

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 7 February 2024

Subject: Progress Update On Winter 2023/24

Report of: Deputy Place Based Lead
Executive Director Adult Social Services

Summary

In September 2023, the Manchester Health Scrutiny Committee and the Council Executive was presented with a forward view of the plans for this winter. The following paper describes the current progress in implementation of winter plans, and summary of pressures within the urgent care system.

Partners will attend the Committee to answer questions relating to their respective organisations.

Recommendations

The Health Scrutiny Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the decisions proposed in this report on achieving the zero-carbon target for the city
In terms of service delivery all NHS partner organisations in Greater Manchester are expected to adhere to the GM NHS Green Plan and Council directorates and teams are aware of their responsibilities in contributing to the city's net zero carbon target.

Our Manchester Strategy outcomes	Contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Health and social care are an important part of the city's economy including creating significant economic value, jobs, health innovation and supporting regeneration efforts
A highly skilled city: world class and home grown talent sustaining the city's economic success	Health and social care supports significant jobs and skills development in Manchester

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Progressive and equitable is central to the Our Healthier Manchester Locality Plan and the Making Manchester Fairer Plan now provides an effective framework for tackling health inequalities in the city
A liveable and low carbon city: a destination of choice to live, visit, work	There are strong links between health partners and housing providers in the city and health partners also have an important role in working towards net zero
A connected city: world class infrastructure and connectivity to drive growth	Transport infrastructure and digital connectivity are critical to providing effective health care for Manchester residents

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

Each year various grants are made available to social care, primary care, NHS Trusts to support the response to dealing with winter pressures

Financial Consequences – Capital

None

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Background documents (available for public inspection): None

1.0 Introduction

1.1 This paper gives an update on the delivery of winter plans, and key areas of urgent care pressure within the system.

2.0 Delivering operational resilience across the NHS this winter

2.1 NHS England's national letter to systems on winter planning states four key areas of focus to help local systems prepare for winter. The core objectives are:

- Continuing to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place.
- Completing operational and surge planning to prepare for different winter scenarios.
- ICBs ensuring effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.
- Supporting our workforce to deliver over winter.

2.2 Urgent and Emergency Care Recovery Funds

2.2.1 In March 2023, NHS Greater Manchester (NHS GM) informed localities of recovery/winter funding available for 2023/24 to help plan in a more coordinated way. This funding allocation brought together several separate workstreams and was designed to support virtual wards, help discharge from hospital and secure additional capacity across the system.

2.2.2 System partners worked together over the summer to determine how best to use this funding to complement existing capacity and investment within the system. The funding ultimately available was reduced ahead of winter plans being mobilised. The Manchester Provider Collaborative and Manchester Partnership Board considered how best to deploy the available funding, agreeing a final list of schemes in October that met the revised envelope and making clear that these could be scaled up should further funding become available. This was a whole system approach, which provided additional capacity for primary care, the acute hospitals and the mental health system, prioritising those schemes that were best able to mitigate system pressures.

2.2.3 Monitoring of schemes is underway, with a particular focus on the system's performance against key urgent care metrics such as four hour A&E performance and ambulance handover times. Along with these outcome metrics, system partners have been tracking utilisation of additional capacity. Utilisation of Hospital at Home capacity has been high at over 80%, as has utilisation of additional primary care capacity. As we move out of winter, the Manchester Urgent Care Board will evaluate the performance of the system over winter, and how well targeted our additional capacity was. This will be used to inform winter planning for next year. We do not yet have confirmation of the funding that will be available to support the system next winter. Further

data on the performance of the system over winter is set out later in this report.

2.3 Industrial Action

- 2.3.1 Effective winter planning also helped the system to mitigate the impact of two periods of industrial action across December and January. Industrial action by junior doctors took place pre-Christmas (from 7am on 20th December until 7am on 23rd December 2023) and in the New Year (from 7am on 3rd January until 7am on 9th January 2024). Planning focussed on maintaining key services and ensuring safe rosters with consultant cover.
- 2.3.2 A co-ordinated approach has been key to planning for the industrial action, with very close co-operation with partners across the health and social care system. Twice-daily executive-led meetings were held with the leadership teams of all our hospitals, clinical managed services and the LCOs to ensure that any issues can quickly be escalated and resolved.
- 2.3.3 In addition, a process was established with Manchester University NHS Foundation Trust (MFT) for alerting elected members to system pressures which included a written update that was circulated earlier in January. This was complemented by a daily GM-level system SCC Leadership Group meetings throughout the period of industrial action, attended by Manchester's Deputy Place Based lead as the system's representative.

2.4 Urgent Care Pressures

- 2.4.1 Throughout Winter all MFT hospital sites have experienced high numbers of attendances, with demand and patient acuity being significant. Growing winter pressures from respiratory illnesses, sickness bugs and other seasonal illnesses tend to rise during January, impacting the demand for care and hospital beds.
- 2.4.2 The Operational Pressures Escalation Levels (OPEL) Framework supports organisational and system response to the pressures. The framework looks at key metrics to score the system in a consistent way. There are four levels of OPEL – Level 1 where services are operating within normal parameters up to level 4 where pressure in the local health and care system continues to escalate leaving organisations unable to deliver comprehensive care.
- 2.4.3 Manchester Foundation Trust has reported OPEL scores of level 2 and, at times, level 3 through the winter period. Scoring can fluctuate throughout the day as scoring is updated and recalculated, based on real time information.
- 2.4.4 Greater Manchester Mental Health also provide a daily mental health escalation level to the GM System Control Centre (GM SCC) using agreed parameters and thresholds reflecting principles of the OPEL framework. This escalation level contributes to the overall system pressures dashboard.

2.5 Urgent Care Performance

- 2.5.1 Recognising that we are still in winter, to date winter 2023/24 has shown improvement in key metrics when compared to the winter 2022/23. At the time of writing, unvalidated data for 4-hour A&E performance shows improvement for December and January (to date) when comparing to the same month last year. Ambulance handover performance at site level has seen sustained or improved performance overall, with some daily variation.

2.6 GM Integrated Care Board - System Control Centre (GM SCC)

- 2.6.1 The Greater Manchester System Control Centre (GM SCC) was established in December 2022 and it brought together existing functions, such as the Greater Manchester Urgent and Emergency Care Operational Hub (GM UEC Operational Hub), the Greater Manchester System Operational Response Task Group (GM SORT), and the existing Emergency Preparedness, Resilience and Response (EPRR), as well as the many data feeds to ensure a consistent and collective approach to managing system demand and capacity as well as mitigation of risks.
- 2.6.2 The System Coordination Centre Leadership Group (SCC LG) has been established to support the wider GM system with winter pressures. The group enables senior oversight and situational awareness of clinical and operational pressures and risks in the Greater Manchester health and social care system. Its role is to coordinate decisions at times of escalation, over and above escalation in individual localities or providers.
- 2.6.3 The frequency of SCC LG meetings may also be stepped up to provide additional support during incidents. The SCG LG met daily throughout the two periods of Industrial Action. This has provided additional assurance against locality OPEL and support and mutual aid on OPEL actions from the wider GM footprint as and when necessary.
- 2.6.4 Each week throughout the whole winter period, written updates about the key highlights from SCC LG meetings have been provided by the Deputy Place-Based lead to the Executive Member for Healthy Manchester and Social Care. Member briefings have also been prepared on key issues as the winter has progressed.

3.0 Organisational Winter Deliverables, by Organisation

- 3.1 This section of the report sets out organisational progress made against the winter plans and priorities as set out in September. The plans considered lessons learned from last winter, aligning with the system's urgent care recovery goals and with the core principle of working together as partners to keep people well at home. Each of the organisations have provided the narrative and information for their sections.

3.2 Manchester Foundation Trust (MFT)

- 3.2.1 Across our acute adult and paediatric hospitals, we implemented the nationally recognised high-impact interventions, with the Hospital at Home programme spearheading our local plans to enhance and expand our virtual ward capacity. Objectives throughout are to ensure that when patients attend our departments, we promptly directed them to the appropriate care. Interventions have been accelerated to improve our resilience over winter.
- 3.2.2 Whilst MFT has seen a 4% drop in performance in the three months leading up to December we have seen a better performance compared to the same period last year despite an increase in attendances and periods of industrial action. Both have placed increasing pressures on an already challenged system with our priority to ensure patient safety is maintained throughout.
- 3.2.3 MFT has an on-going improvement programme working with NWAS developing pathways for ambulances to take patients straight to Same Day Emergency Care services and avoid A&E admission. Performance relating to the 30-minute ambulance turnaround time has improved significantly this year. North Manchester General Hospital recorded the best ambulance turnaround times in the country during November and in December both North Manchester and Manchester Royal Infirmary had the best performance on handovers over 15 mins, ranking first and second across the North West.
- 3.2.4 Streaming suitable patients to Same Day Emergency Care services is a core part of MFT's winter plans, with hospitals identifying local targets to divert a proportion of suitable attendances to help avoid pressure building in A&E. Throughout October to December there has been an additional 1000 patients streamed through this pathway.
- 3.2.5 A key element of our winter plans is the clinically led expansion of our Hospital at Home service which supports increased use of virtual ward capacity. Throughout November and December there were 678 patients supported through Hospital at Home provision, patients who would otherwise have been in a hospital bed. At the end of December the number of new mobilised beds provided by the Hospital at Home service increased capacity by 122 beds per day. Plans are in place to increase occupancy again throughout January to March with further expansion of the service planned for 24/25.
- 3.2.6 The new national Operational Pressures Escalation Levels (OPEL) framework was implemented in October and is well established across our Hospitals. This framework measures the level of pressure across our Hospitals and ensure rapid response across the Group can be enacted to provide support. MFTs escalation and flow policy was updated to ensure effective decision making and system responsiveness to pressures.
- 3.2.7 During Winter 2022 we saw flu return at scale and MFT had robust plans in place to roll out and deliver its frontline vaccination programme to protect the public and staff over this winter, beginning early October. Currently 47% of

MFT's frontline staff have been vaccinated for flu. This is the highest performance across all Greater Manchester acute providers.

- 3.2.8 A new ready date of discharge metric was introduced nationally, which measures the time from when a patient is medically fit to leave an acute hospital bed to when they are actually discharged. In December 88.3% of patients were discharged on their discharge ready date, this is above the national average of 86.2%. All of which has been supported through the interventions on improving discharge in place.

3.3 Manchester Local Care Organisation (LCO)

- 3.3.1 **Hospital at Home / Admission Avoidance** - There is a delivery plan in place to roll out a Hospital at Home offer in full across the city of Manchester by March 2024. Hospital at Home Has rolled out across North and Central Manchester, with South Manchester community offer going live in March 2024. Between 65-80 people are supported on the pathway every single day. The target is to support 165 patients on the pathway by the end of March 2024. This target is based on work by operational and clinical leaders to design a safe and robust roll out plan.

- 3.3.2 **Manchester Community Response (MCR)** - Manchester Community Response (MCR) consists of health and social care integrated services that keep people well in their own homes through preventive measures or support timely flow out of our acute hospital sites. Follow a period of assessment and intervention MCR handover to our neighbourhood teams for continuation of support in the community. Manchester CRISIS team manage deflections from NWS, primary and community services and ED. The national standard is for CRISIS to see patients within 2 hours of referral. In December 2023 performance was 90% against a target of 70%.

- 3.3.3 **Improving acute inpatient flow and length of stay** - to support improvement in acute flow, a recovery trajectory and plan has been agreed with system partners to reduce the number of patients with No Criteria to Reside (NCTR). The December average is 341 against target of 240. Actions continue to maintain operational grip based on a strengths-based approach to discharge, themed on 1) Early Planning Discharge 2) Streamlined Referral and Discharge Actions 3) Safe and Effective Discharges.

- 3.3.4 **Transfer of Care Hub** - The Transfer of Care Hub (ToCH) is a virtual network focused on supporting discharge and system communication. ToCH supports mutual aid, system escalation, locality and regional assurance, and improvements in discharge processes. This virtual network has added to the systems resilience during points of pressure, for example, during Industrial Action.

- 3.3.5 **Home First Discharge Policy Review** – The policy is currently in final ratification stages. The implementation of the policy will be supported by a resource library to support staff to deliver the home first ethos.

3.4 Adult Social Care

- 3.4.1 Home from Hospital – Voluntary, Community and Social Enterprise (VCSE) Collaborative** - to support people who have low or no social care needs, leaving on pathway 0 to enable them to settle in and prevent readmission or being discharged on pathway 1.
- 3.4.2 Improving flow through Discharge to Assess beds** – a specialist Social Work team has been created to manage and support the flow through these beds increasing capacity and maximising opportunities to support people to return home from the Discharge to Assess beds. Through the winter period we have reduced the number of individual purchased beds and maximised the utilisation of our Discharge to assess beds.
- 3.4.3 Increasing the capacity in Pathway 1** - A review of the process and placing Reablement Flow Co-ordinators in the Integrated Discharge team to pull more people into reablement and reducing over prescription of care on discharge from hospital.
- 3.4.4 Increasing the Social Work presence in the hospital** - To support the hospitals to improve the numbers of people with a 'Home First' approach and increase the flow into pathway 1 maximising opportunities and introducing a 'single handed transfer of care' prototype for people identified as needed two people to support in their care arrangements.
- 3.4.5 Increasing flow in reablement** – additional flow co-ordinators have been put in place to increase capacity within reablement supporting discharge from hospital and stepping up from community to support admission avoidance. We have also continued to develop the reablement services to provide every person appropriate the opportunity to go through reablement.
- 3.4.6 Supporting flow in Intermediate care units** – continued funding of Senior Social Worker to monitor and maintain flow in the intermediate care units, reducing delays due to social care and support, through working with the integrated teams we support people to return home.
- 3.4.7 Integrated Control Room** – Additional resources invested into the Control room to maintain oversight of flow from the acute hospitals, and commissioning provision and care finding to support discharge in a timely manner.
- 3.4.8 Social Care support to Greater Manchester Mental Health NHS Foundation Trust (GMMH)** – developing an urgent action plan to support flow in acute and mental health beds to free up capacity and reduce delays in these beds. These plans are continuing to be implemented, and there has been a focus on building the relationships with GMMH to support flow and discharge from hospital.

3.5 Greater Manchester Mental Health NHS Foundation Trust (GMMH)

- 3.5.1 **Winter Discharge Schemes** - GMMH have been allocated funds from the capacity funds which has contributed towards the maintenance of vital discharge, UEC and previous winter schemes. No additional schemes were mobilised in winter 23/24. A full evaluation of all winter, urgent and emergency care and discharge schemes are underway to ensure they remain fit for purpose and cost effective. Previous evaluations have evidenced the positive impact on flow.
- 3.5.2 **Mental health inpatient discharge and flow** – the Trust has developed a patient flow and discharge recovery plan that will be overseen by the unscheduled care programme board. GMMH with system partners have established a 3 tier multi-agency discharge event (MADE) to ensure effective flow and focus on reducing the patients clinically ready for discharge (CRFD) with focussed events planned for February 2024. The Trust continues to have oversight of all patients placed out of area via the North West Bed Bureau and community care coordinators are working with the ICB on quality contract monitoring.
- 3.5.3 **Implementation of the Crisis pathway model** - the Trust continues to work with Greater Manchester Police (GMP) and North West Ambulance Service (NWAS) to consider the response to right care right person and mobilisation of 111 press 2 for mental health in April 2024. Mobilisation of the mental health ambulance is scheduled for early spring in collaboration with NWAS and Pennine Care Foundation Trust.
- 3.5.4 **Accessing help in a Mental Health Emergency** – we are working to ensure appropriate use of our Health Based Places of Safety (HBPOS) and have made improvements in the number of patients admitted to these areas, rather than presenting to A&E.
- 3.5.5 **Access and community services** - the Trust has commissioned a full review of access to community service and continues to work in collaboration with Manchester City Council.
- 3.5.6 **Clear escalation processes for A&E** - the Trust continues to work closely with the SCC strengthening the escalation processes for A and E.
- 3.5.7 **Ensure mental health professionals are embedded in all emergency operation centres ahead of winter** - an embedded model of mental health clinicians into its Emergency Operations Centre (EOC) in Manchester continues to operate as a pilot scheme as an extension of the GMMH crisis line. A business case has been developed to develop this pilot into a substantive service as per the Long Term Plan requirements.

3.6 Manchester Primary Care

- 3.6.1 **Manchester Acute Respiratory Infection Service (MARIS)** - additional capacity for same-day respiratory appointments for children and adults. An

additional 14,000 appointments are being delivered during the winter period and national data indicates that 50% of these appointments would usually be undertaken in A&E.

- 3.6.2 **Additional Primary Care Resilience Same Day Access** - additional clinical and non-clinical sessions and GP surge hubs for adults and children. This is providing 21,000 additional clinician time face to face, telephone or virtual over the winter period.
- 3.6.3 **GP Federation Resilience Hubs** - 8,777 additional appointments in local hubs, these appointments can be booked by all practices. These appointments are operating at high utilisation rates.
- 3.6.4 **Improving access to General Practice** - implementation of a modern model of general practice. These plans include objectives around working towards improving online access, including website improvement, use of the NHS App and supporting patients to become more digitally enabled. Manchester saw a 14% increase in the number of appointments delivered in primary care between November 2022 and November 2023 (309,000 appointments during the November 2023 compared to 270,000 a year before). Manchester also saw a 12% increase in GP face to face appointments being delivered across the city.
- 3.6.5 **Personalised Care** - work to shift the focus of healthcare delivery from a reactive, episodic model to a proactive preventive approach. The focus is on three high impact cohorts: dementia, frailty and patients who regularly attend A&E (usually more than five times a year).
- 3.6.6 **Increasing support for self-directed care** - funding has been secured from the GM 'Access and Inclusion' resource for winter vaccination. This includes 'English for Health' which has a strong focus on vaccination and self-care.

3.7 North West Ambulance Service (NWAS)

- 3.7.1 In 2022-23, in common with all national emergency ambulance services, NWAS underperformed significantly against its response time standards. GM performs proportionately well, given its urban environment and relatively compact geography, however GM has suffered the same delays and long response times, that have been widely reported in the media. 999 call demand this year is about 40,000 calls lower than 22/23, but the number of incidents attended is about 10,000 higher. Last year NWAS frequently dealt with multiple calls for the same incident, due to long response times.
- 3.7.2 NWAS has been awarded a proportion of a national fund to support UEC recovery, specifically to improve the delivery of ambulance response times. NWAS has been able to focus on improving front line responding capacity, through recruitment of 80 new operational staff, as well as a further investment in our Clinical Hub, to improve our ability to redirect patients at the time of call, to the best place of care. By the end of Q1 23/24 GM will have an extra 11 emergency ambulances operational during peak demand hours. Additionally,

work is still underway to mobilise 2 rapid response mental health vehicles, as a joint endeavour between NWAS and the Mental Health providers.

- 3.7.3 During Q1&2, ambulance handover was very good across GM, and was a positive outlier both regionally and nationally. Industrial action in hospitals has not directly affected NWAS, however the recovery periods after industrial action have been very difficult for urgent and emergency care services, as elective surgery restarts, and beds are comparatively few.
- 3.7.4 As a year-on-year comparison, 23/24 has been better for patient response times and reliability of the 999 service, however the pressures in the wider health system around us during winter have been very challenging. NWAS is likely to achieve the interim 30 minute response standard for Category 2 calls in GM this year, but there are concerning signs that the sustainability of performance, linked entirely to hospital handover is not guaranteed.

3.8 Manchester Public Health

- 3.8.1 **Covid-19 vaccination** - General access to a Covid-19 vaccination was offered via six Primary Care Networks and 32 Community Pharmacies across the city. Access to timely, accurate coverage data has been restricted due to GM Integrated Care Board Tableau reconfiguration. Overall recorded uptake for Manchester was 34.1% at 21st January 2024, against 45.3% at the same point in 2023. This is reflective of the annual drop in uptake nationally since the Covid vaccination programme was launched in December 2020 and similar to the overall drop across Greater Manchester. Manchester had strong coverage within its care home population, coverage at 21st January 2024 was 72.7% compared to 70.9% at the same point in 2022. Housebound coverage continues with 73% of eligible patients as of 14th January 2024 receiving the vaccine which is similar to 22/23.
- 3.8.2 **Seasonal Influenza** - Access to flu vaccination is widespread through General Practice, Community Pharmacies with some hospital and third-party provision. Timely access to flu coverage data has been severely limited this year due to the current limitations of GM ICB Tableau referenced above. At 29th January 2024 flu coverage for over 65's was 66.6% and for under 65's at risk 35.5%.
- 3.8.3 **Reducing health inequalities** - The system approach to health equity through the provision of mobile vaccination van 'pop up' clinics has continued and expanded this winter, with 58 individual outreach clinics delivered as at 21st January 2024. These clinics commenced on 1st October to reach underserved populations and continued beyond the main programme closure date of 15th December through to 31st January 2024. Delivery was at a range of community venues, supermarket car parks, religious venues and across neighbourhoods citywide. This approach has delivered 2927 Covid Vaccinations as of 21st January 2024. In a new development for this year partnering with Community Pharmacy enabled 240 flu vaccinations to be co-delivered at pop-up clinics in an approach to integrated delivery to build on in future years.

3.8.4 Targeted and bespoke approaches have been delivered to the population via:

- Designated “calm clinics” offering both flu and covid vaccination to adults and children with Learning Disability, with clinics at Ross Place, Heathfield and Hall Lane Day Centres also providing an offer for people with mental illness and other complex needs.
- Clinics delivered by St Mary’s and MFT for pregnant women.
- Clinics delivered by Urban Village Medical Practice for homeless people.
- A partnership with George House Trust to deliver vaccinations to the eligible LGBT+ community.

4.0 Summary

4.1 In addition to the usual winter planning, there has been a lot of hard work over recent weeks preparing and managing the two bouts of industrial action, and this hard work continues as we move back into recovery.

4.2 Although undeniably extremely busy, working collaboratively as a system has meant getting through what is always the busiest few weeks of the year for the NHS. Moving forward, the system will continue to learn and reflect on its experiences from winter this year in preparation for next year.

4.3 Monitoring of the collaborative system working (the Provider Collaborative Board and the Manchester Partnership Board, with constant input from senior members of MFT, elected members and all stakeholders) will continue to ensure this extends beyond the winter period and is a year-round effort.

5.0 Recommendations

5.1 The Health Scrutiny Committee is asked to note the report.