Meeting: **Locality Board**			
Meeting Date	05 June 2023	**Action**	Consider
Item No.	7	**Confidential**	No
Title	Bury Locality – Finance, Performance and Outcomes Standards 2023/24: Demand Management, Flow and QIPP		
Presented By	Kath Wynne-Jones, Chief Officer, IDC		
Author	Kath Wynne-Jones, Chief Officer, IDC		
Clinical Lead	Dr Kiran Patel		

Executive Summary

This paper includes the Bury Locality Finance, Performance and Outcomes Standards 2023/24 submission made to NHS Greater Manchester on the 19th May 2023.

The Locality Board is asked to consider the ambitions set out within this submission (subject to GM approval). These trajectories will need to be monitored on a monthly basis as part of the performance report received by the IDC Board.

The trajectories will receive in depth scrutiny through the following governance routes:

- Elective Care Programme Board: Outpatient Referrals
- Urgent Care Programme Board: A&E Attendances, Non-Elective Admissions and No Criteria To Reside patients
- Mental Health Programme Board: Mental Health Out of Area Placements and Clinically Ready for Discharge patients
- Bury Locality Savings Group: QIPP

Recommendations

The Locality Board is asked to consider the trajectories submitted and support the proposed approach to manage the delivery of trajectories.

OUTCOME REQUIRED *(Please Indicate)*	**Approval** ☐	**Assurance** ☒	**Discussion** ☒	**Information** ☐
APPROVAL ONLY; (please indicate) whether this is required from the pooled (S75) budget or non-pooled budget	**Pooled Budget** ☐	**Non-Pooled Budget** ☐		

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	☒
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:						
Once achieved, the ambition of these interventions will have a positive impact on the domains of experience and economics						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
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**
IDC Board	24/05/2023	Proposal supported, recognising there are risks with making further commitments to reduce demand

Bury Locality – Finance, Performance and Outcomes Standards 2023/24: Demand Management, Flow and QIPP

1. Context

Following recent benchmarking undertaken across Greater Manchester ICS, a request was made to all localities to make further improvements relating to demand management, flow and QIPP. The attached presentation and trajectories outline the Bury Locality Finance, Performance and Outcomes Standards 2023/24 submission made to NHS Greater Manchester on the 19th May 2023.

The Locality Board is asked to consider the ambitions set out within this submission (subject to GM approval). These trajectories will need to be monitored on a monthly basis as part of the performance report received by the IDC Board.

The trajectories will receive in depth scrutiny through the following governance routes:

- Elective Care Programme Board: Outpatient Referrals
- Urgent Care Programme Board: A&E Attendances, Non-Elective Admissions and No Criteria To Reside patients
- Mental Health Programme Board: Mental Health Out of Area Placements and Clinically Ready for Discharge patients
- Bury Locality Savings Group: QIPP

2. Associated Risks

- Proposal is viewed as not ambitious enough by Greater Manchester ICS.
- Proposed reductions are not deliverable based on current demand patterns and available finances and workforce.

3. Recommendations

The Locality Board is asked to consider the trajectories submitted and support the proposed approach to manage the delivery of trajectories.

Kath Wynne-Jones
Chief Officer – Bury Integrated Delivery Collaborative
kathryn.wynne-jones1@nhs.net
June 2023

NHS
Greater Manchester
Integrated Care

Bury Locality – Finance, Performance and Outcomes Standards 2023/24: Demand Management, Flow and QIPP

Prepared by:
Last updated:

Part of Greater Manchester Integrated Care Partnership

Bury Locality: Referrals

Greater Manchester Integrated Care

Describe the areas identified as opportunities

The Bury locality has identified Cardiology, Gynaecology and Dermatology as its three target specialities to reduce GP referral activity as below:

- Cardiology – 1,857 referrals form the target cohort for GP referrals, excluding Rapid Access Chest Pain, between May-March 22/23. A 5% reduction by March 2024 has been profiled.
- Dermatology – 2,635 referrals form the target cohort for GP referrals, between May-March 22/23. A 5% reduction by March 2024 has been profiled.
- Gynaecology – 2,470 referral form the target cohort for GP referrals between May-March 22/23. A 5% reduction by March 2024 has been profiled.

The decision has been informed by several factors:

- review of local data to identify specialties where demand is high, there are large volumes of patients waiting, and the services are under considerable pressure.
- the specialities form part of an Outpatient Transformation Programme the locality is working with the NCA to deliver.
- there are schemes of work/plans in development that can be implemented at pace to support achievement of the trajectories in the required timescales.

Alongside these three priorities, the locality will continue to work with system partners to identify other opportunities to reduce referral activity where rates are high, through application of the learning acquired from these priority specialities.

A review of the PWC data packs identified opportunities in T&O for Bury, based on costs. The locality has been working for some time with the Orthopaedics Team at Bury Care Organisation on several schemes that will continue to support a reduction in GP referrals, e.g., introduction of FCP, Bury Integrated MSK Service. This work will continue alongside the three priority specialities, which it is believed will yield more short-term benefits.

Speciality	Bolton	Wigan	Oldham	Salford	Manchester	Stockport	Heywood, Middleton and Rochdale	Bury	Trafford	Tameside	Estimated cost pressure (£m)
Obstetrics	1.4	0.6	2.9	1.5	2.7	(1.8)	2.0	0.6	0.3	0.4	10.7
General surgery	7.6	3.4	(0.7)	0.9	0.2	(0.3)	(0.6)	(0.6)	(0.5)	(0.5)	8.7
Medical oncology	(0.2)	2.1	0.6	0.3	0.6	1.3	0.5	0.6	0.7	0.1	6.5
General internal medicine	(0.1)	(0.6)	0.1	(0.3)	(0.1)	6.7	0.1	0.1	(0.3)	(0.1)	5.6
Trauma & orthopaedics	1.2	1.9	3.8	1.8	(2.9)	(0.8)	0.2	0.9	(0.2)	(0.8)	5.2
Clinical psychology	0.1	(0.1)	(0.0)	1.6	1.8	0.0	(0.0)	0.0	0.1	(0.0)	3.4
Renal medicine	1.0	0.8	0.6	0.8	(0.5)	(0.4)	0.5	0.3	(0.1)	(0.7)	2.4
Anticoagulant service	(0.0)	1.0	0.0	(0.0)	1.0	0.3	0.0	(0.2)	0.2	0.1	2.3
Respiratory medicine	1.4	1.8	(0.2)	0.1	1.2	(1.4)	(0.4)	(0.0)	0.5	(0.8)	2.2
Clinical oncology	1.3	0.3	0.2	(0.1)	(0.2)	0.2	0.0	0.6	(0.1)	(0.3)	1.9
Estimated cost pressure (£m)	13.8	11.2	7.2	6.6	3.9	3.8	2.3	2.2	0.6	(2.7)	48.9

Delivery Programmes	Start Date
Cardiology - Revised Cardiology Pathway – straight to A&G, shared decision-making, diagnose to refer - Series of bi-monthly GP Education Sessions - Consultant Based Community Clinic Development - NCA Outpatient Transformation Programme - Cardiac Rehabilitation – Improving access and retention - Work with general practice to address unwarranted variation in referrals	Q2 23/24
Gynaecology - Front end pathway review with system partners - Work with general practice to address unwarranted variation in referrals - Review of low complexity pathways with primary care - NCA Outpatient Transformation Programme - Specialist Advice – NCA wide (pre referral A&G and post referral RAS)	Q2 23/24
Dermatology - E-Derma expansion - Work with general practice to address unwarranted variation in referrals - NCA Dermatology Improvement Programme - GM Dermatology Model of Care	Q2 23/24

Risk or Issue

- Counting of Specialist Advice and A&G to ensure all deflections are recorded.
- Resource/investment to continue e-Derma programme, subject to successful evaluation of pilot
- Estate availability to implement community-based clinics.
- Access to diagnostics to support diagnose to refer pathways.

Additional Support Required

- Support from GM for continuation of e-Derma, subject to successful evaluation of pilot and for DECIDE training.
- GM ICB RBMS review outcomes to be shared to inform Bury RBMS next steps.
- Investment required to increase community based diagnostic provision to support diagnose to refer pathways.

Bury Locality: A&E Attendances

NHS Greater Manchester Integrated Care

Describe the areas identified as opportunities

- **Localities should target 3 cohorts/specialties for A&E attendance.**

The Bury locality has chosen the following cohort of patients for target reductions for A&E attendances:

1. Mental Health, 1,216 attendances in the period May 22-Mar 23 have been identified relating to the target cohort of MH patients (based upon a proxy measure of any attendance in the period for self harm/poisoning). The staggered trajectory set is as a 5% reduction from December 2023

2. Respiratory (non paediatric) Under 75's (age 17-74), 1,712 attendances have been identified for the target cohort as A&E attendances for May 22-Mar 23 related to dyspnoea and difficulty in breathing. The staggered trajectory set is as a 5% reduction from December 2023

3. A&E over 75, 7,839 Bury attendances have been identified for the target cohort for May 22-Mar 23. The staggered trajectory set is as a 5% reduction from December 2023

The Bury locality is mindful of PWC locality analysis for A&E and Non Elective activity in particular the with regards to paediatrics admissions. This activity is however outside of NCA footprint and based primarily at the neighbouring MFT. The locality will review these findings though the Childrens Strategic Partnership Board and the Bury UEC Board.

Please note that NEL admissions and A&E attendances data for 2022/23 does not take account of growth assumptions.

Delivery Programmes	Start Date
1. Mental Health:	
a) Increase capacity in Bury Peer-led Crisis Service (Locality programme) (May 23)	May 2023
b) Implementation of 24/7 Home Treatment and Older Peoples Home Treatment	Sept 2023
c) Impl. of MDT approach to care planning as part of progressive impl. of living well model	Q4
d) Active case management and MDT approach within Neighbourhoods includes pts with MH	Ongoing (d/e)
e) Work to increase completion of SMI physical health checks	
2. Respiratory Under 75:	
a) Further development of the Virtual Ward Model across Bury in line with feedback from NHS Elective.	Ongoing
3. A&E Over 75:	
a) SDEC, continued development of the SDEC offer at FGH	Ongoing
b) INT's and RR are looking at frequent flyers that will then be put though active case management using an MDT approach across system partners	Ongoing
c) Inclusive of EOL within VW models and development of VW with Bury Hospice	Ongoing
d) AHP in A&E model	Ongoing

Risk or Issue

1	**Mental Health:** Ability to recruit suitably qualitied workforce and consultation requirements may delay mobilization. Multiple risks highlighted by providers around finance, information systems, contracts and workforce may delay implementation of Living Well model. Some challenges in ensuring reliable monitoring of A&E attendances by patients with an underlying MH problem
2	**Respiratory Under 75:** Ability to recruit suitable staff. All non elective assumptions are at risk of further COVID out breaks, the impact of Flu and potential extreme winter conditions.
3	**A&E over 75**: Flow through the hospital at pressures point impacting on SDEC. Ability to recruit suitable staff. All non elective assumptions are at risk of further COVID out breaks, the impact of Flu and potential extreme winter conditions.

Additional Support Required

- GM level leadership and support in addressing risks in relation to Living Well model implementation.
- Clarity on GM proposals for SDEC models following the GM review of all SEDC services

Bury Locality: Non-elective Admissions

NHS Greater Manchester Integrated Care

Describe the areas identified as opportunities

- **Localities should target 3 cohorts/specialties for non-elective admissions.**

The Bury locality has chosen the following cohort of patients for target reductions for NEL Admission:

1. Respiratory HRG Under 75 (17 -74), 1,253 Bury NEL admissions have been identified in the target cohort for May 22-Mar 23. Staggered trajectory set is as a 5% reduction from December 2023

2. General Medicine Over 75, 2,831 Bury NEL admissions have been identified in the target cohort for May 22-Mar 23. This excludes, cardiac, neuro and stroke patients. The staggered trajectory set is as a 5% reduction from December 2023

3. Care home admissions, 963 NEL admissions have been identified in the cohort for May 22-Mar 23 from Bury Care Homes. The staggered trajectory set is as a 5% reduction from December 2023

The Bury locality is mindful of PWC locality analysis for A&E and Non Elective activity in particular the with regards to paediatrics admissions. This activity is however outside of NCA footprint and based primarily at the neighbouring MFT. The locality will review these findings though the Childrens Strategic Partnership Board and the Bury UEC Board.

Please note that NEL admissions and A&E attendances data for 2022/23 does not take account of growth assumptions.

Delivery Programmes	Start Date
1. Respiratory Under 75 a) Further development of the Virtual Ward Model across Bury in line with feedback from NHS Elective. Particular focus on Frailty pathways. b) Inclusive of EOL within VW models and development of VW with Bury Hospice	Ongoing Ongoing
2. General Medicine Over 75: a) SDEC, continued development of the SDEC offer at FGH b) INT's and RR are looking at frequent flyers that will then be put though active case management using an MDT approach across system partners c) Inclusive of EOL within VW models and development of VW with Bury Hospice	Ongoing Ongoing
3. Care Homes: a) The PCNs continue to deliver the requirements of the Enhancing health in care homes (part of the PCN DES) b) - Every CH in Bury attached to member of RR doing regular visits to discuss H@H/RR and hospital avoidance, also linking into NWAS and meeting with GPs to educate them on RR	Ongoing Ongoing

Risk or Issue

1. Respiratory Under 75: Flow through the hospital at pressures point impacting on SDEC. Ability to recruit suitable staff. All non elective assumptions are at risk of further COVID out breaks, the impact of Flu and potential extreme winter conditions

2. General Medicine Over 75: Ability to recruit suitable staff. All non elective assumptions are at risk of further COVID out breaks, the impact of Flu and potential extreme winter conditions.

3. Care Homes: A number of the IIF targets which include care home specific ones have been stood down in favour of improving capacity and access. Risk of private care home closures due to cost of living crisis and also closures due COVD/Flu and norovirus outbreaks. Care home data provided by FGH from internal data collection not national returns.

Additional Support Required

- Clarity on GM proposals for SDEC models following the GM review of all SEDC services

Bury Locality: No Criteria to Reside

NHS Greater Manchester Integrated Care

Describe the areas identified as opportunities

- Targets by provider have already been set as part of the planning process.
- These targets are based on hospital sites
- Localities will be responsible for discharge of their patients from all hospital sites. Locality figures will be provided or agreed with Trusts.
- In order to prepare for winter and as this is a pre-existing objectives target a trajectory reducing to target levels by September.

Locality	Acute Site	2022/2023 (COO Elective Restart)	2023/2024
Bolton	Bolton	60	58 (↓2)
Bury	Fairfield	40	39 (↓1)
Oldham	Oldham	35	34 (↓1)
Rochdale	Rochdale	2	2
Salford	Salford	127	122 (↓5)
Manchester & Trafford	MRI	80	77 (↓3)
	NMGH	50	48 (↓2)
	Wythenshawe	80	77 (↓3)
	Trafford	30	29 (↓1)
Stockport	Stockport	50	48 (↓2)
Tameside	T&G	60	58 (↓2)
Wigan	Wigan	60	58 (↓2)
Greater Manchester		**674**	**650 (↓24)**

- Absolute NC2R numbers don't take into account the length of delay and, therefore, bed days lost. It would be advantageous for localities to target longer delays. See info below.

PATIENT STATUS

Pathway	Threshold			
0	1 Day	2- 4 Days		5 Days
1	1 Day	2 - 3 Days	3 - 19 Days	20 Days
2	2 Days	3 - 5 Days	5 - 19 Days	20 Days
3	2 Days	3 - 5 Days	5 - 19 Days	20 Days
Unknown	1 Day	2 - 4 Days		5 Days

https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/PathwayPatientJourney-AwaitingDischarge_16590007042050/About?:iid=1

Delivery Programmes	Start Date
Discharge Frontrunner Programme	April 2023
Implementation of recommendations from ECIST review of Integrated Discharge Team	June 2023
Workstreams within Care Organisation patient flow and discharge collaborative group	May 2023
Review of meetings and escalation processes in and out of area patients.	August 2023
Across system work with, intermediate, community services and private care providers	July 2023
*NB – assumptions made for figures No criteria to reside - main provider – *Fairfield General Hospital Site – all localities* No criteria to reside – locality – *All Bury residents any hospital site – baseline is from FGH and North Manchester* Projected - No Criteria to reside - bed days lost – *Main provider site (FGH) - all localities*	

Risk or Issue

Care Organisation Risk related to NC2R (DKAFH) is:
If the number of patients on the Days Kept Away from Home (DKAFH) list do not reduce then patients will be kept in hospital unnecessarily leading to increased harm for those patients (e.g. increased risk of infection, deconditioning) and for other patients attending the emergency department and requiring admission to an acute bed (e.g. reduced ED capacity, trolley waits in ED).

Additional Support Required

Support with out of area patients
GM meeting took place 17th April 2023 – continue with work across GM re. out of area patients.

Bury: Mental Health OAPs and Clinically Ready for Discharge

NHS Greater Manchester Integrated Care

Describe the areas identified as opportunities

- The NHS Operational Planning objective is to reduce OAPs. The aim is to have no OAPs by the end of March 2024.
- Reduction in MH inpatients who are clinically ready for discharge will support mental health Trusts to manage overall capacity. There will be an indirect benefit to reducing out of area placement levels and urgent care access.
- GMMH will average 25% reduction in clinically ready for discharge numbers. PCFT to be confirmed. Locality specific figures will be provided as soon as possible. These will be reported on a consistent 'pathway basis' as NC2R
- The current Out of Area placement trajectories in the GM plan as submitted to NHSE are as follows. The planning target is for zero so GM should set more ambitious targets internally. These figures will be broken down by locality and will represent a minimum ambition for localities.

	Q1	Q2	Q3	Q4
PCFT	2425	2413	2172	1690
GMMH	2200	1700	1300	1113
ICB	4625	4113	3472	2803

Delivery Programmes	Start Date
Mental Health Urgent Triage service redesign – MHP/GMP/VCSE triage MH 999 calls based in NWAS EOC (GM-wide programme)	July 2023
Increase capacity in Bury Peer-led Crisis Service (Locality programme)	May 2023
Implement Older People's Crisis Resolution and Home Treatment Team (Locality programme)	Jun 2023
Commission additional MH supported accommodation options (Locality programme)	Apr 2023
Implementation of 24/7 Crisis Resolution and Home Treatment (Locality programme)	Jun 2023
Commissioning complex dementia step down resource (8 beds)	July 2023

Risk or Issue

- If there is insufficient acute bed capacity in GM then it is unlikely that the target for significantly reducing OAPs will be achieved even if admission avoidance and DTOC initiatives are optimised.
- Inability to recruit suitably qualified staff may delay full implementation of Older People's Crisis Resolution and Home Treatment Team and 24/7 CRHT provision.
- If there is insufficient appropriate community step down accommodation options this will be a limiting factor in reducing DTOC and improving flow.

Additional Support Required

- Locality level reporting of DTOC data.
- GM leadership of MH Urgent Triage redesign.
- GM and Trust-wide programme to support consistent application of good practice in relation to discharge planning and co-ordination.

Bury Locality: QIPP

NHS Greater Manchester Integrated Care

Describe the areas identified as opportunities

- **CHC** – review packages of care and ensure that the costs incurred are appropriate, including utilisation of Person Health Budgets. Work is ongoing with regard to data quality alongside the clinical work
- **CHC** – the current split of schemes is Green - £508k and Amber £508k
- **Prescribing** – a number of schemes have been identified but the removal of rebates to be a central scheme has created a pressure of £360k, as these were initially included as a CCG scheme. Furthermore the uncertainty around staffing allocations means that the full target is not currently deliverable.
- **Prescribing** – the current split of schemes is Green - £302k, Amber £134k, Red - £581k
- **Estates Subsidies** – reduction in subsidies for those practices that are an outlier, this needs support from NHS GM and an NHS GM wide push on this in all localities to give the Bury locality the best chance of delivery of this scheme
- **Estates Subsidies** – this is currently red rated and the value is £120k
- **Unidentified Stretch Target** – this was an additional target given to localities to support delivery of an NHS GM overall break even position, this is currently unidentified and red rated with a value of £109k

Delivery Programmes	£ Target
CHC – Green £508k, Amber £508k	£1,016k
Prescribing – Green £302k, Amber £134k, Red £581k	£1.017k
Estates Subsidies – Red £120k	£120k
Unidentified Stretch Target – Red £109k	£109k

Risk or Issue

Prescribing – Staffing & rebates
Estates subsidies – 2022/23 scheme that is rolled over as we could not progress due to NHS GM Position
Vacancy factor – the 14% vacancy factor centrally applied to staffing budgets means that the delivery of schemes will be compromised if any members of staff leave as they will not be able to be replaced in a timely manner.

Additional Support Required

Locality Finance, Performance and Outcome Standards

Locality:	Bury
Template completed by:	Kath Wynne-Jones

Opportunity	Baseline data	Baseline period	Target	Trajectory											Total Deflection	Notes
				May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
Referral Rates																
Cardiology Service (est excl 2WW)	1,857	May-Mar 22/23	2.7%	1	1	2	3	4	5	6	5	7	8	9	51	Trajectory reflects the numbers being deflected in each month
Dermatology Service	2,635	May-Mar 22/23	2.7%	1	3	3	5	6	7	7	7	8	11	12	70	
Gynaecology Service	2,470	May-Mar 22/23	2.8%	1	2	3	4	6	5	7	7	10	10	13	68	
A&E attendances																
Age 17-74 Estimated MH Attendances	1,216	May-Mar 22/23	2.5%	0	0	1	2	3	4	4	3	4	5	5	31	Trajectory reflects the numbers being deflected in each month
Age 75+ A&E Attendances	7,839	May-Mar 22/23	3.1%	0	0	6	12	18	24	30	38	37	35	43	243	
Age 17-74 Dyspnea/Difficulty Breathing	1,712	May-Mar 22/23	3.4%	0	0	1	2	3	6	8	14	10	7	8	59	
Admissions																
Age 17-74 Respiratory (DZ) subchapters	1,253	May-Mar 22/23	3.2%	0	0	1	1	2	4	6	8	7	6	5	40	Trajectory reflects the numbers being deflected in each month
Age 75+, Gen Med Spec, excl Cardio, Neuro, Stroke	2,831	May-Mar 22/23	3.1%	0	0	2	5	6	8	9	16	14	12	15	87	
Admissions from Care Homes	963	May-Mar 22/23	2.5%	0	0	1	2	2	3	3	4	3	3	3	24	
Discharges																
No criteria to reside - main provider	Mean 63 Range 34-101	01/04/22-31/03/23	39	80	70	65	60	55	50	50	45	45	40	39		
No criteria to reside - locality	Mean 70 Range 64-75	01/05/23-15/05/23	39	70	67	64	61	58	55	52	49	46	42	38		Only currently available for NMGH/FF
Projected - No Criteria to reside - bed days lost				1040	910	845	780	715	650	650	585	585	520	507		
Mental health - Out of Area placements	OAP bed days are managed on a PCFT footprint basis and monitored as a GM trajectory															
Mental Health - Clincally ready for discharge	This is not data that is routinely monitored at locality level and PCFT will need to provide															

38
32