



Local system reviews

Progress monitoring

Manchester

Introduction

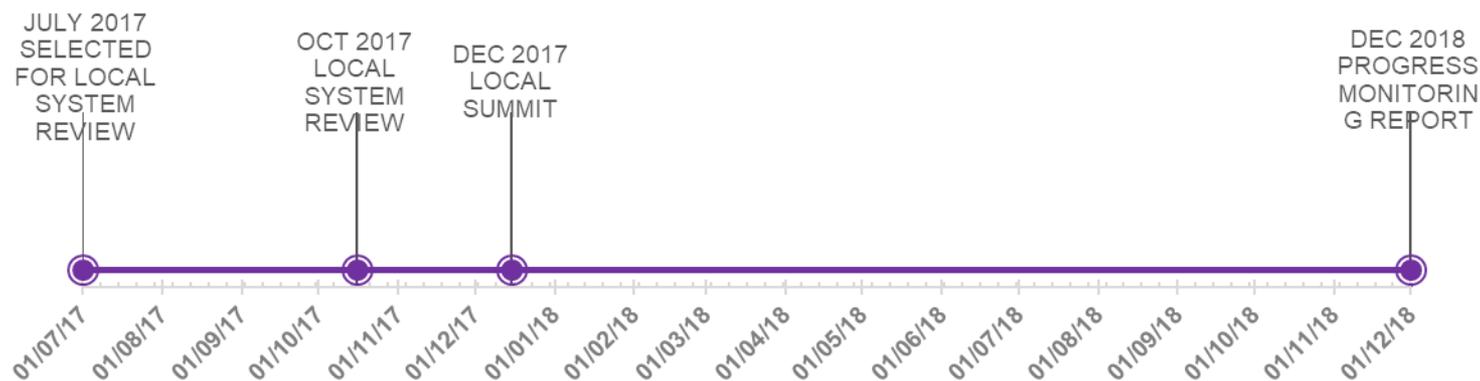


Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

Manchester's local system review took place in October 2017 (report [here](#)) and the system produced an action plan in response to the findings. This progress update draws on:

- Manchester's self-reported progress against their action plan (at 31.10.2018).
- Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to end 2017/18. DToC data goes up to July 2018.
- Telephone interviews with four system leaders involved in delivering and overseeing the action plan.

Timeline of activity



Overview progress against indicators



[A&E attendances \(65+\)](#)

Remained consistently significantly above the England average but shown little variation compared to their own history.

[Emergency admissions \(65+\)](#)

Remained consistently significantly above the England average. Although rate has not varied significantly from their own average, it has increased over 2017/18.

[Emergency admissions from care homes \(65+\)](#)

Remained consistently above the England average but has not changed significantly.

[Length of stay \(65+\)](#)

Remained consistently just above the England average but has not changed significantly.

[Delayed transfers of care](#)

Remained consistently just above the England average and has not changed significantly, while England average has continued to fall.

[Emergency readmissions \(65+\)](#)

Remained consistently above the England average and changed little over 2017/18.

Overview reported progress against action plan



Providing consistently high quality care	<p>To align approaches to quality, a Quality Framework for health and care was developed, overseen by the Performance and Quality Committee in Manchester Health and Care Commissioning. An audit into nursing and care home quality assurance found a high level of assurance.</p> <p>To stabilise and reform the social care market a new fee uplift was agreed for 2018/19. A new model of homecare was designed with engagement with people and providers. The new contract will be awarded by the end of 2018, and commence April 2019. The planning phase for residential nursing care redesign has also begun.</p> <p>Funding was secured to roll out an integrated community approach to end-of-life care city-wide. A home IV service and COPD service also due to be rolled out across the city are in progress but have not yet been delivered.</p>
Maintaining in usual place of residence	<p>An Enhanced Health in Care Home service began Sept 2018 with an ambition to roll out to all 73 homes.</p> <p>Links with the VCSE sector will be formalised as part of the Local Care Organisation (MLCO) through a Memorandum of Understanding, due by the end 2018. An Enhanced Home from Hospital service delivered by the VCSE is 7 days a week delivered from all three Manchester Hospitals. The planned commissioning of a city-wide advocacy hub is still in development due to competing priorities.</p> <p>A trusted assessment approach in relation to crisis and discharge to assess has been signed off and is being implemented. A trusted assessment approach for pathways into residential care is working in some places.</p> <p>There has been an overall improvement in the timeliness of social worker assessments, but further investment in social workers remains a priority. To reduce language and cultural barriers, an audit of language skills amongst the care assessment workforce was completed in January 2018.</p> <p>Seven day GP access services are being reviewed as part of developing an integrated urgent primary care service. Frailty tools are used but still establishing a consistent approach to proactively managing frailty across the city, this will be progressed through the MLCO.</p>

Overview reported progress against action plan



<p>Crisis management and urgent care</p>	<p>The Community Assessment and Support (CASS) service has been incorporated city-wide into Manchester Community Response offer covering Crisis Response, Intermediate Care and reablement, Discharge to Assess and Community IV.</p> <p>The High impact Primary Care pilot is ongoing across three Neighbourhoods. Feedback suggests the service is engaging with people with complex needs and having an impact, with the telephone service and ability to share information across health and social care being successful elements. The evaluation due in February 2019 will determine whether to scale up the service across the city.</p> <p>A pilot locating social workers closer to the wards has shown significant results with a plan to align the role of ward based workers and early identification of ASC need across all acute sites (central in particular) are set up to support this.</p>
<p>Return to usual place of residence or new place</p>	<p>Integrated discharge teams in the north and south are considered the Blueprint for Integrated Discharge across the city and are in the process of deploying this to the rest of the city, with some local bespokeing of the model. A protocol that details a consistent approach to the sharing of discharge summaries will be actioned by each of these teams.</p> <p>Improved multi-disciplinary management of delays through the introduction of MADE events in Manchester Foundation Trust. LoS reviews taking place to reduce stranded patients and escalation processes have been established city-wide to manage DTOC numbers. Within Pennine Acute Hospital Trust to improve patient flow the SAFER boards have been introduced on all wards and there is an MDT approach to interventions and safe discharge planning.</p> <p>Early work has begun to develop a 'system flow' approach within the MLCO to identify system flow pressure points/bottlenecks, analysing data at the individual and ward level.</p> <p>All hospitals have launched the GM Choice policies within their sites. Also proactively engaged with the GM communications campaign being developed around 'Home First/Home is best'.</p> <p>The reablement referral criteria was reviewed and KPIs have been established to evaluate peoples outcomes.</p>

Overall progress

Since the CQC Local System Review in 2017, Manchester has made good progress mobilising the system reforms that will provide the foundation for joined up services across the city. The Local Care Organisation (LCO) was established in April 2018 as planned and marks a significant development in bringing partners together to deliver integrated community services. This includes the VCSE sector, whose partnership with the LCO will shortly be formalised through a Memorandum of Understanding. The programme to merge the hospital system into a single trust is two-thirds complete. The final transactions are taking longer than planned, which is a frustration for leads who want to see the benefits realised as soon as is safely and financially possible.

These large-scale developments were not included in the action plan that was developed following the CQC Local System Review. They have required a huge amount of energy and resources at all levels. As such, leaders acknowledged that some areas of the action plan have been reprioritised, and others required more realistic timescales.

A number of actions in the plan related to improving the consistency of the offer to people across the city. Crisis Response, Reablement, Discharge to Assess and Intermediate Care have been brought together to form Manchester Community Response. Work has begun to align support offers across the city in other areas such as enhanced support to care homes and discharge processes in hospitals, but these models will take time to develop and spread. People are getting better experiences of care with regard to the timeliness of assessments, and of discharge, including continuing healthcare pathways.

Planning for this winter was approached collaboratively. Money for winter was not viewed in terms of health or social care contributions, but pulled together and allocated to schemes where the most benefit would be seen.

Strengthening the adult social care market is ongoing. Practical steps have been taken now such as implementing a fee uplift across all sectors to stabilise the market. For more longer term market reforms they have started with domiciliary care, bids are currently being evaluated for a new contract and contingencies have been put in place over winter. Some good progress has been made around getting robust quality assurance processes in place. An audit of these processes found there was a 'strong system of internal control...and that controls are consistently applied in all areas reviewed.' This has not yet translated into a shift in the quality of care.

Direction of travel

System leaders have a strong commitment to working together for the people of Manchester. Their planning for Manchester as a system, rather than individual organisations, is evidenced in their approach to developing the LCO, and in planning for responding to winter pressures.

Leaders acknowledge that operationally the city is still at different stages and it will take time to develop consistency in peoples experiences and outcomes. Progress has been made in some areas such as assessments and discharge, and this has been against a back drop of rising service demands. The data we analysed (up to April and July 2018) has shown that performance has remained fairly consistent over the last year and worse than the England average.

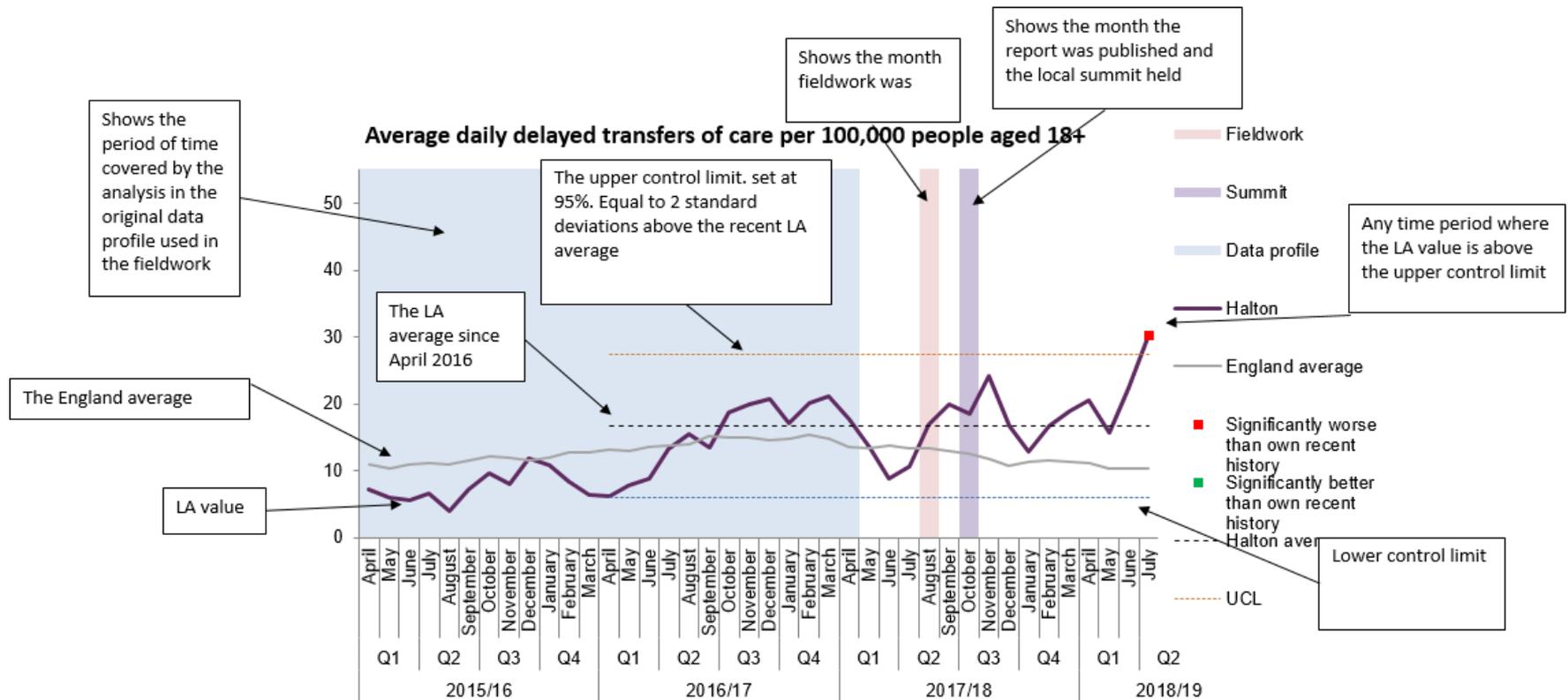
The LCO has developed at good pace. This will provide the system infrastructure to oversee the development of a coherent health and care offer across the city, tailored to the needs of individual neighbourhoods. It is encouraging that the VCSE sector are included within this vision and involved as strategic partners. This, along with the more strategic and joined up approach to funding the VCSE sector, will allow the LCO to maximise resources in the community.

Manchester also benefits from the wider GM partnership. They are well connected at the GM level and confident that their place with enable them to balance what is developed strategically at GM and what they do locally.

There is confidence in their ability to deliver on the remaining actions while recognising the work required to develop culture and relationships across the system and at all levels.

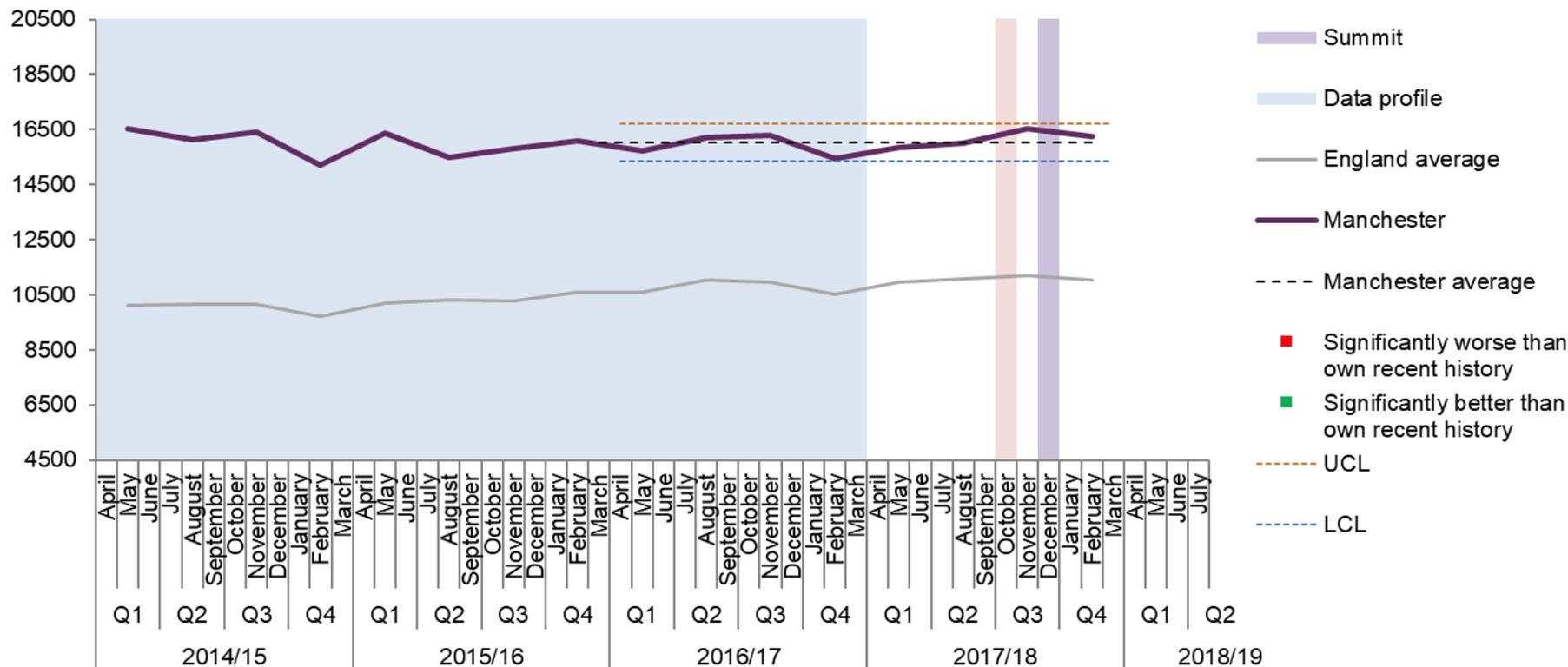
Appendix: Trend analysis introduction

The following slides present a trend analysis for six indicators. The diagram below shows how to interpret the graphs.



Appendix: A&E attendances

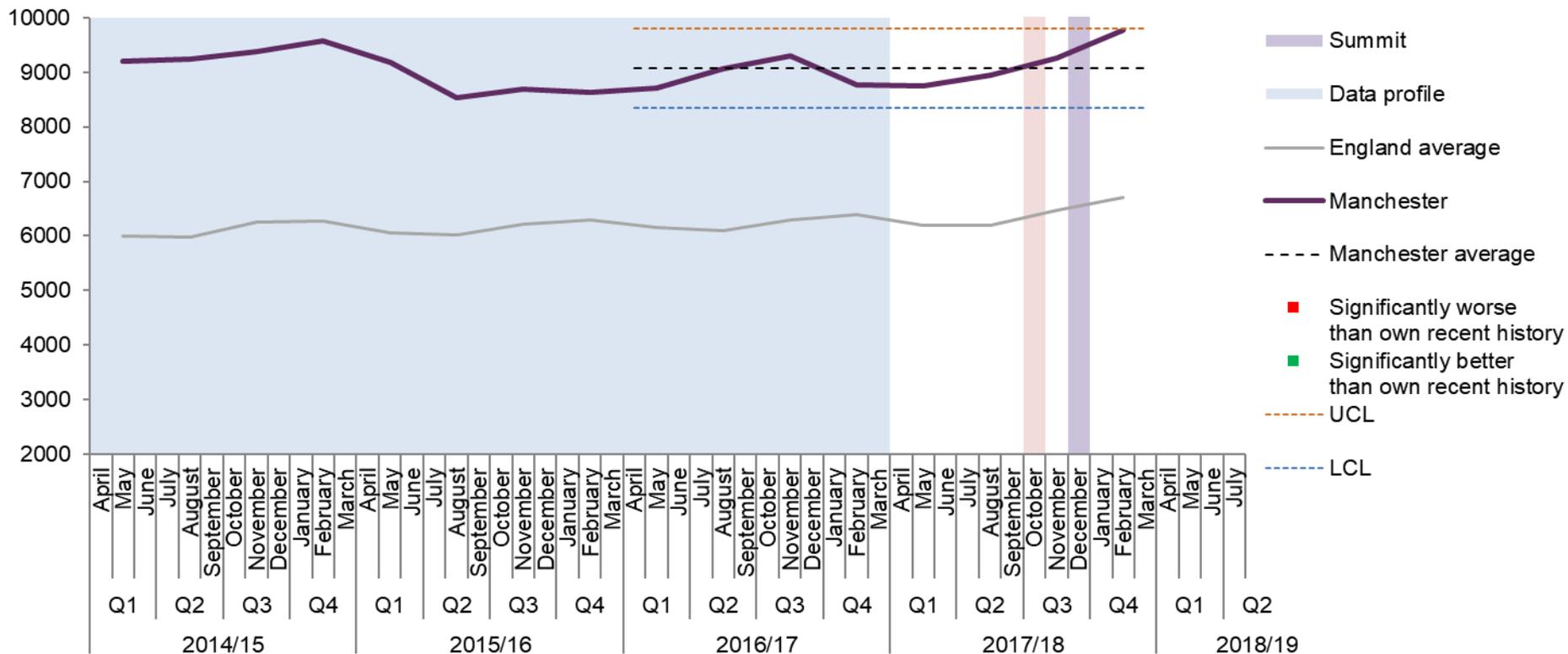
A&E attendances per 100,000 people aged 65+



Since we produced the data profile for the original local system review, Manchester's performance for A&E attendances (65+) has remained consistently significantly above the England average and has shown little variation over the last 2 years – performance has remained within the upper and lower limits of their own average rate.

Appendix: Emergency admissions

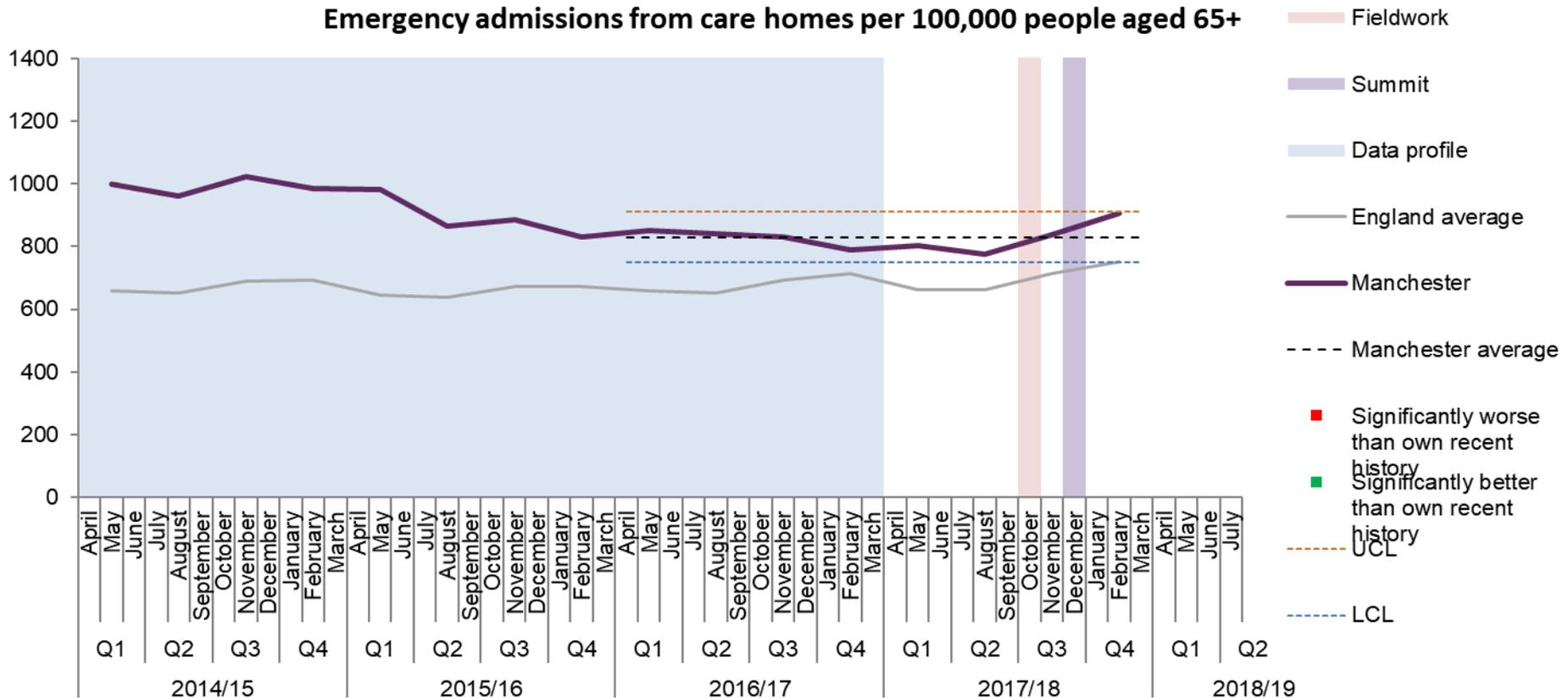
Emergency admissions per 100,000 people aged 65+



Since we produced the data profile for the original local system review, Manchester's performance for emergency admissions (65+) has remained consistently above the England average (significantly so) and within the upper and lower limits of their own average rate over the last 2 years, although it was increasing throughout 2017/18.

Appendix: Emergency admissions from care homes

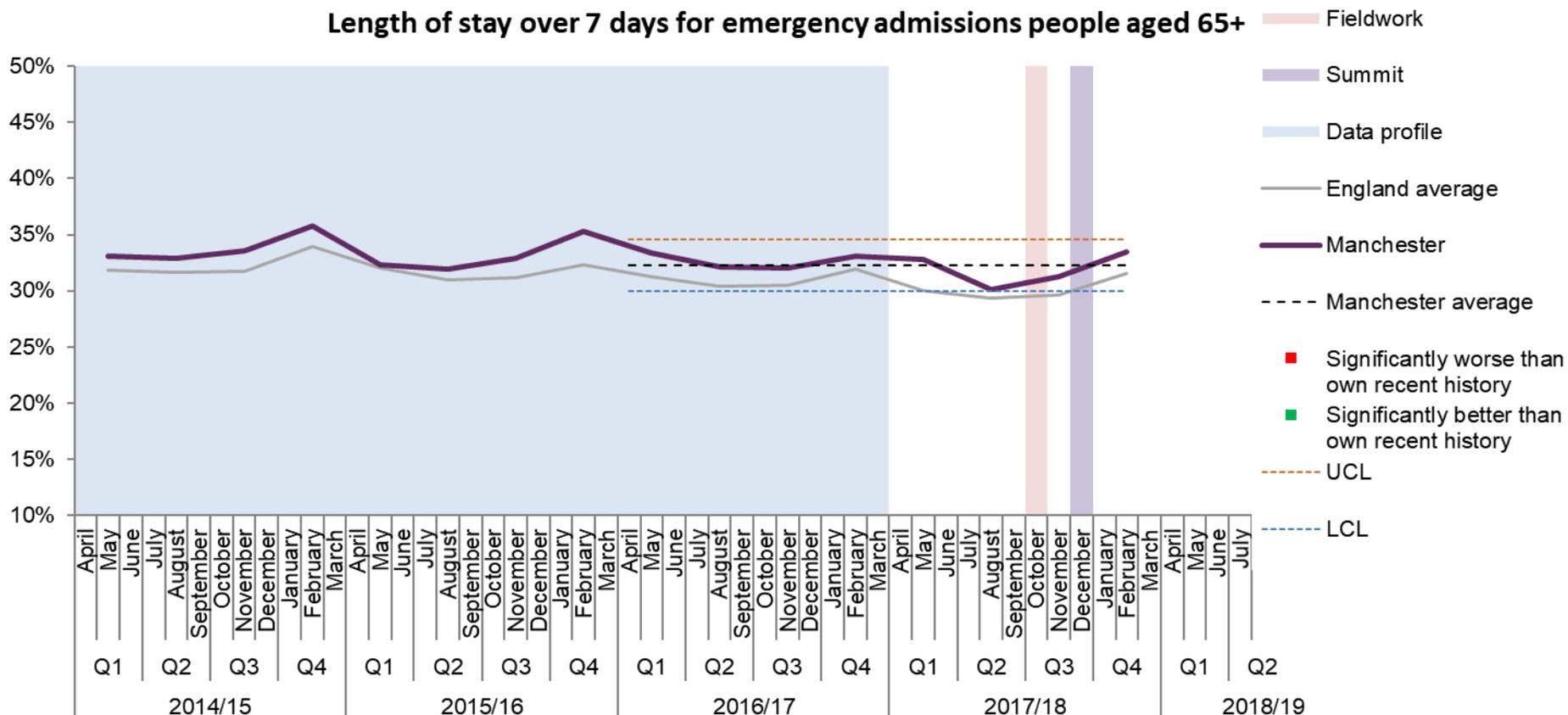
Emergency admissions from care homes per 100,000 people aged 65+



Since we produced the data profile for the original local system review, Manchester's performance for emergency admissions from care homes (65+) has remained consistently above the England average within the upper and lower limits of their own average rate, although it was increasing in the last 2 quarters of 2017/18.

Appendix: Lengths of stay over 7 days

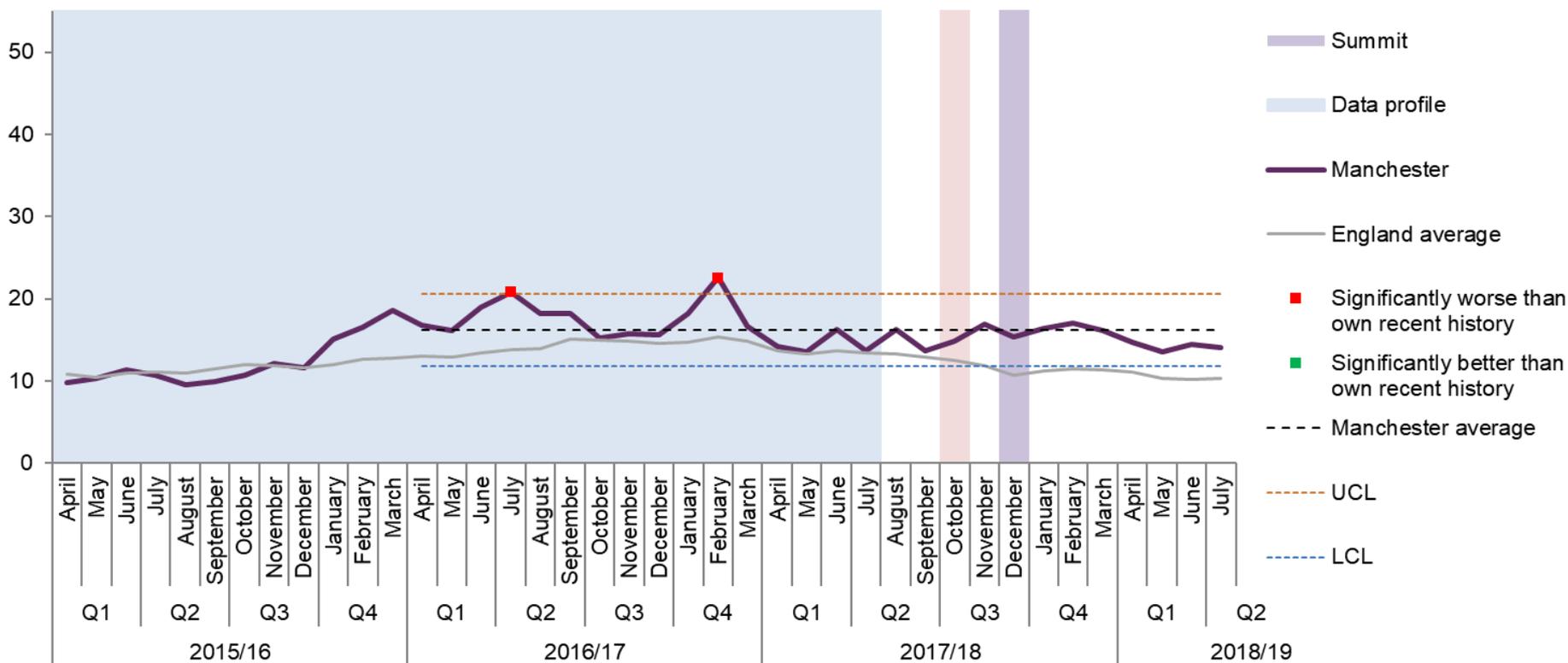
Length of stay over 7 days for emergency admissions people aged 65+



Since we produced the data profile for the original local system review, Manchester's performance for lengths of stay over 7 days (65+) has remained consistently in line with (although just above) the England average and has remained within the upper and lower limits of their own average.

Appendix: Delayed transfers of care

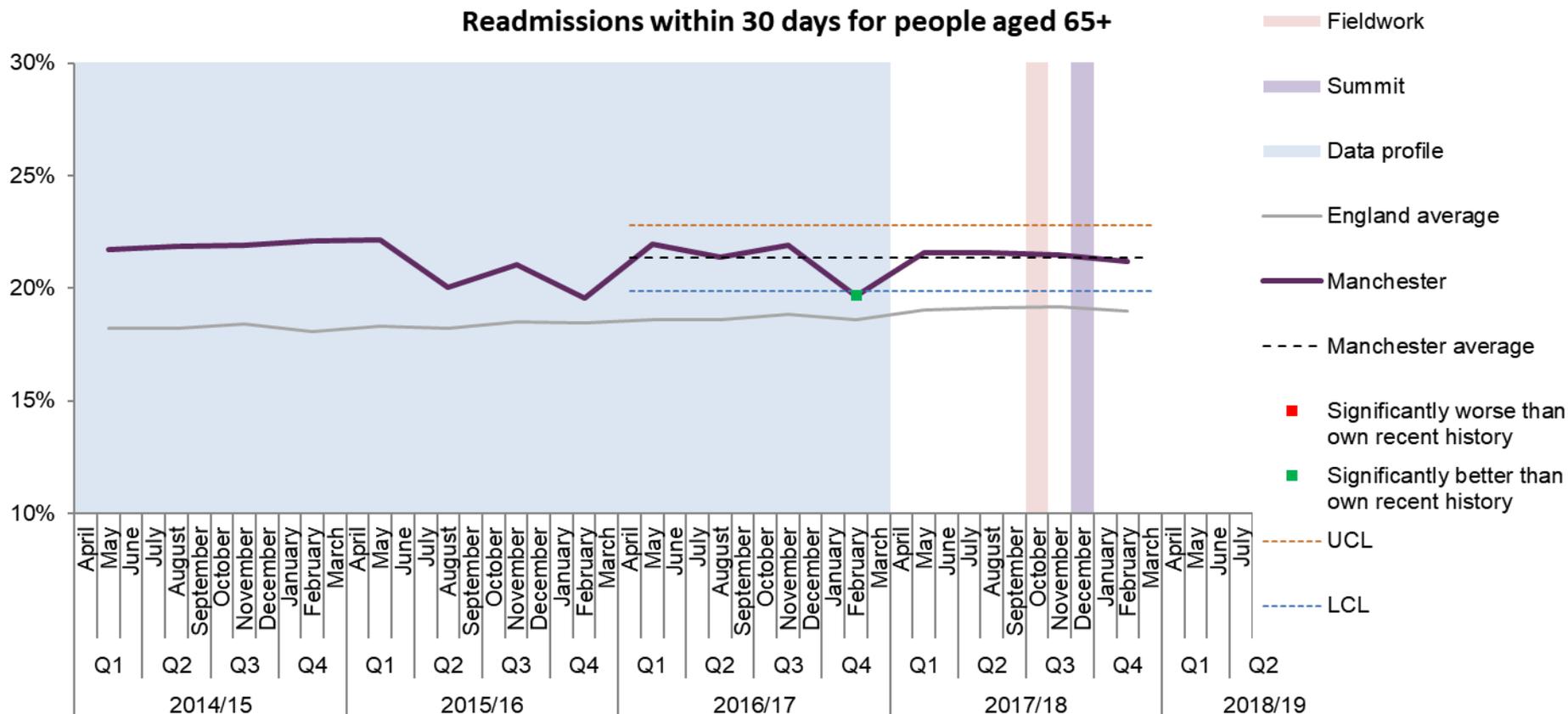
Average daily delayed transfers of care per 100,000 people aged 18+



Since we produced the data profile for the original local system review, Manchester's DToC performance has remained consistently just above the England average and not varied much while the England average has continued to fall. Nevertheless, throughout 2017 and the first half of 2018 Manchester has not seen any sudden spikes in DToC as it did on two occasions in 2016.

Appendix: Emergency readmissions

Readmissions within 30 days for people aged 65+



Since we produced the data profile for the original local system review, Manchester's percentage of emergency readmissions (65+) has remained consistently higher than the England average and increased from a point in Q4 2016/17 that was significantly lower than it's own average. Performance varied little over 2017/18.