# AGENDA FOR

# HEALTH SCRUTINY COMMITTEE

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**To: All Members of Health Scrutiny Committee**

**Councillors**: J Grimshaw, K Hussain, C Birchmore, R Brown, N Bayley, E FitzGerald, J Harris, E Moss, M Walsh, M Hayes and I Rizvi

Dear Member/Colleague

**Health Scrutiny Committee**

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

| | |
|---|---|
| **Date:** | Wednesday, 9 November 2022 |
| **Place:** | Council Chamber, Town Hall, Bury, BL9 0SW |
| **Time:** | 7.00 pm |
| **Briefing Facilities:** | If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted. |
| **Notes:** | |

## AGENDA

### 1 APOLOGIES FOR ABSENCE

### 2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

### 3 MINUTES OF THE LAST MEETING *(Pages 5 - 10)*

The minutes from the meeting held on 20th September 2022 are attached for approval.

### 4 MATTERS ARISING

### 5 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

### 6 MEMBER QUESTION TIME

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee. This period may be varied at the discretion of the chair.

### 7 OVERVIEW OF ELECTIVE CARE WAITING POSITION *(Pages 11 - 20)*

Ian Mello, Director of Secondary Care Commissioning and Catherine Tickle, Commissioning Programme Manager.

### 8 URGENT CARE SYSTEM *(Pages 21 - 48)*

Kath Wynne-Jones Chief Officer - Bury Integrated Delivery Collaborative and David Latham, Programme Manager to present. Report attached.

### 9 LATE AUTUMN ADULT SOCIAL CARE REFORMS *(Pages 49 - 60)*

Adrian Crook, Director of Adult Social Care to present. Report attached.

### 10 UPDATE ON TASK AND FINISH GROUPS

Councillor FitzGerald to provide an overview of the recent establishment of the following two task and finish groups covering, Social Isolation and Loneliness and Carers.

### 11 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

**Minutes of:** **HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 20 September 2022

**Present:** Councillor E FitzGeraldE FitzGerald (in the Chair)
Councillors N Bayley, R Brown, C Birchmore, J Grimshaw, J Harris, K Hussain, E Moss, I Rizvi and M Walsh

**Also in attendance:** Councillor T Tariq (Cabinet Member for Health and Wellbeing)
Will Blandamer, Adrian Crook, Dr Nilika Perera, Kelly Winstanley, Dill Defore
Michael Cunliffe (Democratic Services)

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor M Hayes

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## HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence were submitted by Councillors M Hayes, C Boles and Ms Hayley Ashall.

## HSC.2 DECLARATIONS OF INTEREST

Councillor T Tariq declared an interest due to being employed as a Manager for Healthwatch Oldham and a member on Oldham Health and Wellbeing Board.

## HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on the 21st July 2022 were agreed as an accurate record.

Matters arising:

The Chair reported that the Scrutiny Officer was progressing a matter which Councillor Brown was involved with.

The Chair had also sent 2 letters to the local MPs about dentistry and a response was still awaiting although the delay was probably as a result of the Queen's death.

## HSC.4 PUBLIC QUESTION TIME

There were no public questions.

## HSC.5 MEMBER QUESTIONS

There were no Member questions.

## HSC.6 SINGLE GENDER MENTAL HEALTH WARDS WITHIN THE PENNINE FOOTPRINT

Dr Nilika Perera, Associate Medical Director, Pennine Care NHS Foundation Trust presented to the meeting information on the SGA (Single Gender Accommodation).

A paper presented to the Pennine Care Trust Board in September 2021, asked the Board to pause the implementation of Single Gender Accommodation in Older Adult Services, and consider an alternative configuration.

The previously agreed configuration indicated insufficient capacity to manage the gender split, specifically for female functional patients. As a result the clinical and operational team requested an alternative configuration be considered that continued to deliver single gender, single function, allowing for a functional and organic ward in each care hub in the South Division.

The report attached to the agenda pack set out the new proposed ward configuration in Older Adult Services.

The Health Scrutiny Committee had asked to note this update from Pennine Care NHS Foundation Trust and the implementation of Singular Gender Wards for Older People. This builds on the update to the joint health overview and health scrutiny panel from Clare Parker, Executive Director of Nursing, Professional Leadership and Quality Governance.

Background information was provided that the NHS Operating Framework confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

Following an extensive programme of work, all Adult Inpatients wards across Pennine Care had successfully completed the transition to Single Gender Wards by January 2021.

The next phase of the reconfiguration would focus on ensuring compliance for the Older Adult wards across Pennine Care. A full review of the learning from the Adult Ward transition had been carried out and the learning will be taken forward into the Older Adult transition, especially recognising the importance of staff buy-in, effective gatekeeping processes and efficient flow through the wards.

An earlier proposal of the configuration was done, however, this highlighted insufficient capacity to manage the largest co-hort of patients, Female Functional. Following the agreement to pause the implementation, further detailed analysis had been carried out. This proposal had been developed by looking at the profile of historical demand for beds, against bed availability.

The Older People’s Delivery Group is responsible for overseeing the transition to Single Gender Accommodation for Older Adult Wards. A workshop had taken place to engage the MDT staff; ward mangers, service managers and medics along with Paul Lumsden and Sian Schofield had visited all the wards in March 2022. All staff were supportive of the recommended approach to establishing single gender accommodation in old age wards. There was a task and finish group reporting to the older adult delivery group.

A summary of the plans were:-

- The total number of beds have not changed
- The bed numbers are to meet the current and historical bed number requirements.
- The ward functionality has not changed and therefore staff job roles and expertise does not change.

Dr Perera explained the analysis had identified a number of benefits and risks to the new proposed configuration.

Councillors on the committee then asked a number of questions and these included why there was only one ward in Bury and it was reported that there would be a 10 bed ward available for male patients and this was a better provision than being provided for those who lived in south Manchester. An overview of a £0.5m upgrade of facilities to include single bedrooms rather than dormitories was provided with an offer for Members to visit the wards and view the welcoming environment and space for service users. The model was based on the quality of care and therapeutic environment rather than the number of beds available.

A Member asked where other facilities within the Greater Manchester area fitted in and it was reported that facilities at Meadowbrook in Salford was in a different area and the Woodlands falls under a different NHS Trust.

A question was asked on people being sectioned and information was provided on how people can be detained under the mental health act.

A Member praised the introduction of single gender wards to aid with privacy and this would be of preference to certain faith communities. It was reported that a review of data over the last 5 years indicated more functional beds were required and there should not be an overspill of patients.

A Member enquired if the local provision across Greater Manchester was high or low and it was reported that it was based on national projections and in the UK for the number of beds this area was in the top 25%.

In summary there would be 2 adult wards covering Bury north and south providing general adult and older adult services which would be single sex wards with 44 beds available.

The Chair asked that in the times of a cost of living crisis, what support was available to families for help with visiting if someone was stuck in the system. It was reported that there was no free transport to help assist with this and a future report would be brought back to this committee within the 2023-2024 Health Scrutiny work programme.

**It was agreed:**

That the report be noted.

## HSC.7 MENTAL HEALTH STRATEGY AND DELIVERY PLAN

The Chair introduced Will Blandamer who provided the committee with a verbal refresh on a presentation made at the start of the municipal year and he stated that mental health was important as part of the strategic framework. The strategy can be co designed with a number of partners to provide the principal provision of mental health services in the borough.

Adrian Crook, Director of Adult Social Services and Community Commissioning also provided the Committee with information from the report attached in the agenda pack on the Mental Health Strategy which offers a series of recommendations with a supporting evidence base, further to a review of Bury’s mental health services.

The associated Delivery Plan provided guidance and the required actions to deliver the strategy’s recommendations along with a timescale for doing so. The development of the Mental Health Strategy and Delivery Plan for the Bury Locality had been set against the establishment of NHS Greater Manchester Integrated Care.

The strategy and plans are one part of the complex landscape in Greater Manchester, where many parts are brought together and will require the system to work together, differently than

in the past in order to transform whole pathways of care to deliver better care for local populations.

The Bury Locality Board are recommended to receive and approve these documents, the implementation of which will be overseen by the Bury Integrated Delivery Collaborative.

A Members asked about the dementia care review and Bury was 26% lower than the national average but had concerns that it was a progressive illness and could go worst very quickly within a year. It was acknowledged that there was no outreach and home intervention team in Bury as some other areas have and this would be looked at within the strategy and action plan.

Will Blandamer drew to the attention of Members within the report that for older people with dementia Bury does well in terms of recorded prevalence and had the fifth highest recorded rate in the country in 2020/21. 63% of all over 65s registered with a GP practice against an England average of 3.9%. Diagnosis rates for dementia in 2021 were good as was the quality rating for residential care and nursing home beds. However, annual reviews of people's dementia care plans was poor, only 26% of plans are annual reviewed (England average is 39.7%). Bury also had the 12th worst direct standardised mortality rate in England in 2020-2021.

A Member made note that in the report some of the old ward names were listed and North Moor should be recorded as North Manor.

A Member enquired how would this improve or reduce assessments and it was reported that referrals ranging from GPs to community mental health teams would be looked at with the aim of not having repeated assessments conducted and one single point of entry into the system.

The Chair asked about CAMHs in the report and it could take some time for children to be seen by services. It was reported that in Bury the capacity review had reported that the service provision would be doubled due to the demand. A new mental health and school provision would be launched as post Covid there had been a significant rise across multiple service areas. Screening would be better with earlier support via teachers and professionals in the community.

The Chair asked for further information on support for schools and it was reported that this request would be communicated to the CAMHs lead for an update to be provided to the committee.

A Member asked about veteran's mental health and it was stated that this was a specialist treatment and the numbers of veterans requiring help was growing.

The Chair also enquired about maternity outreach clinics and any actions as the report stated Bury's position was amber. Adrian Crook would pick up on this issue but the report was still in a draft stage.

In Summary, the Chair welcomed the plan and the Health Scrutiny Committee would revisit this topic in one year.

**It was agreed:**

That the report be noted.

## HSC.8 SUPPORT FOR CARERS

Adrian Crook presented the report on behalf of Hayley Ashall, Strategic Lead, Integrated Commissioning (Carers, Physical Disabilities and Prevention) who was absent from the meeting.

Over the past few years, the Community Commissioning team had been working closely with carers and those who support carers in Bury. An extensive engagement exercise with over 400 carers and those who support carers was undertaken and from that the Bury Carers Strategy (2021 – 2024) was co-produced detailed in appendix 1 of the report attached to the agenda. A Bury Carers Strategy Action Plan (to ensure the strategy outcomes were achieved), along with an emerging set of 8 key themes that everything carer related in Bury centres around, were all developed from the engagement activity.

The strategy holds the 8 key themes and priority statements at its core. The wording and narrative were developed by carers themselves and it was a good achievement that the carers strategy and action plan had been co-produced.

The carers action plan and strategy are reviewed monthly at a cross system meeting, 'The Carers Strategy Core Delivery Partnership Group'. Members of the Bury Carers Strategy group come together to monitor progress against the Bury Carers Strategy Action Plan ensuring partners take responsibility and ownership for strategic development and action delivery. The group is well attended, and is currently recruiting four carer representatives to ensure the voice of carers is heard and included in all carers activity.

A couple of Members discussed the subject involving the power of attorneys and how carers groups can give advice of where to go. Adrian Crook would make a note of this as there was no list of recommended providers.

A Member enquired if a member of the public wanted help from a carers group how would they find this. It was reported that a google search of 'Care Bury' would take the public to the webpages of Bury carers support. There was also an ambition to build up the dementia advisory services and the Citizens Advice service could also signpost people.

The Chair felt that this was something Councillors could work together on communicating pathways and asked if a couple of Members would like to take part in exploring all pathways and what elected Members could do to help promote the services available.

Councillors Birchmore and Walsh offered their support to engage in a group to raise the visibility of services.

**It was agreed:**

That the report be noted.

## HSC.9 SOCIAL ISOLATION AND LONELINESS

Listed on the agenda was a discussion to take place led by the Chair regarding areas of social isolation and loneliness that should looked into by the Committee.

The Chair reported that the Committee had agreed they would set up a task and finish group about Social Isolation and Loneliness at the start of the year. Considering the 'cost of living crisis' and increased demand for services there was a risk that this could get worse. The task and finish group's purpose would be to understand what support is available and identify opportunities for improving the life for those residents at risk and already struggling.

The Chair stated the Government did have a Minister covering loneliness and Age UK states that over 2 million people aged 75 and over live alone.

The Chair felt it was useful for the Committee to look into this topic which could benefit both the Council and residents of Bury.

Councillor Harris supplied the meeting with details of a cabaret act lunchtime club which provided entertainment during the day rather than the evening when older people are less likely to venture out.

Members commented that whilst out canvassing their areas, some residents answering their doors stated they had not spoken to anyone for a couple of months and there was a worry of them being withdrawn from society. It was felt Councillors needed to get involved with those individuals no matter how small an activity it was.

Members discussed the good schemes which are run by local faith communities which included delivery of hot meals. Another Member discussed how they had delivered letters in their ward to have a meet up once a month whilst another Member of the Committee highlighted the problem deaf people can have with participation in groups.

The Chair proposed a task and finish group on this topic which would involve a short meeting at some point before the next committee and to investigate topics to look at. Along with the Chair, Councillors Grimshaw, Moss, Rizvi and Walsh agreed to be part of this group. The Chair via the Scrutiny Officer would provide the full committee with details of the first task and finish meeting if any more Members wished to attend and gather all the information with updates provided at future Committees on the progress.

**HSC.10 URGENT BUSINESS**

There was no urgent business.

Councillor FitzGerald thanked all officers and Members for their attendance.

**COUNCILLOR E FITZGERALD**
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 8.40pm)**

**MEETING:** Health Scrutiny Committee

**DATE:** 09 November 2022

**SUBJECT:** Elective Care and Cancer Recovery and Reform Board Update

**REPORT FROM:** Ian Mello, Director of Secondary Care Commissioning

**CONTACT OFFICER:** Catherine Tickle, Commissioning Programme Manager

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## 1.0 BACKGROUND

1.1 This presentation provides Health Scrutiny Committee with an update on the locality's performance in elective care and cancer.

1.2 It has a specific focus on long waiters across all elective care specialties (72+ week waits) and cancer long waits (62+ day waits), as the key priority areas identified by Greater Manchester Integrated Care Board (ICB), for the next phase of recovery following the pandemic.

1.3 The range of initiatives in place to support recovery at a Northern Care Alliance (NCA) Group level and NCA & Bury Locality level are outlined in the presentation slides.

## 2.0 ISSUES

2.1 The Committee is asked to note the following risks to recovery against the long waiters' targets set by NHS England:

- Percentage increase in 52+ week waiters in the coming weeks/months.
- Growth in Cancer 62 + day waits, predominantly in skin.
- Workforce Issues.
- Timely access to diagnostics and reporting.
- Capacity.
- Prioritisation of urgent and cancer referrals on elective recovery
- Potential industrial action e.g., RCN
- Winter – Urgent Care demand and COVID/Flu rates

## 3.0 CONCLUSION

3.1 The performance update will give committee members an insight into the most challenging areas of recovery and provide assurances of existing work underway to address these challenges.

3.2 Committee is asked to note the recommendation agreed at the Bury Integrated Delivery Collaborative Board (IDCB) and Elective Care and Cancer Recovery and Reform Board (ECCRRB) to a develop single Bury system workplan for elective care and cancer to mitigate the remaining risks and issues.

## 4.0 SAFEGUARDING IMPLICATIONS

4.1 Breaches of patients waiting beyond 72+ weeks for elective care and 62 + days for cancer are closely monitored at a trust and GM level.

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**List of Background Papers: -**

- Elective Care and Cancer PowerPoint Presentation

**Contact Details: -**

*Catherine Tickle, Commissioning Programme Manager, Catherine.tickle@nhs.net*

Executive Director sign off Date: ______________

JET Meeting Date:__________________

NHS Greater Manchester Integrated Care



# Elective Care and Cancer Recovery and Reform Board Update Health Scrutiny Committee

09th November 2022

Part of Greater Manchester Integrated Care Partnership

Presented by:

Karen Richardson, Deputy Director of Secondary Care Commissioning

Penny Martin, Director of Operations, BCO, NCA

Catherine Tickle, Commissioning Programme Manager

# Elective Care

Work Programme 5



NHS Greater Manchester Integrated Care

| Immediate Action | Medium Term Action | Long Term Action |
|---|---|---|
| **Surgical Hubs/Green Sites:** Review learning from the existing surgical hubs and develop options for potential expansion of the approach including standards for theatre productivity. | **Surgical Hubs/Green Sites:** Widen the implementation of surgical hubs to protect capacity for elective activity ahead of winter | **Surgical Hubs/Green Sites:** Expand portfolio of specialties and procedures to be supported through surgical hubs |
| **Productivity and efficiency:** Establish GM productivity framework and review of current productivity with GM COOs | **Productivity and efficiency:** Improving and standardising patient pathways. Focus on high volume low complexity pathways to improve wait times. Identify and implement opportunities to increase system theatre utilisation. Reducing length of stay for elective patients and overall day case rate. Expansion of virtual wards to increase capacity available for elective activity. | **Productivity and efficiency:** Identify and reduce unwarranted variation. Implement system wide 7 day working. Expansion of Virtual support systems to patients waiting , preparing for treatment and recovery. |
| **Independent sector:** Develop GM strategy for use of the ISP linked to clear understanding of demand and capacity. Identify capacity specifically to support the delivery of 78 week waits. Implement robust contract management and co-ordination mechanisms for utilisation of ISPs | **Independent sector:** Further develop a sustainable model for working with ISPs including oversight and management arrangements | **Independent sector:** Deploy a sustainable partnership model with the ISP. |
| **Waiting list management:** Develop 78 week wait plan for GM.. Develop demand and capacity model to understand medium and long term requirements including potential 'bounce back' and with an understanding of the impact on health inequalities | **Waiting list management:** Develop approach to eliminate 52 week waits. Understand impact of 'bounce back' on the overall wait list and model impact on capacity requirements | **Waiting list management:** Ongoing monitoring of delivery of long waiters plan and impact on health inequalities |
| **Elective Care Transformation:** Implementation of referral optimisation policy, care navigation hub pilot, consistent approach to PIFU and A&G. Further develop While You Wait resources and implementation of the My Recovery App | **Elective Care Transformation:**. Implementation of peri operative care coordination teams. Flexible approach to outpatients and virtual consultations | **Elective Care Transformation:** . Expansion of proactive Long Term Condition Management with rapid access to clinical advice. |

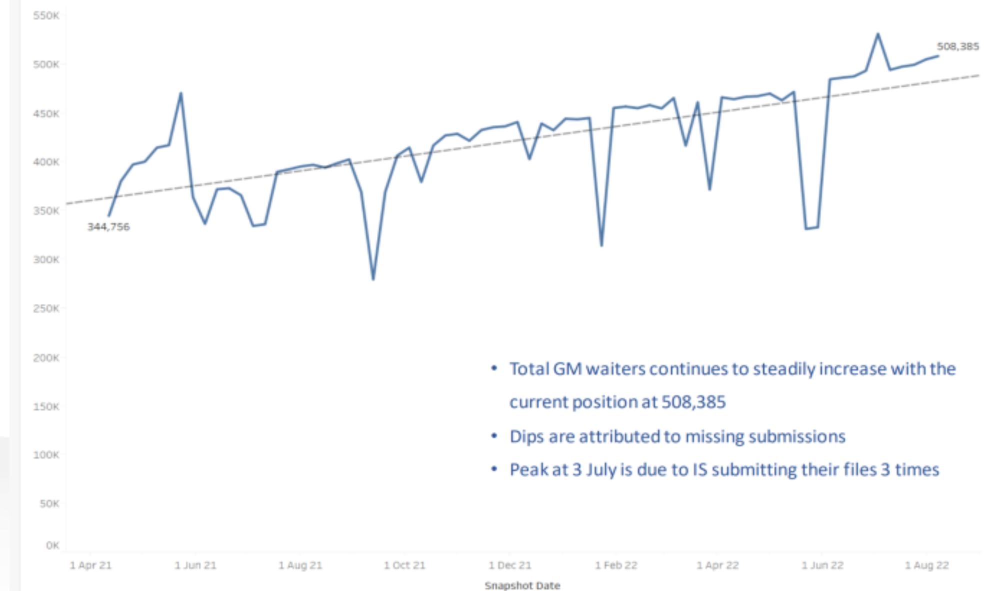
## NHSE/GM Priorities- Next Phase of Recovery:

- **Zero 78ww by April 2023**
- **Reducing cancer long waits (62 days) to pre-pandemic levels by March 2023**

# Cancer Care

Work Programme 6

| Immediate Action | Medium Term Action | Long Term Action |
|---|---|---|
| • System compliance with existing BPTP (4)<br>• Increase surgical treatment capacity, reducing %patients over 28 days clinical criteria for P2<br>• Implement GM Cancer Recovery Board with associated governance and freedom to act<br>• Deliver increased first line diagnostic capacity and reporting dedicated to cancer (increase capacity/risk assess delaying other cohorts)<br>• Procurement Board and full business case to delivery Single Queue diagnostics roll out, including PET and Interventional Radiology<br>• Accelerate roll out and compliance with FIT testing, dermatascope use, utilisation of TULA, oncology outpatient consolidation<br>• Develop delivery plans for (3) new BPTP – Skin, H&N, Gynaecology<br>• Accelerate delivery of Breast pathway proposal<br>• Establish Dermatology work programme (linked to vulnerable services) | • Sustainable increase in diagnostics through CDC<br>• Enhanced mutual aid and approach to treatment and diagnostics including reporting<br>• Implement GIRFT recommendations<br>• Deliver all BPTP<br>• Pathway redesign – Skin<br>• Implement GM Lung model of care and accelerated roll out of targeted lung health check | • Single cancer record system across GM<br>• Single PTL for key specialities<br>• Continued pathway innovation and transformation<br>• Design and Implement BPTP for tumour sites where national guidance does not exist<br>• Expand specialist cancer workforce |



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# NCA RTT Performance

## 104+ Week Waits

| Care Org/Specialty | Breached |
|---|---|
| GENERAL SURGERY | 3 |
| GYNAECOLOGY | 1 |
| MOHS MICROSURGERY | 1 |
| SPINAL SURGERY | 1 |
| TRAUMA & ORTHOPAEDIC | 2 |
| UROLOGY | 1 |

(20/9) 9 patients have breached 104+ weeks (with a further 8 due to breach in September) – these breached pathways sit across the above specialties, 3 of the current 9 breaches sit within the national exclusion categories and the remaining 6 are dated in September.

## 78 Week Waits

| Care Org/Specialty | Breached |
|---|---|
| DERMATOLOGY | 696 |
| SPINAL SURGERY | 291 |
| GYNAECOLOGY | 182 |
| PAEDIATRIC DERMATOLOGY | 174 |
| NEUROSURGERY | 109 |

2,015 patients that have breached 78 weeks as of W/C 19 Sept (of which 410 are admitted and 1,605 are non-admitted) and the top 5 challenged specialties contributing to these figures are as above (these specialties make up approx. 1,500 of the 2,000).

## 52 Week Waits

| Specialty | 52+ Weeks @ 180922 |
|---|---|
| DERMATOLOGY | 3,772 |
| NEUROLOGY | 2,766 |
| SPINAL SURGERY | 1,964 |
| GYNAECOLOGY | 1,645 |
| ENT | 1,387 |

Approximately 16,800 patients have breached 52 weeks, the top 5 challenged specialties contributing to these figures are above (these specialties make up approx. 11,500 of the 16,800).

# NCA Initiatives

- GM Orthopaedic Hub at Fairfield
  - Servicing NCA orthopaedic surgical patients in the main
- Super September

  Gynae/ENT/Cardiology specialties, focussed non-admitted waiting lists
- Dermatology
  - NCA is engaged in the GM Dermatology Transformation Programme and also has an internal NCA Dermatology Programme. Some areas of focus include I.S. usage, advice and guidance, primary care education, estates and workforce.
- Neurosciences
  - A neurosciences strategy was approved in May 2021.
  - Focus now on additional surgical capacity to support Neurosurgery and Spinal services for short term waiting list reduction and long term service development.
  - Neurology are working on the procurement and implementation of a triage and booking system.
- HVLC
  - Rochdale used as HVLC hub for a number of NCA specialities, overnight beds now established.
  - Looking at widening offer of procedures undertaken at Rochdale to support waiting list reduction.

NHS Greater Manchester Integrated Care

# NCA Cancer

## Performance

July '22 published performance:

| | BCO | OCO | SCO | NCA | Standard |
|---|---|---|---|---|---|
| TWW | 96.05% | 94.56% | 45.89% | 73.84% | 93% |
| 28DY FDS | 60.45% | 45.44% | 46.63% | 47.88% | 75% |
| 62DY GP | 31.25% | 35.33% | 63.19% | 47.24% | 85% |

August '22 unpublished performance:

| | BCO | OCO | SCO | NCA | Standard |
|---|---|---|---|---|---|
| TWW | 95.92% | 85.60% | 40.51% | 65.52% | 93% |
| 28DY FDS | 64.80% | 41.40% | 41.60% | 43.90% | 75% |
| 62DY GP | 46.88% | 41.32% | 41.94% | 42.24% | 85% |

## Improvement plans

- GM Dermatology improvement work
- GM Diagnostic reset fortnight(end of October)
- Additional reporting capacity for radiology from next month
- Mutual aid being utilised from Christie for some cancer work (gynae)
- Opening of Oldham CDC will support with additional diagnostic capacity from November
- Investment in Lower GI nursing to support triage
- MacMillan Cancer Support Centre to open early 2023

# Bury Locality Performance: NHSE Recovery Targets

Greater Manchester
Integrated Care



## Bury Patients: 78+ Week Waits

- Published data for July 2022: **173** 78+ week waits.
- **53%** of these waits are at MFT and **40%** at NCA.
- Gynae accounts for **38%** of these waits across all providers. T&O is next highest (**15%**).

| Provider | No of 78+ | Specialty Breakdown |
|---|---|---|
| MFT | 91 | Gynae x 46; Paeds x 10; Urology x 9; Other Surgery x 8; Gen Med x 6; Others x 12 (5 specialties) |
| NCA | 69 | Gynae x 18; T&O x 18; ENT x 9; Other Surg x 6; Derm x 6; Urology x 6; Others x 6 (3 specialties) |
| Others | 13 (6 providers) | |

## Bury Patients: Cancer Long Waits

| Indicator | Period | Period Target | May-22 | Jun-22 | Jul-22 | | Q3 21-22 | Q4 21-22 | Q1 22-23 | Q2 22-23 Jul |
|---|---|---|---|---|---|---|---|---|---|---|
| E.B.12 | Jul-22 | 85.0% | 29.4%[1] | 48.0% | 47.9% | | 53.9% | 61.7% | 41.2%[1] | 47.9% |
| | Number of Breaches | | 24[1] | 26 | 25 | | 76 | 51 | 57[1] | 25 |

[1] *Excludes some or all NCA data and is subject to change*

**78+ week wait notes:**

- 78+ week waits have increased by 7% since June.
- 52+ week waits have increased by 21% since June but 67% since April. Many likely to tip into 78+ category in coming weeks and months.

**Cancer 62+ day wait notes:**

- Performance against the 85% standard has been significantly below standard for some time.
- Urology, lung and skin have the highest breach numbers currently (Bury patients).
- The provider target is to return to the Feb 2020 number of long waiters by March 2023.
- July 2022 data put the NCA on trajectory to achieve the target (222 waiters) by March 2022.
- However, data shared at the NCA Cancer Improvement Committee meeting in Sept 2022 flagged that achievement of this target is now at risk as breaches increase, with the greatest number in skin.

# NCA and Bury Locality Joint Initiatives

NHS Greater Manchester Integrated Care



- Orthopaedic Improvement Programme
  - Shoulder referral template
  - Knee and Spine – MRI Efficiencies Pilot: BIMSK and Tower Practices
- Urology pathway review
  - LUTS
- Dermatology – e Derm
- Cardiology – Referral Pathway and A&G Utilisation and Cardiac Rehab GM Pilot
- Ophthalmology – Cataracts and Glaucoma Pathway
- Being Well Programme – Bury active partner

* Note: GM Dermatology Vulnerable Service Recovery & Action Plan: move to a GM single service model and other actions in the GM plan may create work that become a priority for trusts and localities.

Greater Manchester Integrated Care



# Risks and Gaps

- % 52+ww likely to tip into 78+ww in the coming weeks/months.
- Growth in Cancer 62 + day waits, predominantly in skin, impacting achievement of the national recovery target for March 2023.
- Workforce
- Access to diagnostics (reporting in particular)
- Capacity
- Prioritisation of urgent and cancer could impact elective recovery

**Potential wider risks**

- Financial penalties for non achievement of activity levels – equates to what for Bury?
- Industrial action RCN – potential impact on recovery?
- Winter – UC demand and COVID rates.

# Agenda Item 8

| Meeting: Health Scrutiny Committee | | | |
|---|---|---|---|
| Meeting Date | 09 November 2022 | Action | Receive |
| Item No. | | Confidential | No |
| Title | Urgent Care Update | | |
| Presented By | Kath Wynne-Jones/Sam Merridale/David Latham | | |
| Author | Kath Wynne-Jones | | |
| Clinical Lead | Kiran Patel | | |

| Executive Summary |
|---|
| This paper is intended to provide an update to the Health Scrutiny Committee of progress within the Urgent Care programme, with particular emphasis on Winter Planning Arrangements. |
| **Recommendations** |
| The Commitee are asked to note and support the approach |

| Links to Strategic Objectives | |
|---|---|
| **SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.** | ☒ |
| **SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.** | ☐ |
| **SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.** | ☒ |
| **SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.** | ☒ |
| Does this report seek to address any of the risks included on the NHS GM Assurance Framework? | ☐ |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are there any quality, safeguarding or patient experience implications? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☐ | N/A | ☒ |
| Have any departments/organisations who will be affected been consulted ? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |

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| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are there any financial Implications? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is an Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, has an Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☒ | N/A | ☐ |
| If yes, please give details below: | | | | | | |
| | | | | | | |
| If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment: | | | | | | |
| This report focusses on system wide improvement work and preparations for Winter 2022/23 | | | | | | |
| Are there any associated risks including Conflicts of Interest? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are the risks on the NHS GM risk register? | Yes | ☐ | No | ☐ | N/A | ☐ |
| | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Winter Planning Subgroup | 02/10/2022 | Discussion |
| Locality Board | 07/11/2022 | Discussion |

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# Urgent Care Update

## 1. Introduction

1.1. A great deal of work has already commenced to ensure that Bury as a system is prepared for winter 2022/23. This paper (attached presentation) provides an overview of improvement work and assurance as to the local infrastructure in place Winter.

## 2. Background

**2.1.** The Bury locality operates a single Urgent and Emergency Care System. The system works collectively from late summer to prepare for winter. Improvement and resilience work is continuous throughout the year which supports winter preparations.

## 3. Urgent Care Update

3.1 This paper is intended to provide an update of progress within the Urgent Care programme with particular emphasis on Winter Planning Arrangements.

## 4 Associated Risks

4.1 Associated risks are identified in the accompanying presentation on slide 21.

## 5 Recommendations

5.1 That the Committee receive and note the update with regards to urgent care and winter preparations locally.

## 6 Actions Required

6.1 The Committee is required to:

- Receive and note the update as provided.

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# Urgent Care Update

Part of Greater Manchester Integrated Care Partnership

**Presentation by**:

Kath Wynne-Jones

Sam Merridale

David Latham

## Urgent Care Update

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This presentation is intended to provide Locality Board members with an update on the following areas:

1. High level urgent care performance position
2. Current Improvement Work
3. SORT Schemes which have been funded by GM to provide additional capacity over Winter
4. Local infrastructure to manage Winter
5. COVID-19 and Flu Planning

# High Level Urgent Care Provision

# Urgent Care Update

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## High Level Urgent Care Provision

GM A&E (Type 1 Only) 4 Hour A&E Performance Comparison (includes unvalidated data)

| Trust | Q3 2021-22 | Q4 2021-22 | Q1 2022-23 | Q2 2022-23 |
|---|---|---|---|---|
| Royal Manchester Children's Hospital | 72.9% | 71.1% | 72.9% | 70.7% |
| Stockport | 61.7% | 63.9% | 62.9% | 60.9% |
| Fairfield General Hospital | 60.7% | 59.6% | 59.4% | 57.7% |
| Bolton | 59.6% | 57.3% | 55.5% | 56.4% |
| Tameside | 56.1% | 58.5% | 56.6% | 55.7% |
| North Manchester General Hospital | 54.6% | 53.1% | 53.7% | 52.7% |
| Wigan | 54.8% | 53.4% | 57.1% | 51.4% |
| Salford | 57.7% | 51.2% | 49.0% | 46.6% |
| Oldham | 48.6% | 47.9% | 46.0% | 46.3% |
| Wythenshawe | 52.6% | 43.4% | 42.3% | 34.9% |
| Manchester Royal Infirmary | 44.8% | 37.2% | 28.0% | 25.7% |

***FGH A&E 4 hours performance remains one of the best in GM***

# Urgent Care Update

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## High Level Urgent Care Provision

**Handover Statistics (as a proportion of measurable attendances): September 2022**

| Hospital Site | % of Handovers <15 mins | % of Handovers <30 mins | % of Handovers <60 mins | Average Arrival to Handover (mins) | Average Total Turnaround (mins) |
|---|---|---|---|---|---|
| FGH | 40.3% | 71.8% | 83.7% | 37:48 | 50:19 |
| Royal Oldham | 23.8% | 68.9% | 89.9% | 31:46 | 41:03 |
| Salford Royal | 58.1% | 87.4% | 95.1% | 19:48 | 31:05 |
| NCA Total | 43.3% | 77.7% | 90.3% | 28:22 | 39:48 |
| GM Total | 31.9% | 65.2% | 84.8% | 36:05 | 46:46 |
| NWAS Total | 29.3% | 68.1% | 87.1% | 34:16 | 46:01 |
| Target | 65.0% | 95.0% | 100.0% | 15:00 | 30:00 |

***Significant pressures in delivery of Ambulance turnaround being experienced***

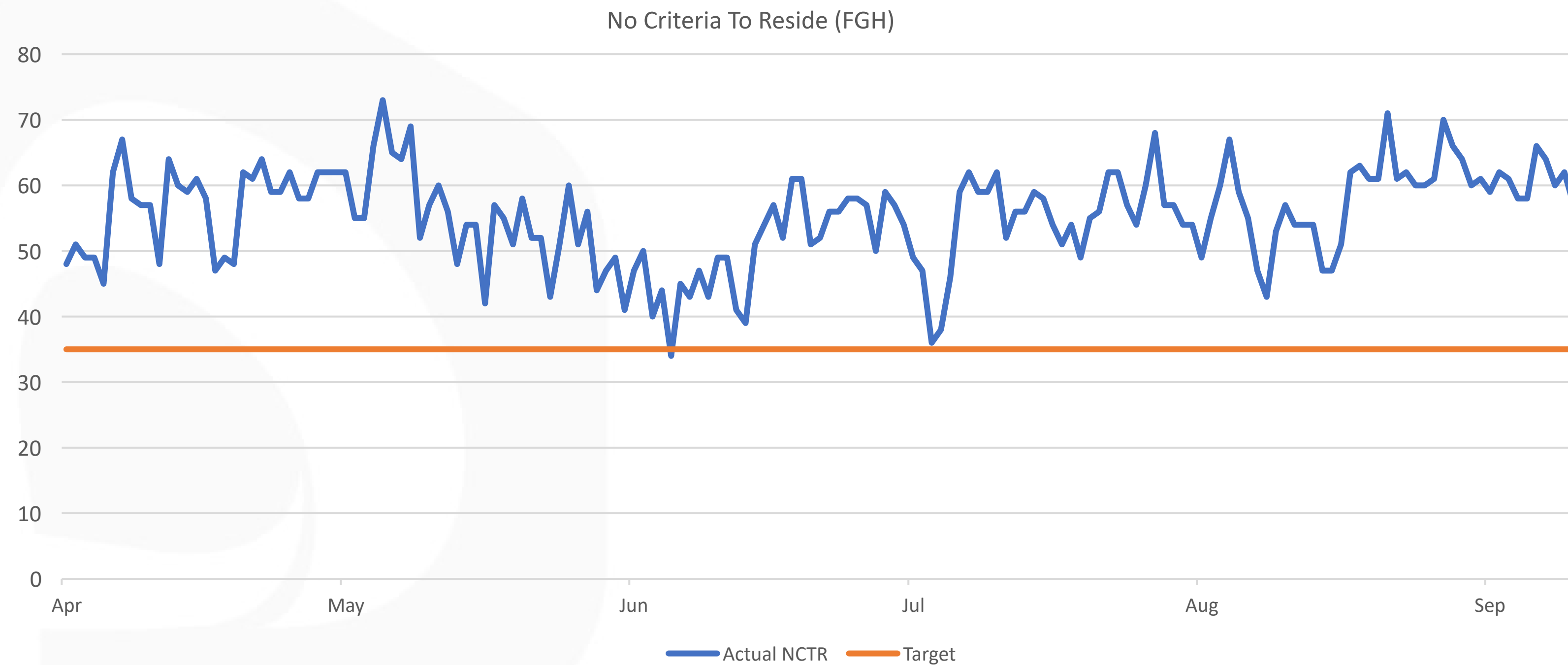
**NCA Site Level Comparison – Type 1 Attendances**

| Site | Year | Attendances Apr – Sep | Variance to 2021-22 | % Variance to 2021-22 |
|---|---|---|---|---|
| FGH | 2021-22 | 38695 (avg 211 / day) | | |
| | 2022-23 | 37351[2] (avg 204 / day) | -1344 | -3.5% |
| Royal Oldham | 2021-22 | 55798 (avg 305 / day) | | |
| | 2022-23 | 54768[2] (avg 299 / day) | -1030 | -1.8% |
| Salford Royal | 2021-22 | 53555 (avg 293 / day) | | |
| | 2022-23 | 50234 (avg 275 / day) | -3321 | -6.2% |
| NCA | 2021-22 | 148048 | | |
| | 2022-23 | 142353[2] | -5695 | -3.8% |

***Admission Avoidance continues to help towards supporting reduced A&E attendances***

# Urgent Care Update

## High Level Urgent Care Provision




***NCTR at FGH remains a priority challenge. The trend shown here continues into October***

# Current Improvement Work

# Urgent Care Update



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## Current Improvement Work

Over recent weeks, we have worked hard to align all programmes of work relating to urgent care ,to ensure roles and responsibilities are clear within a single system plan, delivered through the Urgent Care Board.

The diagram on the following slide represents key programmes of work including:

- Ensuring our system resilience plans meet GM requirements, and we are effectively contributing to GM system planning and resilience
- Admission avoidance plan
- FGH internal improvement plan
- No Criteria To Reside Turnaround Plan ( FGH and NMGH focus)
- Implementation of GM SORT schemes: Those schemes which have attracted additional funding from GM and are subject to weekly scrutiny

# Urgent Care Update

**Current Improvement Work**

- Continuing to drive down demand at the front door
- Increasing the % of discharges that happen before 5pm
- Reducing the number of no criteria to reside patients which is resulting in escalation beds remaining open at FGH
- Reducing dependency on nursing / residential care home beds
- Reducing workforce pressures and increasing the use of the VCFA
- Improving value for money
- Understanding readmission rates with an ambition to reduce them

Key:

- BAU
- Admission avoidance plans
- FGH Improvement Group
- NCTR Turnaround Group
- GM SORT schemes



**SYSTEM**

- Ensure the Bury System Response to the UEC Requirements in the NHS Planning Guidance 22-23
- Implement a revised governance structure for UEC reporting to IDCB and Locality Board
- Ensure the Bury System Response to the GM UEC Improvement Plan 22-23
- Ambulance Commissioning (inc. engagement with PTS Procurement)
- Bury UEC improvement plan (admission avoidance, patient flow, culture)
- UEC Business as Usual (e.g. GM/national returns)
- Whole year system resilience (including Winter/Easter)
- GP Out of Hours commissioning and performance management
- Development of a single UEC Dashboard for KPIs/QI/Outcomes/ Activity/Performance
- NCA Pan locality UEC Plan

**INFLOW**

- Clarity future of Prestwich WIC and consultation
- Progress work on the South Bury Frailty Hub pilot
- Oximetry at Home
- Continue to develop Pre-ED streaming pathways and process to maximise deflections
- 7 day working
- Weekend cover for primary care AVS
- Work with NMGH to assess deflection of Bury patients back to Bury pathways
- Wider work with surrounding localities on shared pathways - e.g. virtual ward, respiratory
- Continue to work towards an accredited UTC at FGH
- Implement Hospital at Home (Virtual Ward) for step up and step down pathways (also outflow)
- Pathways and support in place from primary care and rapid to reduce admissions from care homes – pilot of new data flows

**FLOW**

- Capital redevelopment of the FGH ED to increase space
- Improve provision of Rapid Response on FGH site
- HMR discharge team on FGH site
- Further develop SDEC pathways to maximise capacity / admission avoidance
- Patient flow – discharge OTD, Unit, Data quality
- Are we making best use of enhanced care? [cf Bolton model]
- Assessing options for transforming ward 24 into a Wolstenholme like model / other purpose-built premises
- Additional capacity at FGH (SDEC-Frailty)
- Additional potential BARDOC support to UTC
- Admission avoidance – NWAS / System / ED
- Patient flow – weekend working, wards, pharmacy
- Patient flow – Stroke, Cardiology, IDT/Community
- Reducing duplication and aligned decision making with AHPs - reducing volumes of pathways
- Making efficient use of the app
- 7 day working

**OUTFLOW**

- Reviewing the assumptions within the intermediate tier business case to determine if 49 beds (IMC + D2A) is the right number based on acuity . Develop the long term strategy.
- Determining if we are using our community beds (IMC and D2A) as efficiently and effectively as possible with robust MDT support
- Care market review – fitness for purpose
- Identify funding for total required number of D2A beds
- Implement 9 High Impact Change model to aid transfers from hospital *(plan to be worked up)*
- 320 hours of care home support
- Confirming medical support arrangements for the intermediate tier
- Hospital aftercare offer utilising VCFA monies. (NOTE PARTIAL SORT FUNDED)
- Implement Hospital at Home (Virtual Ward) for step up and step down pathways (also inflow)
- 7 day working
- Tranche 1 funding : Additional 20 D2A beds and MDT capacity
- Tranche 2 funding :Additional 14 D2A beds and MDT capacity

# Urgent Care Update

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## Current Improvement Work

- Continued implementation of 12 week FGH turnaround plan
  - Same day emergency care pathways for frailty : Initial pilot for 2 separate weeks demonstrated success with the model now being mobilised for permanent implementation. Circa 75% of patients had avoided admissions
  - Increasing rapid response referrals : More referrals now being received from NWAS
  - Improving ward processes: More discharges happening before 5pm though there is more to do
  - Virtual hospital : Model now approved and mobilised with 4 patients now having been treated though the Virtual Ward
  - Integrated Discharge Team : New management arrangements in place with a focus on culture change of how decisions regarding pathway status are made
  - Discharge Unit : Short term model currently being recruited too in line with funding from GM
- Some improvements in indicators but not yet sustained to achieve and increased number of discharges before 5pm
- Continued development of Virtual Hospital Model
  - Clinical governance pathways
  - Financial agreement through partner organisations
  - Funding confirmed for the Borough and approval through SFG of allocations and assumptions
- Focus on continuing to manage demand presenting at the front door
- Focus on reducing the No Criteria To Reside Patients
- Focus on mobilising GM SORT schemes

# Urgent Care Update

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## Current Improvement Work – FGH UEC Improvement Programme

- Overall aim of the UEC Improvement Programme is to achieve a 50% reduction in the number of patients waiting over 8 hours in the Emergency Department
- Trajectories have been set and are reviewed weekly to monitor success of the programme
- The programme has been developed with all system partners to ensure the full patient pathway is covered. There are multiple workstreams grouped under 3 main headings

| Admission Avoidance | Patient Flow | Culture, Leadership & Behaviours |
|---|---|---|
| SDEC Pathways inc. Frailty | Ward Processes | Capability and Capacity |
| NWAS Handovers and Pathway | Pharmacy | Visible and Purposeful |
| Emergency Department Flow | Discharge on the Day | One System |
| Community Pathways | Discharge Unit | Building Leadership |
| Virtual Ward | Stroke and Cardiology Flow | |
| | IDT Working | |
| | Weekend Working | |
| | Data Quality – NRTR App | |

# Urgent Care Update

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## Current Improvement Work – NCRT Current Live Projects

1. **FGH discharge app** – designed to provide real time information on current NCTR numbers and status to support discharge planning and system reporting. Also to reduce reporting burden for IDT– currently being implemented.
2. **Business case for additional D2A community bed capacity** – completed due for presentation to Strategic Finance Group.
3. **Review of patients in D2A beds in Heathlands** – completed with action plan. Initiatives underway to improve timely input from CHC and Older People's Mental Health Team.
4. **Diagnostic review of flow in IMC & D2A bed base** – commenced.
5. **Follow up support to patients following discharge to reduce the risk of re-admission** – service commissioned from voluntary sector. Implementation in progress.
6. **Crisis response to care homes –** daily data on admissions now available. Rapid Response Team establishing liaison workers for care homes and promoting the service to the homes with the highest number of admissions.
7. **Performance measurement** – agreement of metrics to be monitored [hospital & community]. Dashboard in development.

# Urgent Care Update

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## Current Improvement Work – Bury Virtual Ward/Hospital at Home

H@H Hub
Rapid Response Team
**0161 253 5151#**
08:00 – 20.30
7 days a week
Last new referral: 18.30

**Any adult >18 with acute medical condition**
**Could be step up (admission avoidance) or step down (early supported discharge**

**Red / Amber beds – consultant or senior GP led care**

- **Step Up / Admission avoidance:**
- Adults who are identified as having a clinical episode which requires higher acuity level care but not necessarily in a hospital bed. Wrap around care in the patient's own home. NEWS2 score of <5. Potential 4AT assessment (delerium)
- Identified from primary / community care, NWAS OR from ED/SDEC attendance.

- **Step down / early supported discharge**
- Adults in hospital who are stable or improving but require ongoing monitoring or clinical management that can be safely provided in their home or usual place of residence to support early discharge.
- Identified from any suitable acute medical ward by their consultant. Consultant led medical oversight will continue following transfer to the virtual hospital "bed".

- Expected average length of stay – up to 14 days

# Urgent Care Update

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## Current Improvement Work – Bury Virtual Ward/Hospital at Home

### Key Principles:

- A total of 70 beds will be implemented by 2024.
- All referrals will be triaged via the SPOA – Rapid Response and directed appropriately
- Length of stay:
  - H@H (RESPONSE pathway) – 14 days
- Appropriate patients can be directed into other pathways, e.g. frailty hub, active case management or medical specialties following discharge from VW.
- Must consider impact of carers when making assessments and assessing suitability for virtual hospital bed.
- Workforce engagement – “virtual” MDT
- Patient engagement / compliance
- Equipment requirements – clinical
- Digital tools – Connect Health devices and other monitoring
- Record sharing – use GMSCR
- Adaptations for patients – via ASC

### Next steps:

- Recruitment currently underway – incremental increase in the number of VH beds

### Workforce:

- Workforce plan – additional staffing (principally in Rapid Response) has been identified and is part of the recruitment plan.
- Additional requirements (as per model) – equation for increased demand vs new staffing requirements, and skill mix. Phased approach in terms of increasing numbers to allow us to evaluate.
- Training – competency frameworks
- Training for staff in assessment process – wider factors and history, including carer capability
- Education and awareness across the wider system
- Better utilisation of existing community resources, including 3rd sector support
- GM/NCA networking (? Overnight monitoring)

### Outcomes:

- Improve the quality of life for patients, especially those living with frailty (frailty pathway)
- Reduction in the number of avoidable emergency hospital admissions, and consequent reduction in medical bed days
- Reduction in acute bed days
- Reduction in the number of permanent admissions to long term care
- Reduction in the level of excess winter mortality
- Bring together professionals to provide a coordinated health and care response

# GM SORT Schemes

# Urgent Care Update



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## GM SORT Schemes: First Wave

We have received 2 tranches of money to support winter pressures within Bury. The next 2 slides demonstrate how the money will be utilised. All phase 1 schemes have been mobilised and phase 2 schemes are in the process of mobilisation, following agreement of utilisation of funds this week.

| Locality | Funding Category | Scheme Title | Brief description | No of Beds G&A (Mitigated /Additional per month) | Other Activity deflected (Number per month) | Start | Revised Cost £000 |
|---|---|---|---|---|---|---|---|
| **Bury** | **£12m Winter prioritisation** | Additional D2A Beds until May 23 | Purchase 20 care beds for use as discharge to assess until end May | 14 | Minimum of 20 patients on NRTR can be discharged. Customer then supported onto permanent placements/home releasing capacity that more patients can access. | 01/09/2022 | £611 |
| **Bury** | **£12m Winter prioritisation** | Additional capacity at FGH | Additional Pharmacy & AHP's to support the D/C lounge (flow) and ED (Admission avoidance)<br><br>Transfer team to promote rapid transfer from ED and AMU to specialty wards/DC lounge<br><br>Additional private transport to promote rapid D/C<br><br>Additional escalation beds to create more inpatient capacity | 24 | Improved flow out of the ED dept and through the hospital reducing risk of deconditioning and likely increase in dependency and subsequent requirement for additional support<br><br>Reduced delays when patients identified for D/C, promoting flow<br><br>Increased inpatient capacity will reduce | 01/11/2022 | £706 |
| **Bury** | **VCSE** | All schemes | | | Supports 35 patients p/m (420 p/a) | 01/10/2022 | £100 |

# Urgent Care Update

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## GM SORT Schemes: Second Wave

| Locality | Scheme Title | Category | Brief description | Start date | Paid to | Cost 22/23 £000K | No of Beds G&A (Mitigated /Additional per month) |
|---|---|---|---|---|---|---|---|
| Bury | Addtional D2A beds | Community/D2A bed capacity | Additional 16 beds which must include MDT costs at Heathlands (5), Elmhurst (3) until 14th May 2023 and Brookdale (5) and Burrswood (3) until 31st March 2023. Easter is on 9th April and 14th May would mean could be able to admit to them the whole of the following week and then have 4 weeks to empty them before they close. | Immediate | Bury Council | £507 | 16 |
| Bury | Additional Re-ablement hours | Home care capacity | Upfront block booked home care of 320 hours and MDT costs to do move on assessments – again up to 14th May. This will increase avialblity of care at home for immediate pick up. | Immediate | Bury Council | £160 | 32 |
| Bury | SDEC Frailty | Hospital capacity | Based on the recent successful TOC. Provide the SDEC Frailty offer 5 days a week 8am to 8pm. | Immediate | Trust | £167 | 13 |
| Bury | Additional Capacity - Acute Visiting Service – Reorientation and extension | Primary care capacity | Enhance the paramedic-led Acute Visiting Service by adding medical input and admin | 01/11/2022 | GP Fed and Bardoc | £66 | 20 |

| | Weekly Cost | Total Cost to end March 23 |
|---|---|---|
| Transport 11.00 to 19:00 - Monday to Friday | £2,268 | £52,164 |
| FY2 – 08:00 to 20:00 Monday to Friday @ £50 per hour | £3,000 | £69,000 |
| Band 5 RN – 08:00 to 20:00 Monday to Friday @ £15 per hour | £900.00 | £20,700 |
| Band 2 HCA – 08:00 to 20:00 Monday to Friday @ £10.50 per hour | £630.00 | £14,490 |
| Band 2 Housekeeper 08:00 to 17:00 Monday to Friday @ £10.50 per hour | £472.50 | £10,867.50 |
| **Total** | **£7,270.50** | **£167,221.50** |

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# Local infrastructure to manage Winter

# Urgent Care Update

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## Local infrastructure to manage Winter

- Winter system Planning fall within the remit of the Bury Urgent and Emergency Care Integrated System Board (BUECISB)
- The BUECISB has established a Winter Planning Sub-Group which will meet weekly until no longer required, the group oversees:
  - Co-ordination of Winter related National and GM returns where a system response is required
  - Sharing of national and GM guidance as received
  - Reviewing the GM Winter Planning Return to ensure responses remain appropriate
  - Review and refresh Bury NHS111 Directory of Service
  - Review and refresh Bury system partners OPEL card
  - Review and refresh Burys list of Alternative to Admissions Schemes
  - Review and refresh OPEL 4 Escalation card
  - Support outcomes from GM SORT as required
  - On Call Manager Winter Training
  - System planning for Christmas Holiday pressure point days including pre-planned conference calls
  - Produce a Christmas Holiday support document
  - Ensure attendance and feedback from GM and Regional Winter Events (co-ordinated so far)
    - GM Exercise Boras
    - NW Winter Event
- Daily System Resilience Management
  - Bury System Bronze (operational) every day at 8.30am (Mon-Fri)
  - Bury System Bronze (operational) Update (as required) 1.30pm (Mon-Fri)
  - Bury System Silver (strategic leads)as required based on system pressure
  - Bury System Silver (pre-planed) Weekly from mid November
  - GM SORT meeting (senior strategic/operational) every day (Mon-Fri)

# Urgent Care Update

## Local infrastructure to manage Winter

- Identified RISK
    - Workforce
    - COVID – 19
    - Flu
    - Care Home Capacity
    - Potential industrial action
    - IMC Capacity
    - Maintaining Admission Avoidance
    - Ambulance Handovers
    - 12 hour delays

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# COVID-19 and Flu Planning

# Urgent Care Update

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## COVID-19 and Flu Planning

- **Look ahead: “Making predictions is hard. Especially about the future.”**
- - Neils Bohr or Yogi Berra depending who you ask.
- The complex mix of immunity, variants, behaviour, and population susceptibility mean that forecasting for COVID-19 is likely to be a waste of time. There are signs the current wave may have peaked – although it is too soon to be sure and the reasons for the apparent peak are not clear.
- Flu is circulating – particularly among school-aged children (see top graph), hospital admissions nationally are increasing, and there are signs this season is arriving around a month early (so may peak in early to mid-December – see bottom graph). Vaccine uptake and match to circulating strains is hard to predict. Immunity among the population to flu is likely to be low due to no circulation for two years. However, many of those who would be highest risk of death from flu or COVID-19 have died from COVID-19 during 2020-21.
- For planning purposes the following may serve as useful reasonable worst-case scenarios:
    - **COVID-19: a wave similar to the on from summer 2022** in terms of care home outbreaks, hospital admissions, critical care beds, deaths, and staff absences. For Bury this means a peak of 35-40 COVID-19 positive inpatients, of which 2 require critical care, 15 new outbreaks in care homes within a month, and increased pressure on staffing.
    - **Flu: a flu season comparable to 2017/18** in terms of consultation rates, hospital admissions, and care home outbreaks. For Bury this would mean a peak of around 100 GP consultations for influenza like illness per week, 20 patients needing hospital admission per week, of which 1-2 needing critical care, plus possible additional care home outbreaks and staffing pressures.

Figure 13: Respiratory DataMart weekly positivity (%) for influenza by age, England

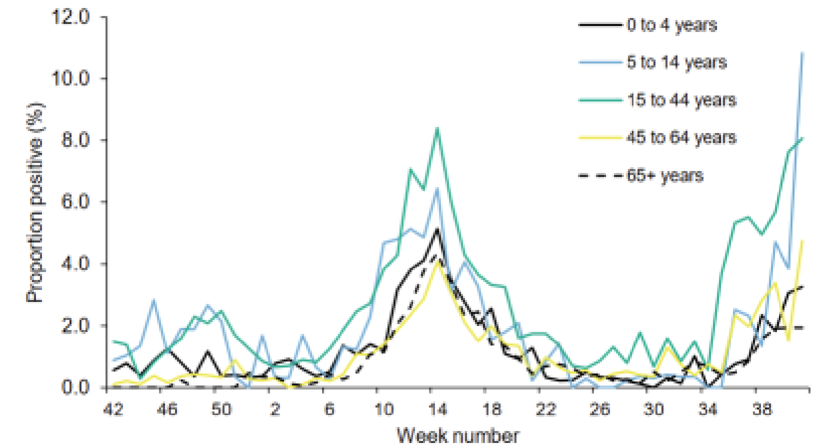
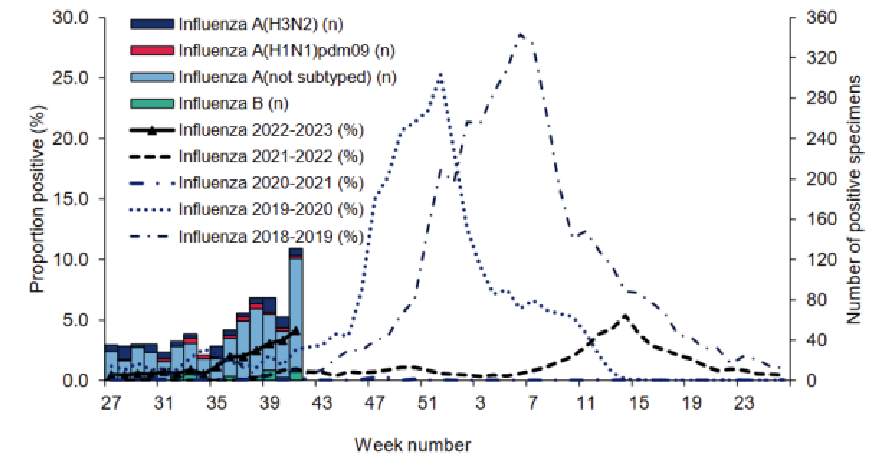



Figure 10: Respiratory DataMart samples positive for influenza and weekly positivity (%) for influenza, England



# Urgent Care Update

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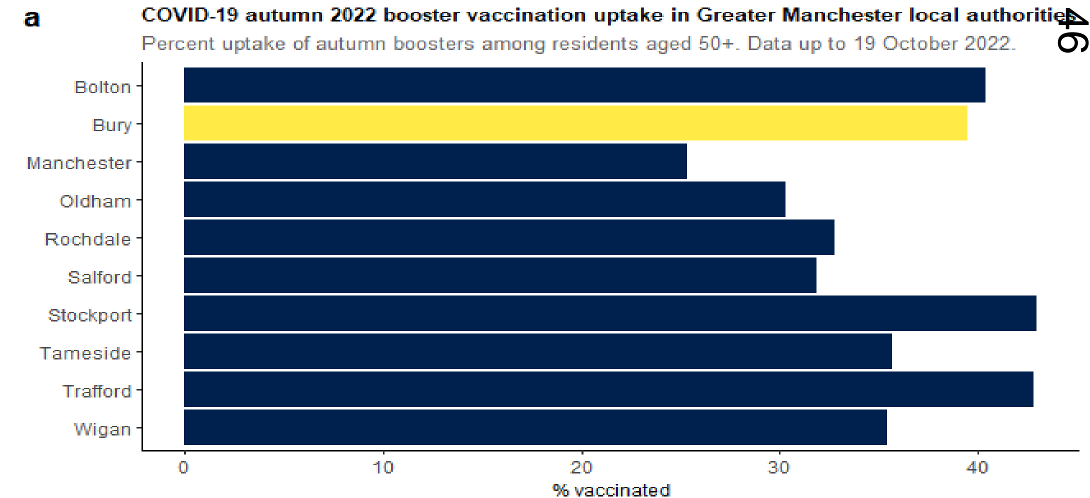
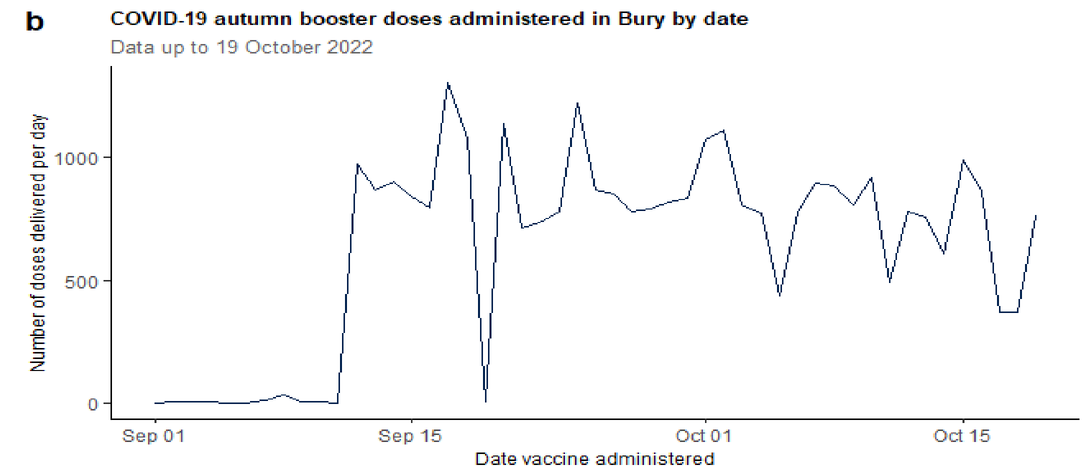
## COVID-19 and Flu Planning

- **Preparation: "Failing to prepare is preparing to fail".**
- - Benjamin Franklin.
- **First line of defence: vaccines.** COVID-19 autumn booster uptake in Bury is good (see graph a) particularly among older cohorts where uptake is now 60-70%. Inequality gaps appear to be closing overall, though pockets of low uptake remain. There are signs of falling demand (see graph b). Uptake among care home staff appears to be poor – although current evidence suggests only modest benefits of further doses in preventing transmission. Flu vaccine uptake appears better than previous years, although persistent data quality problems mean it isn't clear whether this reflects an actual increase in uptake or improvements in data flows and recording. Bury's Vaccine Assurance Group is coordinating work to address inequalities and improve uptake among key cohorts including care home staff. This will include drawing on access and inequalities funding from NHS GM.
- **Second line of defence:** infection prevention and control. Work underway to get a GM consensus on enhanced IPC advice to care homes to mitigate gaps in national guidance. To be agreed by SORT on Monday 24/10/22. Risk around waning adherence to IPC measures in key settings being escalated.
- **Third line of defence:** outbreak management and antivirals. Bury's outbreak plan reviewed and under refresh. Antiviral prophylaxis pathways reviewed. Additional IPC capacity paid for from COVID-19 outbreak management fund in place until end March 2023. Extra support on loan from GM hub.



# SCRUTINY REPORT

| | |
|---|---|
| **MEETING:** | **Health Scrutiny Committee** |
| **DATE:** | **9th November 2022** |
| **SUBJECT:** | **People at the Heart of Care: Adult Social Care Reform White Paper** |
| **REPORT FROM:** | **Director of Adult Social Care** |
| **CONTACT OFFICER:** | **Adrian Crook** |

## 1.0 BACKGROUND

1.1 On 1st December 2021, a White Paper on the future of adult social care was published. The policy components of the reform reflect the transformation currently underway in Bury: improved housing options, assistive technology, a commitment to the workforce, sustainability of the care sector and greater choice and control for our residents.

1.2 To implement this, the treasury announced £5.4 billion over 3 years solely for adult social care reform and at the Spending Review in October, it was announced that this investment will be used for the following areas:

- £3.6 billion to pay for the cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care, which together will remove unpredictable care costs
- £1.7 billion to improve social care in England, including at least £500 million investment in the workforce.

1.3 The Care Act 2014 – particularly its focus on wellbeing – provides a strong foundation for the vision in this White Paper and will strengthen how care and support is delivered.

## 2.0 PEOPLE AT THE HEART OF CARE: THE WHITE PAPER

2.1 The White Paper sets out an ambitious 10-year vision for how support and care will be transformed in England. The vision puts people at its heart and revolves around three objectives:

- People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

2.2 The document describes a range of transformational workstreams to support this vision, as well as the funding to implement. This will include:

- A Workforce Strategy enabling dedicated investment in knowledge, skills, health and wellbeing, and recruitment policies to improve social care as a long-term career choice.
- Driving the supply of supported housing and embedding the strategic commitment in all local places to connect housing with health and care.
- Further financial commitment to the Disabled Facilities Grant.
- Continued investment in the Care and Support Specialised Housing Fund to incentivise the supply of specialised housing for older people and people with a physical disability, learning disability, autism or mental ill-health.
- Investment to drive digitisation across the sector and unlock the potential of caretech innovation that enables preventative care and independent living.
- Launch an Innovative Models of Care programme to support local systems to build the culture and capability to embed into the mainstream innovative models of care.
- A focus on prevention and health promotion to support people to live healthier lives for longer.
- Empowering those who draw on care, unpaid carers and families by investing in new ways to help people navigate local adult social care systems.

## 3.0 THE CARE CAP

3.1 From October 2023, the government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. In addition to this, changes to the Lower Capital Limit and Upper Capital Limit mean that this is a more generous offer than a previous proposal in 2015.

3.2 From October 2023, anyone assessed by a local authority as having eligible care and support needs, either new entrants or existing social care users, will begin to progress towards the cap. Costs accrued before October 2023 will not count towards the cap.

3.3 Before the cap comes into effect, local authorities need to identify self-funders to ensure that they begin progressing towards the cap from the point it comes into effect.

3.4 For each person with eligible needs, the local authority must provide either a personal budget, where the local authority is going to meet the person's needs, or an independent personal budget (IPB), where the individual arranges their own care. For individuals who receive financial support for their care costs from their local authority, it is the amount that the individual contributes towards these costs that will count towards the cap.

3.5 Once the cap has been reached, the person will continue to remain responsible for meeting or contributing to their daily living costs and any top-up payments they have chosen to make. It will be the responsibility of the local authority to inform the person that they have reached the cap.

## 4.0 FAIR COST OF CARE

4.1 To deliver the objectives of the cap on personal care costs, self-funders need to have the option to pay the same price as the local authority would pay to meet their needs. This will be the rate which is used on their behalf to meter them towards the cap.

4.2 Allowing self-funders - who represent 50% of the market and pay more on average than the LA rate - to pay currently unsustainable local authority rates would seriously destabilise the already fragile care provider market. A sustainable care market is fundamental to underpinning the ambition of the White Paper and charging reforms.

4.3 Uncertainty over future funding, combined with low fees by some local authorities, has resulted in under-investment in local care markets, buildings and innovation. This is leading to poorer quality outcomes and therefore needs to be addressed to enable local authorities to successfully deliver the system reform ambitions.

4.4 To ensure that local authorities are able to move towards paying a fair cost of care, the government will provide an additional £1.4 billion over the next 3 years. This forms part of the £3.6 billion confirmed at Spending Review 2021, to implement Charging Reform. £162 million will be allocated in 2022 to 2023 to support local authorities as they prepare their markets for reform. A further £600 million will be made available in both 2023 to 2024 and 2024 to 2025.

4.5 To prepare the market, the government expect local authorities will:

- Carry out a cost of care exercise to determine the sustainable rates and identify how close they are to it.
- Strengthen capacity to plan for, and execute, greater market oversight to ensure markets are well positioned to deliver on our reform ambitions.
- Use this additional funding to genuinely increase fee rates, as appropriate to local circumstances.

4.6 As a condition of receiving further grant funding in the two following years, all local authorities were required to submit a cost of care exercise, a provisional Market Sustainability Plan and a Spend Report to the Department of Health and Social Care (DHSC) by the 14th October 2022. A final Market Sustainability Plan will be submitted in February 2023.

## 5.0 CARE QUALITY COMMISSION (CQC) ASSESSMENT

5.1 The White Paper also outlines plans for Adult Social Care to be inspected by the CQC. The ambition is for CQC to use its powers and duties to help improve outcomes for people who draw on care and support by assessing how local authorities are meeting individual's needs.

5.2 Although the detail of this assessment is yet to be confirmed, it is expected that the following themes will be assessed:

- Working with people - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice.
- Providing support - market shaping, commissioning, workforce equality, integration and partnership working.
- Ensuring safety - safeguarding, safe systems and continuity of care.
- Leadership - capable and compassionate leaders, learning, improvement, innovation and governance.

5.3 It is expected that these assessment will take place from April 2023.

**6.0 ASSOCIATED RISKS**

6.1 Funding Allocations – Bury does not receive a funding allocation from the Government which ensures we can deliver adult social care reform.

6.2 Workforce expertise within the system – adult social reform introduces many changes that staff will require training on. This is essential to ensure we offer the right support to our residents and commissioned providers.

6.3 Workforce capacity – it is expected that changes introduced with adult social care reform will impact on staff capacity as the number of people contacting the Council for support is likely to increase significantly.

6.4 A programme risk and issue log will be monitored by the Adult Social Care Reform Programme Board.

**7.0 RECOMMENDATIONS**

7.1 The Committee is asked to:

- Note the contents of the report.
- Recognise the potential financial challenges particularly with the fair cost of care and implementation of the cap.
- Note the emerging CQC assessment framework.

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**List of Background Papers:-**

None.

**Contact Details:-**

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Executive Director sign off Date:______________

JET Meeting Date:__________________

# People at the Heart of Care: Adult Social Care Reform White Paper

Part of Greater Manchester Integrated Care Partnership

**Presentation by**:

Adrian Crook

# Purpose of the presentation

To summarise the following:

- People at the Heart of Care: the White Paper
- The Care Cap
- Fair Cost of Care
- Care Quality Commission inspection
- Associated risks

# People at the Heart of Care: the White Paper

BURY
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PARTNERSHIP



The White Paper sets out an ambitious 10-year vision for how support and care will be transformed in England. The vision puts people at its heart and revolves around three objectives:

- People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

The paper sets out how some of the proposed investment will be spent to transform the adult social care system in England. This includes:

- Housing and home adaptations.
- Technology and digitisation.
- Workforce training and wellbeing support.
- Support for unpaid carers, and improved information and advice.
- Innovation and improvement.

# The Care Cap

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PARTNERSHIP



From October 2023, Government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. In addition to this, changes are also being made to the Lower Capital Limit and Upper Capital Limit.

A Care Account will be set up for every person to enable the local authority to monitor their progress towards the Care Cap.

Key dates to implementation in Bury:

- A Client Financial Portal fully tested and implemented by December 2022.
- Online Financial Assessment Tool operational by January 2023.
- Early implementation of social care and financial assessments are conducted, where appropriate, from April 2023.
- Full implementation of the Care Cap, Care Account and Capital Limit Thresholds by October 2023.

# Fair Cost of Care





To support local authorities to prepare their markets for reform, Government has agreed a Market Sustainability and Fair Cost of Care Fund. The main aim of the fund is to support local authorities to move towards paying providers a fair cost of care.

To access this fund, local authorities will need to evidence the work they are doing to prepare their markets.

Key dates to implementation in Bury:

- Carry out Fair Cost of Care Exercise with Care at Home and Care Home providers.
- Submit Cost of Care Table, Spend Report, Cost of Care Report and Provisional Market Sustainability Plan on 14th October 2022.
- Submit Final Market Sustainability Plan in February 2023.

The Fair Cost of Care exercise covers Care at Home providers supporting customers 18+, and Care Homes supporting residents 65+.

# Care Quality Commission inspection

BURY
INTEGRATED CARE
PARTNERSHIP



The White Paper outlines plans for Adult Social Care to be inspected by the CQC. This will help improve outcomes for people who require care and support by assessing how local authorities are meeting individual's needs.

Detail about this inspection have not yet been released, but it is expected that the following themes will be assessed:

- Working with people - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice.
- Providing support - market shaping, commissioning, workforce equality, integration and partnership working.
- Ensuring safety - safeguarding, safe systems and continuity of care.
- Leadership - capable and compassionate leaders, learning, improvement, innovation and governance.

It is expected that these inspections will take place from April 2023.

## Associated risks

BURY INTEGRATED CARE PARTNERSHIP



- Funding Allocations – Bury does not receive a funding allocation from the Government which ensures we can deliver adult social care reform.
- Workforce expertise within the system – adult social reform introduces many changes that staff will require training on. This is essential to ensure we offer the right support to our residents and commissioned providers.
- Workforce capacity – it is expected that changes introduced with adult social care reform will impact on staff capacity as the number of people contacting the Council for support is likely to increase significantly.
- A programme risk and issue log will be monitored by the Adult Social Care Reform Programme Board.

# Questions

Time for questions