

TAMESIDE HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Health and Care Update - November 22

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Agenda

- System Recovery
 - On-going pressures/admission avoidance/discharge
 - The role of Tameside and Glossop ICO FT in the planning and delivery neighbourhood and community health care (Provider Partnership)
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RECOVERY



Delivery plan for tackling the Covid-19 backlog of elective care

1. Eliminate one year waits by March 2025

- **No two year waits by July 2022.**
- **No patient will wait over 18 months by April 2023**
- **No patient waiting over 65 weeks by March 2024**

2. Reduce diagnostic waiting times, with the aim of least 95% of patients receiving tests within 6 weeks by March 2025.

3. Deliver the cancer faster-diagnosis-standard, with at least 75% of urgent cancer referrals receiving a faster diagnosis within 28 days by March 2024 (support NHS Long Term Plan and early diagnosis).

- **Return the 62 day backlog** (waiting more than 62 days) to pre-pandemic levels by **March 2023.**

4. Reduce Out Patient (OP) waiting times by transforming the model of care and use of technology

- Work with patient groups and stakeholders to **better monitor waiting times and patients experience** of waiting for first OP appointment over **next three years**

Recovery Performance

1 - ELECTIVE BACKLOG

As at 16th October:

- 0 patients are waiting **104** weeks or more,
- 37 patients are at **78** weeks and
- **1032** patients are on the list who have waited **52 weeks**

On plan to achieve the restoration requirements on activity numbers overall and to eliminate one year waits by 2025.

2 – DIAGNOSTICS

As at Sept 22:

- **85.8%** of patients received their diagnostic test within **6 weeks** for a diagnostic test (which is a 4% improvement from August 22)

Trust is at 116% recovery to reduce waiting times by March 2025.

Recovery Performance

3. CANCER - In July 22:

- **58.23%** patients were treated within **62 days** from suspected cancer referral to first treatment (Standard of 85%)
 - **77.17%** patients were seen within **28 days** from suspected cancer referrals to receiving their first definitive treatment for cancer (GM 61.39%) following an urgent referral. Faster Diagnosis Standard target 75%.
 - **86.06%** patients were seen within **2 weeks** from referral for suspected cancer (GM 74.57%) Standard of 93%
- on track to return 62 day backlog to pre-pandemic levels by March 2023 and deliver the FDS by March 2024*

4. OUTPATIENTS - In Sep-22:

- **22.7%** of Outpatient Attendances were carried out as **Telephone or Virtual Activity**.
- **2%** of outpatient appointments were on **Patient Initiated Follow Up** pathways (target 5% by March 23).
- The Trust provided Advice & Guidance for **18** cases per 100 requests for outpatient appointments (target is 16 per 100 or more)

25% Reduction of outpatient follow up appointments by March 23 very challenging

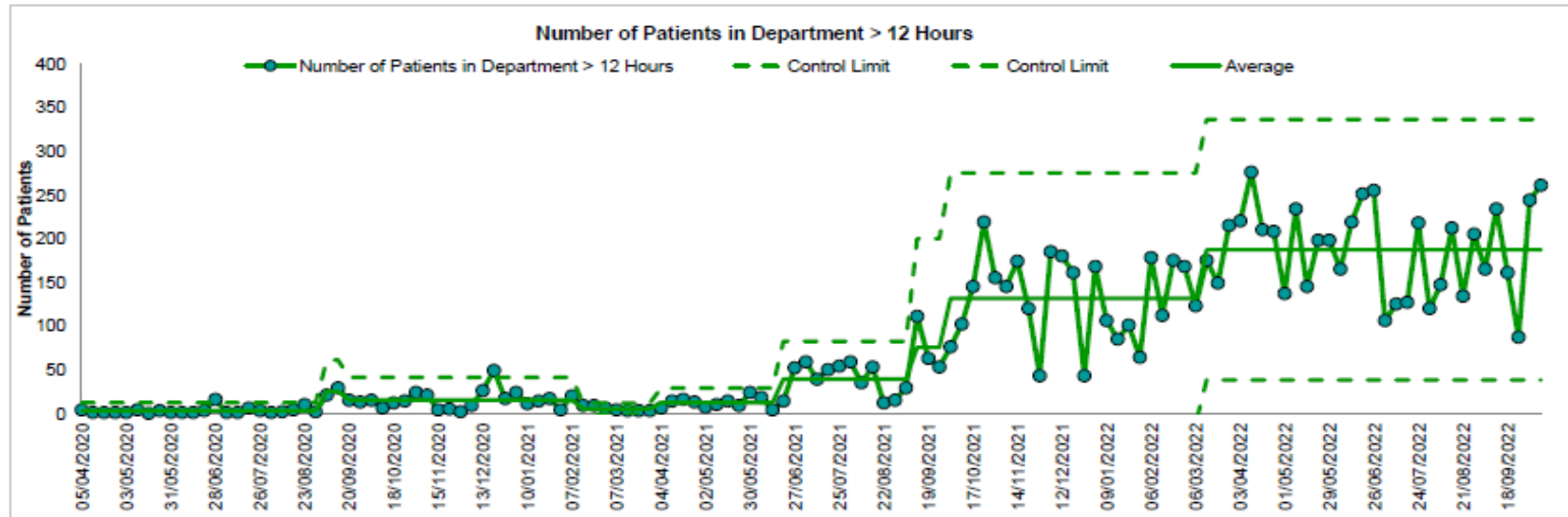


PRESSURES

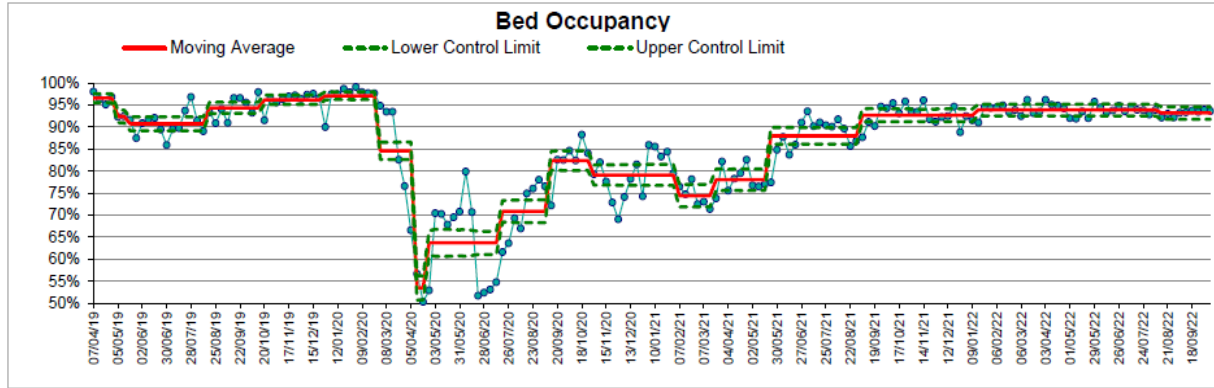


Urgent Care

- **60.9%** performance week ending 9th October; 2,467 attendances up by 6.8%
- Significant numbers of patients waiting > **12 hours in ED**
- **Average** Ambulance Handover waits –25 mins (2nd in GM).



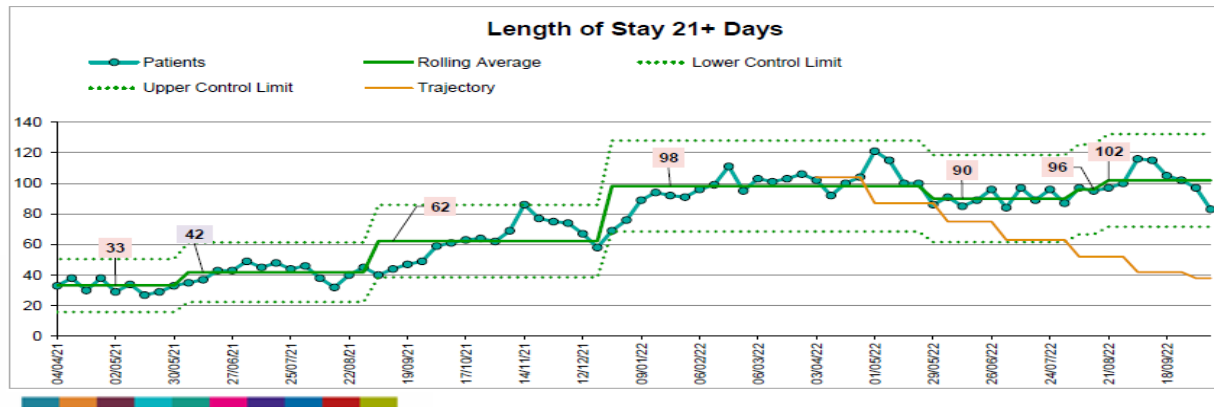
Bed Occupancy and Delayed Transfers of Care



•Adult General and Acute bed occupancy of 98.7% since April 1st; **99%** week ending 16th October.

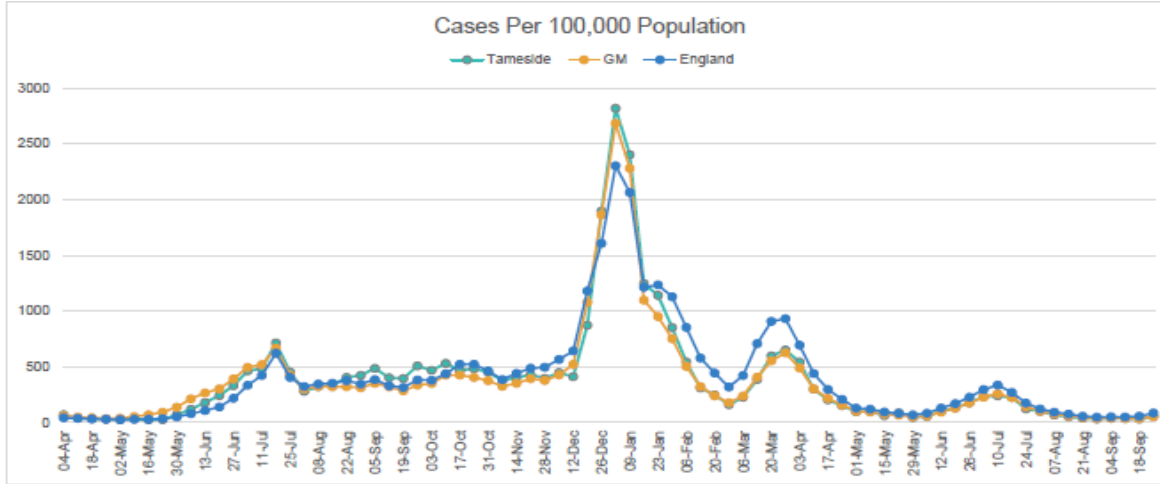
Date	17/10/22	18/10/22	19/10/22	20/10/22	21/10/22	22/10/22	23/10/22	Average
No Criteria To Reside	51	56	60	60	59	56	54	57

•**57** patients with ‘no criteria to reside’ average for week commencing 17th October



•**88** patients with LoS of 21+ days as at 13th October. Both metrics improving.

COVID Pressures



Tameside & Glossop Integrated is expected to need 16 (3.5%) and will likely not need more than 30 (6.6%) out of the 457 currently open beds for patients with COVID-19 in three weeks time

2022-10-12	+1 week (2022-10-19)	+2 weeks (2022-10-26)	+3 weeks (2022-11-02)
3.1% reported usage*	3.9% expected usage	3.9% expected usage	3.5% expected usage
14 beds	1.8% - 6.3% 18 beds (+4)	1.5% - 6.8% 18 beds (+4)	1.3% - 6.6% 16 beds (+2)

*Reported values may be lower than expected due to missing returns and weekly reporting variations

Valid as of 2022-10-13

- Tameside’s case rate for the most recent week (2nd October) was 66/100,000 of population, compared with a rate of 60 for GM, 98 for England.
- 15 COVID +ve inpatients on 13/10. Last week mean of 22.
- TGH is expected to need 16 beds in three weeks.



Examples:

- Virtual Wards
- Community Falls Response Service
- Digital Health Service Hubs
- Tameside Living Well
- Prevention and Early Identification

- Enhanced Health in Care Homes:
 - Rolled out to all care homes in Tameside & Glossop and expanding to other localities in the North West;
 - To develop a virtual step up pathway to enable closer monitoring of care home residents
- Virtual Wards
- Anticipatory Care
- Rapid crisis response service
- Community response (F2F wound care / Community Response call out)
- Call before you go:
 - Point of contact for bookable ED/UTC via NHS111;
 - Digital Health clinicians would respond to all 111 referrals for further clinical assessment.
- Digital ED:
 - Digital Health clinicians having direct access to refer patients into SDEC or LIVI urgent treatment centre for further assessment and/or treatment.
 - Digital Health clinicians based in ED streaming patients and making every contact count.

ACTIVITY	BENEFIT 2017 – Mar 22
Reduction in Emergency Department Attendances	9,500 attendances
Emergency Admission reductions	circa 4,500 admissions
Bed days saved	13,700 bed days saved
Number of acute Beds saved	450 beds
GP care home visits saved	7,500 visits
Care Home Hours saved (not spent at ED)	34,000 hours
District Nursing Visits to Care Homes	300 saved
INDICATIVE SAVINGS	£4,100,000

Integrated Urgent Care Team (IUCT)

- IUCT is a multi-disciplinary, multi-agency service which aims to:
- Provide crisis response within 2 hours of referral.
- Provide re-ablement to people in their own home within 2 days.
- Reduce demand on acute services.
- Reduce length of stay for people by supporting faster discharge using the Home First model.
- Support the reduction of delayed transfers of care by providing the initial wrap-around care for people in their own homes.

The integrated team includes:

- Nurses
- Physiotherapists
- Social workers / assessors
- Assistant practitioners
- Occupational therapists
- Customer care officers / coordinator

Vehicle for delivering two key NHS Long Term Plan Commitments:

- ✓ Provide crisis response within 2 hours of referral.
- ✓ Provide re-ablement to people in their own home within 2 days.

Both standards currently being achieved by IUCT

BENEFIT HIGHLIGHTS:

Since April 17 – Sept 21;

- Total indicative savings £2m
- 13,503 bed days saved
- Saves average of 9 acute beds per month
- Contributed to ED performance

There are a large number of services available in Tameside, but despite the wealth of support, **over 2400** people have attended A&E 5 or more times within the last 12 months, resulting in **15,613** separate attendances.

Launched in August 2022, the Living Well+ service will identify and proactively engage with a rolling cohort of people who are heavily relying on unscheduled services for their health care. The service will predominately work with people who have attended A&E more than 5 times in the previous 3 months but also work with other partners across the system where people are intensely using a service but it may not be the right service for them i.e. our Police and Primary Care Colleagues.

Using a personalised 1:1 coaching approach to uncover the underlying reasons for accessing emergency health care services, the Living Well+ Service will provide a de-medicalised, de-criminalised and human approach to supporting people to navigate what can be a complex health and social care system, standing by their side, until they have confidence to self-manage.

With a focus on practical and emotional support, the service will work alongside people to address social issues, alcohol dependency, mental health, criminal justice, loneliness, and potentially some extremely complex medical presentations. The majority of interactions and support will involve addressing a combination of these factors. The main difference is that the Living Well+ Service will have the luxury of 'time' to spend with people that most other services, under immense pressure, don't currently have.

The by-product of individualising support for people and truly understanding what they need, is that activity to unscheduled, primary and emergency care is dramatically and sustainably reduced

The Living Well + service will be proactive and responsive, it will link with services already in place within Tameside to maximise existing integrated working and a robust network approach across system partners; avoiding duplication or omission where people are falling through the gaps and be an outcome focused service.



Targeted Lung Health Checks



- T&G nominated for Phase 1 roll out of National Targeted Lung Health Check Programme.
- Lung health checks offered to people throughout T&G, aged 55 - 74, who smoke or used to smoke.
- T&G took a collaborative approach to work through the complex interdependencies that exist across GM, and the learning at T&G will help shape the wider GM rollout and further expansions at a national level.
- This programme will help find Lung Cancers early, and at a stage when treatment could be simpler and more successful - ultimately saving more lives.
- Launched in July 2021 – 2 neighbourhoods completed (Ashton & Denton) & partway through Hyde.



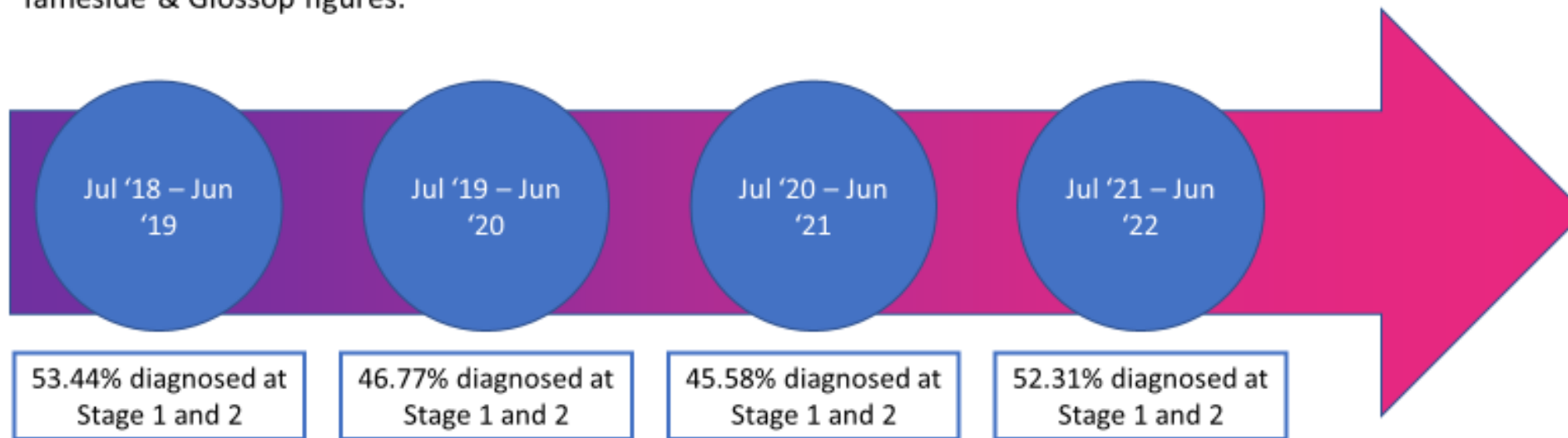
- ✓ 29,270 invited so far (50% of the eligible cohort)
- ✓ 9508 TLHC completed (F2F or telephone)
- ✓ 4847 CT scans completed
- ✓ 102 2ww referrals for possible lung cancer
- ✓ 2450 referrals to CURE programme for smoking cessation
- ✓ 63 lung cancers identified (40x stage 1 (63%), 9x stage 2, 5x stage 3, 9x stage 4).
- ✓ 7 other cancers diagnosed + 135 incidental findings.




Prevention and Early Identification

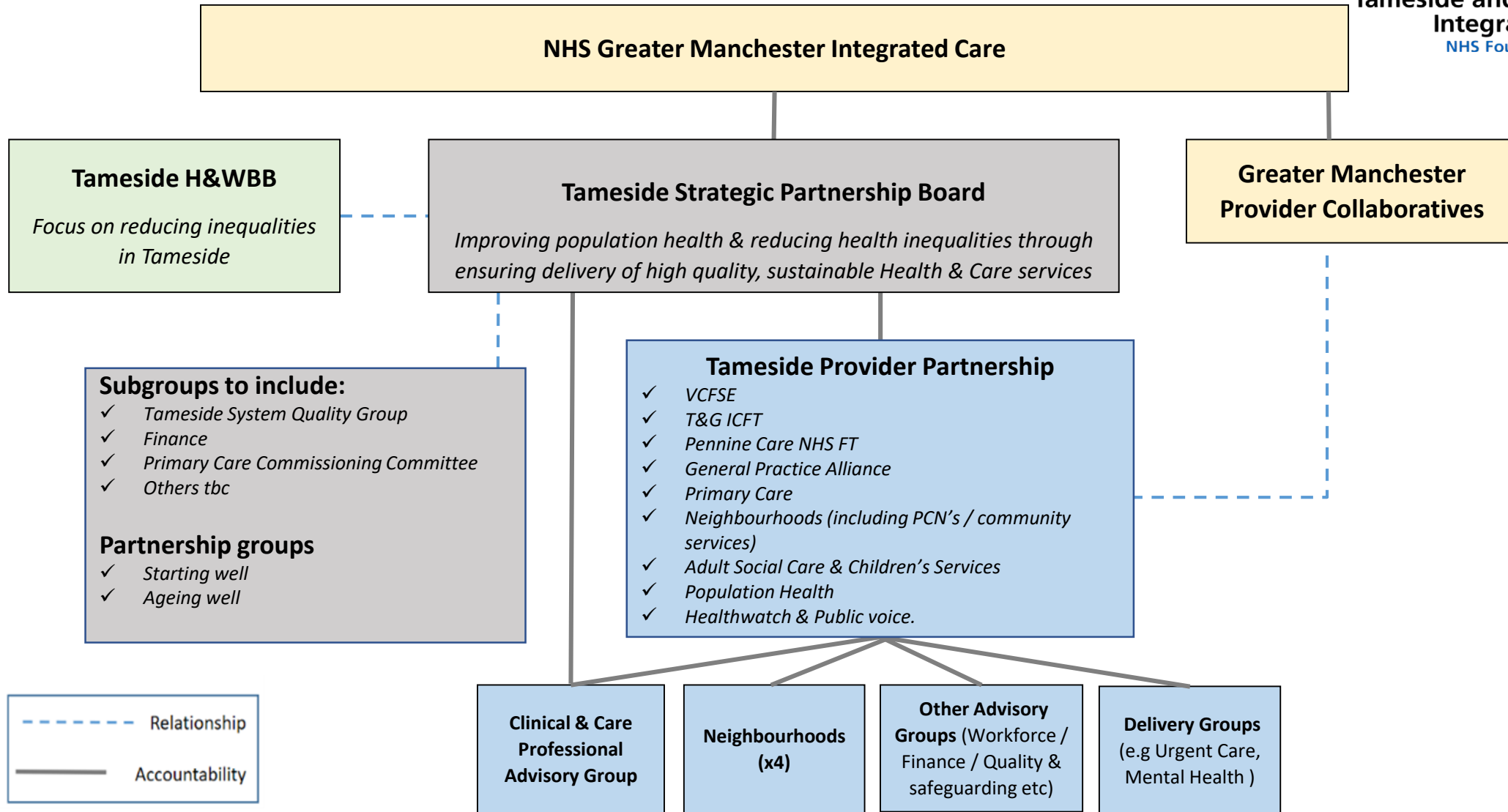
Long Term Plan ambition: 75% of patients to be diagnosed with cancer at stage 1 or 2 by 2028

Tameside & Glossop figures:



- Demand for Social Care  and is expected to continue to rise
- Short term pressures in terms of domiciliary care to support patient discharges
- Discharge to assess service
- Medium/long term plans to develop the future health and care workforce (Tameside's work in those areas acknowledged by GM)
- Prevention and Early Identification

Role of Provider Partnership



OVERVIEW

Strategic plan and health and care priorities set by
TAMESIDE STRATEGIC PARTNERSHIP BOARD



Providers come together through **TAMESIDE PROVIDER PARTNERSHIP** to deliver the objectives



Transformation in Services is delivered in
NEIGHBOURHOODS

Tameside Strategic Partnership Board

- Locality strategic entity which provides a forum for decisions and investment in Tameside within delegated limits (from GM ICB).
- Provides strategic plan and direction for Tameside Health and care providers.
- Members include:
 - Chair: TMBC Leader
 - Place-based lead: Chief Executive TMBC
 - TMBC officers and elected members
 - GMICB Tameside: nursing, strategy & finance
 - Provider Partnership Chair
 - NHS organisations
 - GP Alliance Chair
 - VCFSE Alliance & wider partners, including Healthwatch.
- Scheme of accountability and delegation in place with GMICB and 2-way accountability agreement.

Tameside Provider Partnership

- Initially Voluntary alliance of Tameside Health & Care Providers which will seek to represent a single view of Providers.
- Delivery forum for the strategic plan prescribed by the Strategic Partnership Board.
- Members include:
 - Chair: Chief Executive T&G ICFT.
 - Deputy Chair: VCFSE representative.
 - To include as a minimum representatives of T&GICFT, PCFT, TMBC, Tameside GP Alliance, VCFSE alliance, Healthwatch.
- Constituent organisations to discharge agreed obligations.
- Provides leadership across providers on collaboration to deliver improved outcomes and reduce health inequalities.
- Interface with GM PFB and PCB to discharge place based obligations of these bodies.

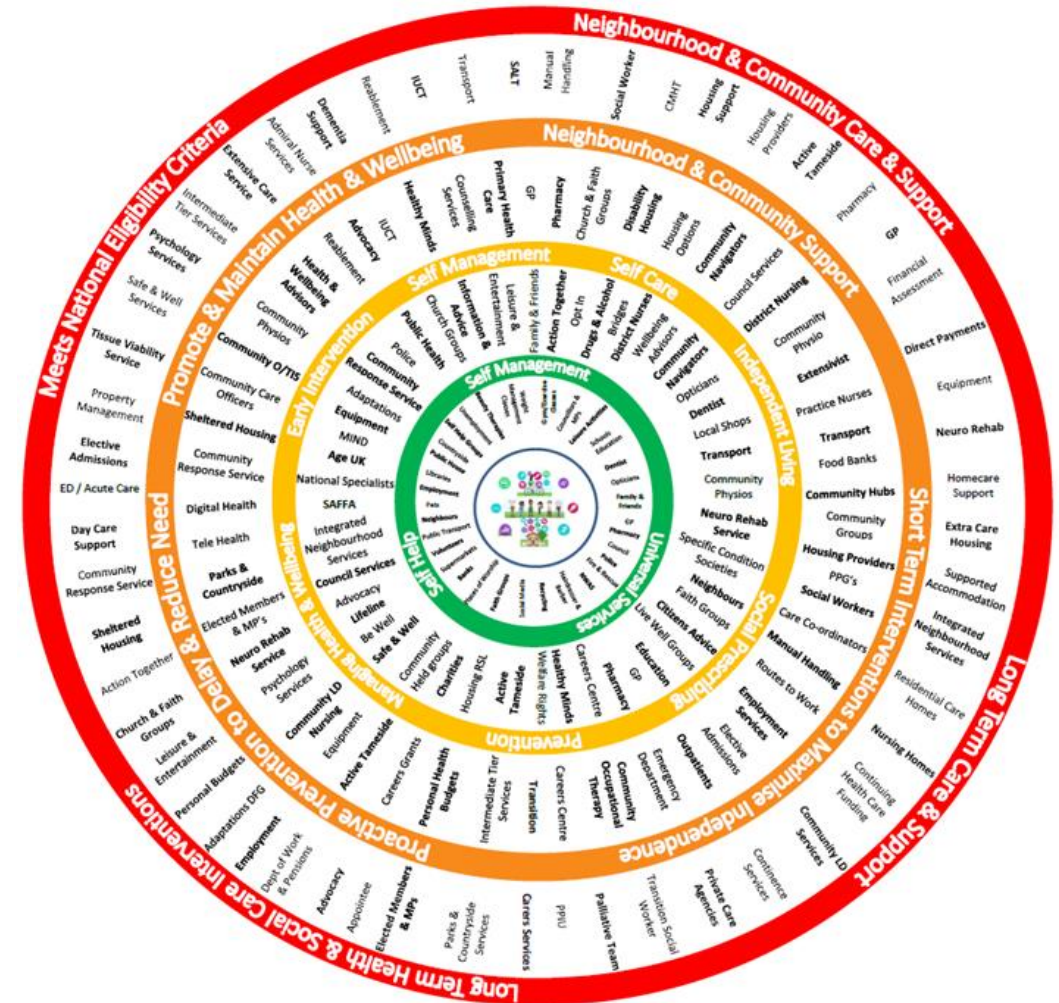


Neighbourhoods are the building block for the system

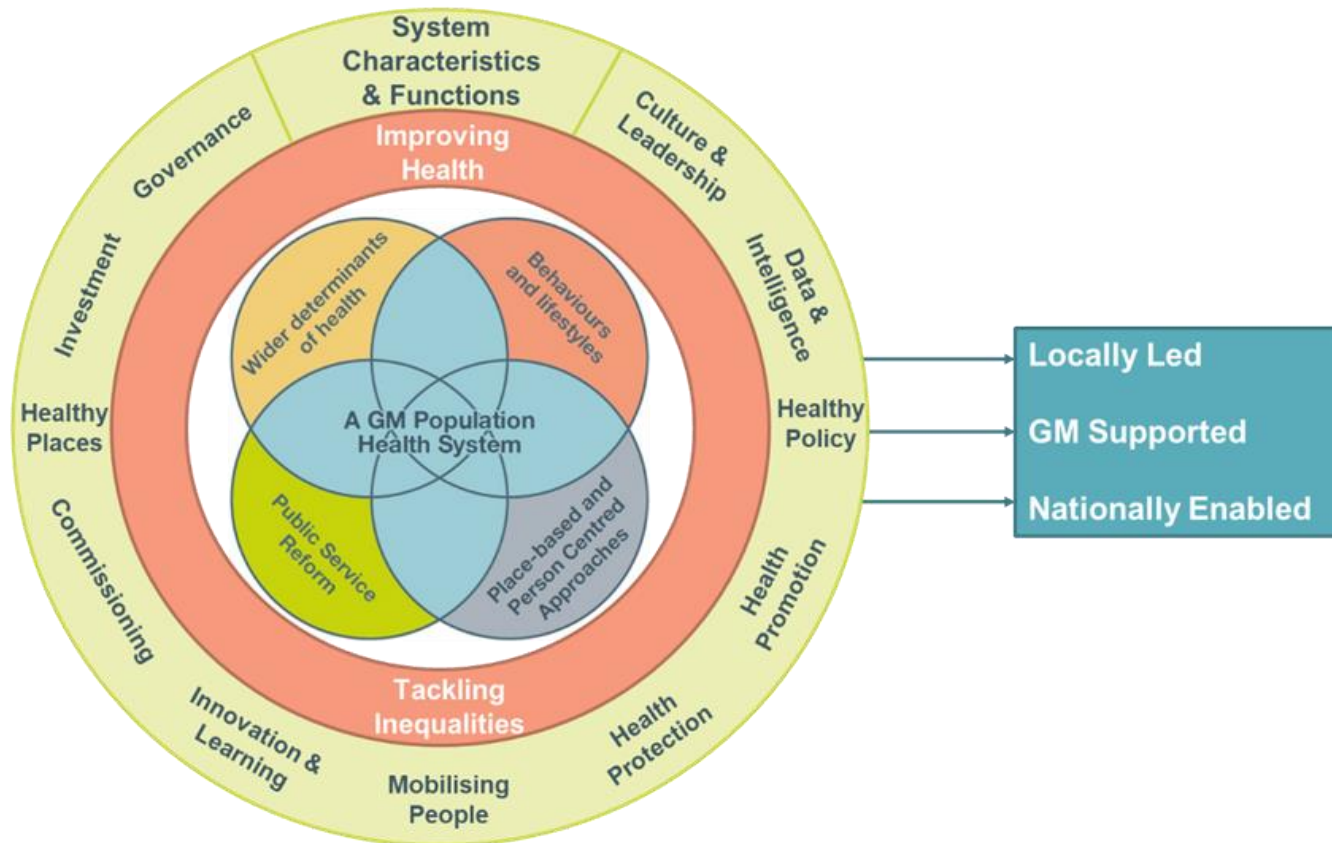
- Tameside will only achieve its intended objectives with strong connections to our local neighbourhoods.
- We are committed to further connect services at the neighbourhood level, co-designed around the needs of people and communities.

We will re-set our neighbourhood model to:

- Comprise a core team with specialist services & partners when needed.
- Deliver integrated services covering the full range of public service.
- Take a proactive and preventative approach, intervening early where needed.
- Be centred around the person (Do with not to)
- Partner with organisations outside of the health and care sector, to ensure that the wider determinants of health and wellbeing are integral to the support people are offered.



Population Health Framework



- The **Provider Partnership** will develop its work programmes through a lens of 'improving population Health' with targeted work programmes to respond to specific TAMESIDE health and wellbeing priorities (e.g. focussing on prevention and education to reduce alcohol related issues)
- In order to meet our ambitions, our locality system must be designed in a way that incorporates system characteristics which make up a population health system.
- The GM Population Health Framework details the **Core System Characteristics** and the locality/neighbourhood conditions and functions required to deliver these characteristics
- The Tameside Integrated Care System will be designed to support this framework, led by a self-assessment against the characteristics below. Supported by the role of the Health & Wellbeing Board



Progress on health and wellbeing in Tameside

- The health of people in Tameside is generally worse than the England average.
- Tameside is one of the 20% most deprived authorities in England and about 18.9% (8,580) children live in low income families.
- Life expectancy for both men and women is lower than the England average.
- Despite this context we have made significant progress over recent years.

Outcome	Time frame	TAMESIDE		Greater Manchester		North West		England	
		Value	Change	Value	Change	Value	Change	Value	Change
Healthy Life Expectancy	2016/18	60.4 years	↑	60.9 years	↑	61.6 years	↑	63.4 years	↓
	2017/19	61.9 years	1.5 years	61.7 years	0.8 years	61.7 years	0.1 years	63.2 years	0.2 years
	2016/18	58.3 years	↑	60.8 years	→	62.5 years	↓	63.9 years	↓
	2017/19	58.7 years	0.4 years	60.8 years	0 years	62.2 years	0.3 years	63.5 years	0.4 years
Smoking in pregnancy	2019/20	13.6%	↓	11.1%	↓	12.2%	↓	10.4%	↓
	2020/21	10.2%	3.40%	9.8%	1.30%	11.0%	1.2%	9.6%	0.80%
Adult smoking prevalence	2019	18.2%	↓	16.0%	↓	14.7%	↓	13.9%	↓
	2020	15.6%	2.6%	14.9%	1.1%	14.5%	0.2%	12.1%	1.8%
Alcohol specific hospital admissions (per 100,000)	2019	871	↓	878	↓	891	↓	644	↓
	2020	756	13.20%	764	12.60%	795	10.80%	587	8.90%
<75 preventable mortality per 100,000	2019	198.5	↓	186.7	↑	176.1	↓	140.6	↓
	2020	196	1.30%	187.7	0.50%	175.2	0.50%	140.5	0.10%
< 75 preventable cancer deaths	2019	81.5	↓	73.9	↓	67.5	↓	55.8	↓
	2020	80.3	1.5%	71.8	2.8%	65.3	3.3%	54.1	3.0%



QUESTIONS

