

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 22 February 2023

Subject: Accessing NHS Services

Report of: Manchester Health and Care System Partner Organisations

Summary

This addendum to the above report focuses on access to urgent care, elective and mental health services for children and young people across Manchester University NHS Foundation Trust (MFT). The reference to this note can be found in section 5.9 of the main report previously issued.

Recommendations

The Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Net Zero Reduction Programmes are now well established across all NHS organisations in Manchester and the North West
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Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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Consideration has been given to how delays in access services could impact on different protected or disadvantaged groups. Examples of this work are contained in this report.
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Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Access to NHS services form an essential part of the City's wellbeing, underpinning people's ability to receive support to have the best health outcomes, which in turn supports people to achieve their full potential
A highly skilled city: world class and home-grown talent sustaining the city's economic success	NHS organisations operating in Manchester employ a significant number of Manchester residents and the city has some of the best life science and research facilities in the country
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	All partner organisations have endorsed the Making Manchester Fairer Action Plan and have identified areas of work that will contribute to the delivery of the plan
A liveable and low carbon city: a destination of choice to live, visit, work	Net zero plans are well established in all NHS partner organisations
A connected city: world class infrastructure and connectivity to drive growth	NHS organisations and their university partners have global connections relating to their areas of expertise

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Not applicable

Financial Consequences – Capital

Not applicable

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Background documents (available for public inspection): None

1. Background

- 1.1 This supplementary note provides further information on access to urgent care, elective and mental health services for children and young people across Manchester University NHS Foundation Trust (MFT).
- 1.2 The majority of hospital services for children and young people at MFT – including those at Wythenshawe Hospital and North Manchester General Hospital, are managed by the Royal Manchester Children’s Hospital.
- 1.3 National context
- 1.4 Children make up 21% of the overall population in England and 16% are living with a long-term condition such as asthma, diabetes and epilepsy, conditions which worsen in adulthood if not managed well in childhood.¹ Poor health in childhood has significant long-term costs to wider society through direct physical and mental health costs as well as social support and active years in employment.
- 1.5 Children and young people experiencing mental health conditions in the group aged 7-16 increased to 17% in 2022 and to 26% in those aged 17-19. Similarly, hospital admissions for mental health and eating disorder (under 18s) increased 82% and 27% respectively between 2019/20 and 21/22.²
- 1.6 Nationally A & E attendances have risen 20% more for children than adults and admissions to hospital around 10% more. Complexity and length of stay has also increased, critical care length of stay has increased by 16% and there has been a 20% increase in general and acute beds occupied. Following the pandemic seasonal shift in viral admissions has resulted in sustained higher levels of occupancy in spring and summer impacting on capacity for elective recovery.
- 1.7 Manchester context
- 1.8 Attendance at paediatric emergency departments across Manchester (North Manchester, Royal Manchester Children’s Hospital and Wythenshawe) has increased following a reduction during the first waves of the Covid-19 pandemic. Latest data this winter shows attendances for children at around 110% compared to 2019/20 reflecting similar system pressures to those observed nationally.
- 1.9 During 2022-23 a Greater Manchester wide Paediatric Cell was established with paediatric clinical representation from all GM hospitals. The Cell monitors pressures in every site on a daily basis including A&E attendance, bed occupancy, children and adolescents admitted with mental health needs and

¹ <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/05/18/hospital-admissions-for-eating-disorders-increased-by-84-in-the-last-five-years>

² <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/05/18/hospital-admissions-for-eating-disorders-increased-by-84-in-the-last-five-years>

children with higher dependency needs. The Cell also enables mutual aid and ensures timely access and support for children and families attending emergency departments with dedicated ambulance provision where required to transfer children between sites.

- 1.10 A parallel GM children and young people's acute recovery board was established in 2021 to ensure children get timely access to planned care in an acute setting. Manchester has led the way in developing improved access despite higher unplanned hospital attendance and admissions through the development of an innovative practice and hubs.

2. Current System Operating Environment

2.1 Royal Manchester Children's Hospital Services Across MFT

- 2.2 In addition to the well document annual winter pressures, children and young people's services across MFT continue to contend with additional stresses including excessive levels of RSV, Flu, Covid-19 and Strep A infections presentations and admissions, as well as industrial action and high staff sickness levels.
- 2.3 Whilst a huge amount has been done to look after the health and wellbeing of staff throughout the pandemic, Covid continues to impact colleagues working in our hospitals. In February 2020, before the pandemic the absence rate at RMCH was 3.89% (75 absences). This peaked in December 2022 when it reached 7% (165 absences), impacting on capacity.
- 2.4 It is vital that children leave hospital when they are well to do so, and discharge is done safely and to the right place for them and with the right support. Increasingly our complex paediatric patients are requiring more support when they leave hospital, for example, a long-term ventilated (LTV) patient could require up to 4 carers to support them at home. However, the national shortfall in carers and their poor retention rates has led to RMCH having to keep more LTV patients in hospital over the past 12-18 months for longer periods whilst appropriate recruitment takes place.
- 2.5 There has also been an increase in looked after children admitted to hospital as a place of safety, who also have a complex discharge pathway which leads to longer hospital stays and enhanced nursing support.
- 2.6 Routinely there are more than 10 children and young people across MFT hospitals that are medically fit to leave hospital. Minimising this number is a key objective and will relieve pressure on patient flow for our emergency and elective patients.

3. Maintaining Access to Urgent Care Services

- 3.1 Despite the operational pressures, the focus has remained on ensuring children and young people have access to urgent care when they are needed.

Each day RMCH sees on average 150 patients through the paediatric emergency departments (PED), of which around 18% (27) patients are subsequently admitted. Performance against the A&E 4-hour standard remained largely stable through April to August 2022 at 74%, however, this dipped to 61% in September 2022 as a result of the migration to the new electronic patient record (EPR) system and remained static throughout October 2022 to December 2022. Whilst this is in part a result of staff familiarising themselves with the new EPR system, the main challenges have been emergency pressures experienced across Greater Manchester throughout this time and the significant surge in RSV and Strep A infections, as previous noted in this report. This resulted in daily attendances in excess of 240 at the peak and averaging around 200 for a sustained period across November and December.

- 3.2 This unusual seasonal peak in Strep A infections coincided with national pressures across paediatric intensive care beds and an early surge in RSV infections.
- 3.3 In addition, and partly because of the pandemic, MFT hospitals have also seen an increase in paediatric mental health attendances and looked after children, which are often very complex and requiring a minimum of 2:1 care during their stay.
- 3.4 Ambulance handover times have not been an issue within RMCH, however high occupancy levels within general and critical care beds have reduced flow through hospital, leading to an increase in patients spending more than 12 hours total time in the paediatric emergency department (PED) and the cancellation of some elective cases.
- 3.5 The focus on safety remains paramount and is maintained by several processes including delivery of the safety standards within PED, undertaking safety audits alongside root cause analysis for long wait patients, including understanding the delays to treatment and potential harm.
- 3.6 There continues to be a programme of improvement activities across the emergency care pathway to improve wait times and flow as follows:
- 3.7 Minor Injuries / Minor Illness (MIMI) Streaming
- 3.8 Dedicated cubicles within PED to streamline patients to a GP or an advanced clinical practitioner to manage their condition.
- 3.9 Same Day Emergency Care (SDEC) and Patient Streaming
- 3.10 SDEC models – which allow urgent care patients to be treated away from emergency departments where appropriate – are in place within children services at North Manchester & Wythenshawe hospitals. At RMCH, a Minor Injuries and Minor Illness (MIMI) streaming service allows patients to be seen by a GP or Advanced Clinical Practitioner within PED in order to reduce

waiting times. A number of 'hot clinics' which allow patients to be booked to urgent outpatient clinics, are also in place across a number of specialties.

3.11 Virtual Wards, Admission Avoidance and Reducing Length of Stay

3.12 RMCH, in partnership with the Local Care Organisations has been a national leader on the establishment of virtual wards across Manchester and Trafford for:

- respiratory conditions (bronchiolitis, wheeze)
- neonatal jaundice
- Enteral Feeds for children with eating disorders
- NIV at Home
- Respiratory physiotherapy at home

3.13 Paediatric virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital with approximately 80 patients per month utilising this pathway, either directly from PED or via an earlier supported discharge.

Further virtual ward/outreach pathways are in development, such as,

- chemotherapy at home
- rehabilitation at home (neuro-rehab, LTV, chronic pain)
- exclusive enteral nutrition (EEN)
- Expansion of the outpatient parental antimicrobial therapy (OPAT) service which allows patients who are medically stable to continue their intravenous antibiotics at home or in an outpatient setting

4. Maintaining Access to Elective Treatment and Cancer Services

4.1 Despite emergency pressures RMCH have continued their efforts to ensure high priority, cancer and long wait patients are being treated.

4.2 RMCH have consistently delivered the standard for children and young people to receive cancer treatment within 62 days of referral.

4.3 Significant progress has also been made on reducing the number of patients on a routine waiting list above 78 weeks towards the national expectation that 78 week waits will be eliminated by 31 March 2023. It is recognised that delivering this ambition for children and young people is challenging given the growth in waiting lists as a result of the pandemic. The following initiatives are underway and contributing to improvements:

- Increasing theatre productivity across all paediatric theatres. See below the case study on the Walk in Walk Out Surgery model.
- Establishment of a high volume, low complexity (HVLC) surgical hub for children and young people at Starlight, Wythenshawe and dental theatre hub at Trafford General Hospital.

- Moving to a patient-initiated follow-up model, freeing up capacity to see more patients in outpatients.
- Expanding advice and guidance services for GPs.
- Contacting patients/families on a waiting list to confirm that their procedure is still required. Around 10% of those who have responded opted to be removed from the waiting list following clinical review.
- Working with alternative providers to treat patients, with a focus on our challenged specialities. This has included 71 patients who have transferred their care to Alder Hey Hospital following discussions with them and their families.

Case Study: Manchester Walk in Walk Out Surgery

The Royal Manchester Children's Hospital WIWO model of theatre flow was developed as part of the hospital's Covid recovery programme. Children and families are seen entirely within the theatre complex without the need to be admitted into a ward or hospital bed. The model supports children for both planned and urgent non-scheduled surgery and covers the specialties with the largest waiting lists (ENT, dental, pediatric surgery, orthopedics, plastics). This has reduced waiting times – treating 2,800 children in the last 18 months and has increased the number of children who received same day treatment and discharge home. The model has been shared across Greater Manchester and adopted in other localities.

5. Transforming Children and Young People's Mental Health

- 5.1 As referenced above, there has been a significant increase in demand for mental health services for children in young people in recent years, partly as a result of the Covid pandemic.
- 5.2 Throughout the pandemic children and adolescent mental health services (CAMHS) remained open, opened new services and implemented new ways of working, moving quickly to minimise the barriers to accessing support. This included providing a choice of telephone, clinical video conference, and face-to-face appointments. For certain vulnerable groups and conditions (e.g., eating disorders) it was imperative that face-to-face contact continued to manage risks.
- 5.3 The Community Eating Disorder Services (CEDs) has – and continues – to see an increase in referrals and within this higher acuity, leading to higher admission rates to paediatric wards for refeeding. Data is showing that demand continues to increase, with the number of children and young people starting treatment higher this quarter compared with the same period last year during the pandemic. This is reflected nationally with a 55% national increase in children and young people starting treatment for an eating disorder in 21/22 compared to 19/20.
- 5.4 As a result of this surge in demand MFT CAMHS has increased its CEDs capacity, seeking to prevent admission and to treat the higher acuity seen. This has included increasing its 7-day offer periodically, providing an in-reach

service to hospitals across MFT (RMCH, Wythenshawe and North Manchester General).

- 5.5 As part of a Manchester-wide programme to support children to Start Well the Manchester CAMHS service has led a range of transformations designed to improve access, meet growing demand and support children and young people outside of health care settings. Part of this has been the establishment of 'M-Thrive Hubs' and expanding services in schools and colleges. More details on these initiatives are set out in the case studies below.

Case Study: CAMHS Transformation Response: M-Thrive Hubs

- To date three M-Thrive Hubs have opened across the City in Central, North and the South localities.
- The Hubs are active 7 days a week (weekend via digital front door), complementing and enhancing the current family and youth support services across all the agencies and communities in Manchester
- The M-thrive model is a support service which helps children and young people (and those who care for them) to get to the right intervention services at the right time and in the right place, building CYP self-esteem and resilience along the way.
- The Hubs pick up any family or CYP who do not meet CAMHS criteria at the front door to ensure they are not left behind.
- As of June 2022, M-Thrive hubs have supported over 900 CYP and those who care for them and currently has over 100 open cases.
- The majority of CYP who access M-Thrive are directed by CAMHS, Early Help and schools. The main presenting issues with CYP who school have signposted are low mood and anxiety-based school avoidance.

Case Study: CAMHS Transformation Response: Manchester Thrive in Education

- Manchester Thrive in Education (Mental Health Support Teams in schools) is led by CAMHS in partnership with VCSE agencies are a new addition to mental health provision in schools and colleges.
- The service aims to increase access to psychological therapies on-site in education settings for CYP experiencing mild to moderate mental health difficulties
- It provides a prevention intervention for CYP, and those who care for them, designed to improve mental health and increase awareness, preventing the development of significant difficulties.
- The service is currently working in 35% of schools and colleges across Manchester offering evidence-based therapy, mental health consultation to key education staff. It encourages the development of a whole school/college approach to mental health
- During the pandemic national lockdowns that led to school closures the service launched and has maintained a telephone and virtual service for CYP and those who care for them.

6. Recommendations

The Committee is asked to note the contents of this supplementary report on access to services for children and young people.