the wider system at times of pressure and the actions they will take when partner systems are facing significant challenge.

5.3 Service delivery and system resilience within GMMH is underpinned by robust operational leadership; divisional senior leadership teams ensure the effective delivery of services, supported by Associate Directors of Operations in each Network and led by the Executive Director of Operations.

5.4 The GMMH plan includes:
- Governance and on-call arrangements, in and out of office hours with senior support being available on site 7 days a week.
- Re-enforcing all alternatives to in-patient admission including crisis cafés and home ward options.
- Maintaining capacity and patient flow by introducing real time data on this for service management, focusing on pts with a DTOC and assessing capacity against demand.
- Supporting the Urgent Care and A&E systems by continuing to recruit and support A&E Liaison Teams to meet CORE 24 standards in line with the

investment received (MRI complete, Wythenshawe ongoing and North Manchester now underway) supported by a Strategic Lead for UEC.
- Continuing to work closely with housing providers to ensure sustainable housing options are provided with wrap around support when required and temporary solutions only when necessary.
- General winter preparedness that includes ensuring services are always accessible and available i.e. adverse weather plans, staffing contingency plans and flu preparedness.

## 6. MLCO & System Approach

6.1 Long length of stay continues to be an issue across the hospital sites in Manchester, with the challenges faced at MRI being particularly significant. As a result, MLCO recommenced intensive and focussed work with MRI in July 2019. The work focusses on supporting people to more appropriate care settings at the earliest opportunity when they have been assessed as being medically fit. Evidence available both across the UK and internationally suggests that elongated lengths of stay in hospital can have a detrimental impact on a person's health as such the work focusses on supporting people into different care settings, supported by an appropriate package of care, at the earliest opportunity.

6.2 As part of this work MLCO are supporting MFT by tracking all Manchester and non-Manchester resident patients who are admitted at the MRI and have a length of stay of 70 days or above. As of 21st October 2019, MLCO had facilitated the discharge of 133 people of which 103 have been Manchester residents. Up to the point of discharge these patients had a combined length of stay in excess of 11,000 days.

6.3 MLCO is currently monitoring 34 Manchester patients on the 'active' list, with a further 22 Manchester patients being monitored through an 'inactive' list. The patients being monitored through the 'inactive' list are not currently medically fit to be discharged from their current place of care, however, discharge planning arrangements are being undertaken where possible.

6.4 The number of patients who have a length of stay in excess of 21 days has remained above the target level. MLCO along with its system partners will undertake further work to address this and bring it back down to the target level.

6.5 In July, and in response to request from Greater Manchester Health and Social Care Partnership and NHS England/Improvement set a DTOC improvement target of 40 for Manchester. This is a system wide improvement target the achievement of which is not the sole responsibility of MLCO. However, MLCO is a core partner to the delivery of associated improvement programmes.

6.6 As part of work to understand the efficacy of MLCO led interventions in regards to DTOC, initial high level work has been undertaken to understand comparative levels of activity compared to this time last year (2018).

6.7 This early piece of analysis shows that across the three sites there have been more discharges facilitated by MLCO than at the same time last year. This is set in the context of an increased level of DTOC, i.e. there has been a significant increase in the number of people that have been classified as DTOC.

6.8 At the time of writing this report, the overall DTOC position was significantly worse than the target position.

| | | Target | 18/08/2019 | 25/08/2019 | 01/09/2019 | 08/09/2019 | 15/09/2019 | 22/09/2019 | 29/09/2019 | 06/10/2019 | 13/10/2019 | 20/10/2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Delayed Transfers of Care (DTOC) | North Manchester | 13 | 26 | 28 | 32 | 56 | 37 | 33 | 33 | 35 | 37 | 23 |
| | North Manchester - Manchester patients | 7 | 12 | 11 | 11 | 25 | 18 | 14 | 14 | 16 | 18 | 18 |
| | North Manchester - Other | 6 | 14 | 17 | 21 | 31 | 19 | 19 | 19 | 19 | 19 | 5 |
| | MRI | 32 | 63 | 81 | 86 | 82 | 71 | 81 | 79 | 74 | 71 | 63 |
| | MRI - Manchester patients | 22 | 54 | 74 | 71 | 67 | 58 | 68 | 62 | 59 | 58 | 52 |
| | MRI - Trafford patients | 1 | 4 | 0 | 3 | 4 | 3 | 3 | 4 | 4 | 3 | 5 |
| | MRI - Other | 9 | 5 | 7 | 12 | 11 | 10 | 10 | 13 | 11 | 10 | 6 |
| | Wythenshawe | 26 | 45 | 38 | 31 | 32 | 45 | 44 | 35 | 41 | 45 | 62 |
| | Wythenshawe - Manchester patients | 11 | 19 | 11 | 12 | 13 | 15 | 18 | 14 | 15 | 15 | 29 |
| | Wythenshawe - Trafford patients | 10 | 16 | 12 | 8 | 11 | 16 | 16 | 11 | 13 | 16 | 16 |
| | Wythenshawe - Other | 5 | 10 | 15 | 11 | 8 | 14 | 10 | 10 | 13 | 14 | 17 |
| | Trafford General | 6 | 8 | 5 | 14 | 9 | 9 | 6 | 7 | 7 | 9 | 13 |
| | Trafford General - Manchester patients | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 |
| | Trafford General - Trafford patients | 5 | 6 | 4 | 13 | 9 | 9 | 6 | 6 | 6 | 9 | 12 |

6.9 It should be noted that whilst the overall position remains challenged there continues to be significant movement across the three sites with significant numbers of patients being supported into alternative care settings. However, despite this the overall net position in regards to DTOC has increased by plus 44 over the period 8th July 2019 to 22nd October 2019, this means that the rate of addition is exceeding the rate of attrition. This in turn contributes to the challenged position reported at 1.4.

6.10 A delayed transfer of care (DTOC) from NHS-funded acute or non-acute care occurs when an adult (18+ years) patient is ready to go home and is still occupying a bed. A patient is ready to go home when all of the following three conditions are met:

- A clinical decision has been made that the patient is ready for transfer home
- A multidisciplinary team (MDT) decision has been made that the patient is ready for transfer home
- The patient is considered to be safe to discharge/transfer home.

6.11 The table shows the list of available reason for delay including where the delay is attributable to the NHS, Social Care or as jointly owned.

| | Permissible attribution | | |
|---|---|---|---|
| | NHS | Social Care | Joint |
| A) Awaiting completion of assessment | ✓ | ✓ | ✓ |
| B) Awaiting public funding | ✓ | ✓ | ✓ |
| C) Awaiting further non-acute NHS care | ✓ | ✗ | ✗ |
| Di) Awaiting residential home placement or availability | ✓ | ✓ | ✗ |
| Dii) Awaiting nursing home placement or availability | ✓ | ✓ | ✓ |
| E) Awaiting care package in own home | ✓ | ✓ | ✓ |
| F) Awaiting community equipment and adaptations | ✓ | ✓ | ✓ |
| G) Patient or family choice | ✓ | ✓ | ✗ |
| H) Disputes | ✓ | ✓ | ✗ |
| I) Housing – patients not covered by the Care Act | ✓ | ✗ | ✗ |
| O) Other | ✓ | ✓ | ✗ |

6.12 To support an expedition in improvement to the current position at MRI, the existing integrated discharge team have been requested by MLCO to produce an improvement plan that will see the number of delays to reduce to closer to 30 by the end of 2019. Oversight of delivery against this will be through MLCO governance arrangements.

## 7. Integrated discharge team

7.1 Despite the additional capacity that has been mobilised to deliver the initial action plans that were developed across hospital sites in July, which included: additional social work capacity; the commissioning of additional packages of care; and, mobilising additional community based health care provision, further work has been identified as being required and over a longer period of time. This work is required to create an effective and sustainable seven-day Integrated Discharge Team that is able to respond to the pressures within the system on an ongoing basis. This is in part driven by the health and care system in Manchester (as with the rest of the country) no longer experiencing seasonal fluctuations in demand, and seeing a near permanent increase in level of activity.

7.2 The programme of work that has been agreed and financially supported will provide significant and additional capacity in and around MRI to better manage flow into and out of the hospital site, ultimately reducing the levels of DTOC, length

of stay and stranded patient, in turn improving the ability of Manchester to respond to mandated urgent care targets.

7.3 The successful delivery of this programme requires a significant increase in the amount of dedicated capacity at MRI which in turn will, over a 12-month programme, take the system out of a permanent state of escalation and effectively respond to the increasing demands. It makes provision for the recruitment to a sustainable Integrated Discharge Team consisting of an additional 18 FTE (N.B. a figure which includes programme management).

7.4 There are a number of posts included within the team that will be filled from a re-alignment of existing people from within the Manchester health and care economy which will reduce the overall financial ask (but not the resource requirement) e.g. analytical and project management support. The movement of resource across the system in the way described will not result in a detrimental impact elsewhere as the majority of movement is a result of amends to pathways as opposed to wholescale re-profiling of services.

7.5 MLCO has taken immediate action and secured temporary social work capacity at MRI pending completion of this piece of work. MLCO has also recruited into a dedicated Integrated Discharge Team senior manager role, and eight additional homelessness staff to support discharge safely back into the community (these eight are deployed across the hospital sites and community).

7.6 However, there are a number of additional posts which will need to be recruited into either through secondment/deployment or into 12 month fixed terms posts. An active recruitment programme has now commenced in regards to the delivery of team referred to above.

7.7 The additional capacity requested is required to ensure that the continual cycle of escalation and the significant demands it places on senior officer time doesn't materially adversely impact on the delivery of agreed non-urgent care priorities and on business as usual.

7.8 In regards to leadership, MLCO has secured a Programme Director to lead this area of work. They are expected to take up post in early November. It has been agreed that this role will link to the Safer Better Together programme and associated governance at MRI. MLCO are now in the process of working to identify additional project management support through the deployed resource from MHCC.

7.9 In regards to workforce, three additional Social Workers are now in post and an active recruitment process is underway for an additional one social worker. In addition, Contact Officer training has now been completed, which will play a crucial role in screening referrals and getting them to the right place.

7.10 Recruitment into the nursing posts identified is now underway with job descriptions completed and vacancies listed on MLCO/MFT recruitment portal. These posts are not expected to fully recruited into until January 2020.

7.11 In regards to analytic support and associated capacity, MLCO have recruited into a Strategic Analyst role and have requested that the release of the successful candidate is expedited to ensure that MLCO is able to utilise an increasingly data driven response to discharge management. A recruitment process has been mobilised to secure additional analytical capacity. Both posts are critical to the effectiveness of the IDT and broader MLCO system resilience offer.

7.12 Following discussion between MFT, MLCO and MHCC, MHCC will now confirm the movement of resources to allow GMMH to recruit into the role of Senior Strategic Lead (Mental Health) GMMH has identified a senior manager to commence this role in late October 2019.

7.13 Through Manchester City Council MLCO is recruiting into a Relationship Manager role, expected by January 2020. This role will support discharges to care homes and lead the development of a trusted assessor model across the city. It should be noted that a trusted assessor model does not currently exist within the city of Manchester.

7.14 Based on likely recruitment processes it is expected that the IDT would have a full WTE compliment by January 19. Given current resources in place and immediate additionality and focus it is expected there would be an improvement in DToCs and LLoS patients over the course of the next six weeks.

## 8 Current position

8.1 In addition to the recruitment programme outlined at Section Five:

- MLCO with MCC have secured accommodation to support discharges over the winter period when people need to be discharged from hospital who are experiencing homelessness. This is planned to be available from the end of October.
- The electronic referral pathway process that will expedite the movement of patients is the process of being mobilised.
- There are now ward base meetings on two wards (and a weekly Length of Stay meeting in place which the IDT manager attends.
- There is a pilot of 10 beds on Manchester ward aligned to the Discharge to Assess Pathway and a PAT officer is on site daily.
- MLCO will undertake further work with the National Emergency Care Intensive Support Team (ECIST), building on the work that was recently undertaken with MRI and Wythenshawe Hospital.

- The roll out of crisis response model in Central Manchester is yielding significant benefit with the number of avoided admissions exceeding the original targets that were set.
- As of 15th October a block booking of 9 beds in central locality at The Dell in Gorton was secured to support discharge (principally at MRI).
- Incoming providers have been challenged as to when they will begin picking up all packages of care within 72 hours in their allotted lot, with a number indicating this can be done quite quickly and one provider (Medacs) close to meeting this request already.

8.2 At North Manchester General Hospital there is active recruitment process underway for social work posts. Two agency staff are joining imminently.

8.3 In addition, there is a senior management presence in the hospital and overtime has been offered to support the position. All assessments are allocated with the exception of one that is due to be allocated

8.4 At Wythenshawe, MLCO will be redeploying our community staff into Manchester Community Response to support the 'home first' campaign, working closely with the IDT and flow team to identify patients who can be managed outside of a bedded environment. MLCO are also looking into spot purchasing beds across the Locality to offset any closures with in-reach of therapy staff to continue the rehabilitation agenda.

8.5 Commissioning of additional capacity over the winter period has commenced which includes the extension of the block care home contract in Wythenshawe and additional capacity currently being commissioned. In addition, spot home care being commissioned to support winter pressures and the home care mobilisation

8.6 The recent change over of the Adult Social Care electronic record from MiCare to Liquid Logic remains a significant challenge and will do so until embedded in practice. Once embedded, this will deliver real improvements in the Manchester system. A dedicated Project Team is in place and additional training has been organised to support staff, along with the identification of champions within teams.

8.7 Manchester is currently in the process of mobilisation to new home care contracts to deliver our neighbourhood provider model. We have experienced significant challenges which are having a direct impact on the current capacity in the market pending full implementation. However, 600 people have transferred to new providers and we are starting to see capacity coming through.

8.8 As previously identified MLCO and MHCC colleagues have begun to support the four key hospital sites with programmes of work under the Manchester & Trafford Urgent Care Board. A major theme of the work will be GP streaming to the sites. Importantly such streaming efforts must align to a broader out of hospital strategy to manage the work that is deflected.

8.9 To support the development of this work (and as part of Phase II) MHCC has deployed significant senior commissioning capacity to MLCO.

8.10 The proposed transfer of the Trafford Community health contract has enabled the start of joint working on care models to ensure consistency and alignment between services, particularly taking account of the geography and patient flows into WTWA. Further and more focussed work will be able to take place post 1st October when MLCO assumes responsibility for community services within Trafford.

## 9. Manchester Crisis Response

9.1 Manchester Community Response (MCR) is part of the MLCO and provides intermediate care, reablement and rehabilitation services to patients, often older people, after leaving hospital or when they are at risk of being sent to hospital. These services offer an interface between hospitals and where people live, and between different areas of the health and social care system – community services, hospitals, GPs and social care.

9.2 There three main aims of MCR are to:

- Help people avoid going into hospital unnecessarily.
- Help people be as independent as possible on discharge from hospital.
- Prevent people from having to move into a residential home until they really need to.

9.3 The different teams with MCR are:

**Crisis response**
The crisis response team works collaboratively to provide a more rapid response to a patient in urgent need of health and social care at home. It provides a short term assessment and intervention for patients in their own homes allowing them to remain safely at home and avoid an unnecessary A&E admission.

**Discharge to Assess (D2A)**
D2A is about helping people home from hospital, quickly and safely. The essence of the approach is that the person, once medically optimised, goes home and is assessed for their ongoing needs in their home or other place of residence rather than remaining in hospital for these assessments. The aim is to reduce unnecessary delays in discharge when they could be back at home or in a more appropriate place to receive ongoing assessment, short term interventions and support.

**Intermediate care beds**
Short term bed based rehabilitation offers the patient a chance to work with a multi-disciplinary team to gain as much independence as possible and help them return

home. Many patients, particularly the elderly, suffer with loss of function after a major physical illness or following a hospital admission and this can make it difficult for them to cope in their usual environment.

**Intermediate care home pathway**
The home pathway team supports people in receiving or completing their rehabilitation in their own homes. Short term care and therapy are provided by the community and reablement teams to support the person's recovery to independence.

**Reablement**
Reablement service is another evidence based approach to support maximising people's ability to return to their optimum level of independence with the lowest appropriate level of ongoing support. The service focuses on restoring independent functioning and helping people to do things for themselves rather than the traditional approach of doing things for people.

**The multi-disciplinary team**
The MCR integrated team encompasses a range of community health and social care staff at various grades including community nurses, advanced practitioners in various disciplines, physiotherapists, occupational therapists, assistant practitioners, pharmacists, social workers, primary assessment officers, reablement managers and reablement staff.

9.4 Although there are discreet teams and pathways within MCR, staff may flex and work across the different teams and pathways when required.

9.5 MLCO has previously highlighted that the pace of recruitment to the care models has hindered impact. At the time of writing this report there are still 6.5 vacancies across the south and central Manchester Community Response (MCR) model (it should be noted that of these 2.5 are awaiting confirmation of start date). As these staff come into post we can expect to see a significant number of avoided admissions in both South and Central localities. However, it should be noted the rate of admission avoidance being currently achieved is in excess of that forecast within the business case:

## South

**Manchester Community Response - South**

**Weekly Metrics**

**W/E 20-Oct-19**

Manchester Local Care Organisation

| Metric No. | Metric | Descriptor | 6-week activity figures | | Trend | Week Ending | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Expected activity from referrals | Actual activity from referrals | | 15/09/2019 | 22/09/2019 | 29/09/2019 | 06/10/2019 | 13/10/2019 | 20/10/2019 |
| T1 | Total number of avoided admissions | T1.1 + T1.2 + T1.3 | - | - | | 19 | 21 | 20 | 26 | 22 | 23 |
| T2 | Total number of patients discharged from hospital by LCO teams through Pathways 0, 1, 2 and 3 | T2.1 + T2.2 + T2.3 | - | 185 | | 26 | 42 | 29 | 27 | 29 | 32 |
| T3 | IV therapy step down accepted referrals | Accepted referrals | - | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| T4 | Admitted to hospital whilst on MCR caseload | Include both admissions and readmissions | - | 2 | | 0 | 0 | 0 | 0 | 1 | 1 |

## North

**Manchester Community Response - North**

**Weekly Metrics**

**W/E 20-Oct-19**

Manchester Local Care Organisation

| Metric No. | Metric | Descriptor | 6-week activity figures | | Trend | Week Ending | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Expected activity from referrals | Actual activity from referrals | | 15/09/2019 | 22/09/2019 | 29/09/2019 | 06/10/2019 | 13/10/2019 | 20/10/2019 |
| T1 | Total number of avoided admissions | T1.1 + T1.2 + T1.3 | - | - | | 56 | 39 | 72 | 55 | 69 | 51 |
| T2 | Total number of patients discharged from hospital by LCO teams through Pathways 0, 1, 2 and 3 | T2.1 + T2.2 + T2.3 | - | 275 | | 59 | 41 | 46 | 42 | 52 | 35 |
| T3 | IV therapy step down accepted referrals | Accepted referrals | - | 17 | | 1 | 2 | 6 | 2 | 2 | 4 |
| T4 | Admitted to hospital whilst on MCR caseload | Include both admissions and readmissions | - | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |

## Central

**Manchester Community Response - Central**

**Weekly Metrics**

**W/E 20-Oct-19**

Manchester Local Care Organisation

| Metric No. | Metric | Descriptor | 6-week activity figures | | Trend | Week Ending | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Expected activity from referrals | Actual activity from referrals | | 15/09/2019 | 22/09/2019 | 29/09/2019 | 06/10/2019 | 13/10/2019 | 20/10/2019 |
| T1 | Total number of avoided admissions | T1.1 + T1.2 + T1.3 | - | - | | 27 | 32 | 27 | 42 | 35 | 23 |
| T2 | Total number of patients discharged from hospital by LCO teams through Pathways 0, 1, 2 and 3 | T2.1 + T2.2 + T2.3 | - | 79 | | 23 | 14 | 13 | 14 | 8 | 7 |
| T3 | IV therapy step down accepted referrals | Accepted referrals | - | 34 | | 2 | 6 | 8 | 6 | 6 | 6 |
| T4 | Admitted to hospital whilst on MCR caseload | Include both admissions and readmissions | - | 1 | | 0 | 1 | 0 | 0 | 0 | 0 |

9.6 In addition to the work that is being delivered through Manchester Community Response, Manchester Case Management (formerly known as High Impact Primary Care) continues to work with some of the most complex residents in the city. Despite the number of people in contact with the service being lower than planned there is a demonstrable positive impact on the urgent and emergency care activity for those people that are in service (i.e. the level of activity in the cohort is lower than it would otherwise have been).

## 10. Success measures

10.1 The Committee are reminded that the Locality Plan set out a clear vision to deliver increasingly personalised care in community based settings closer to home. The MLCO led interventions that are set out above support delivery against that high level ambition.

10.2 The success measures for the broader system are relatively well defined and include a reduction in the number of DTOC's, reduction in average length of stay, reduction in the number of stranded and super stranded patients (those in hospital for more than 21 days), and an improvement against the four-hour target. It should be noted that these national access targets are the responsibility of the partners across the Manchester system. The performance against these targets continues to be monitored and managed under the Manchester and Trafford Urgent Care Board arrangements.

## 11. Recommendations

11.1 The Committee are asked to note the contents of this report.