

BRIEFING PAPER FOR SCRUTINY PANEL – JANUARY 2019

1. Introduction

- 1.1 During the past 12 months Tameside & Glossop Integrated Care NHS Trust (T&G ICFT) has been working collaboratively with our partners in the locality including; Tameside Metropolitan Borough Council (TMBC), Derbyshire County Council, the Clinical Commissioning Group, Primary Care, Care Homes and Home Care providers in order to design and implement initiatives which will better support people when they experience the need for urgent care.
- 1.2 The ICFT is also engaged in work across Greater Manchester (GM), particularly through the Urgent Care Hub which is developing processes aimed at supporting hospitals within the GM footprint when the demand for emergency and urgent care is high.
- 1.3 The work undertaken through these partnerships has contributed to managing demand across our local system more effectively. If performance against the 4 hour standard for Emergency Departments is taken as a proxy measure for how well a system is able to respond to emergency/urgent demand, then Tameside and Glossop has demonstrated stronger performance across this year (April to December) than all systems in Greater Manchester and many nationally. The sections below provides some details of performance followed by brief descriptions of some of the programmes of work that have supported this.

2. Performance

- 2.1 The Urgent Care system within this locality has performed well since the beginning of this financial year relative to others at both a local and national level. The 4 hours standard for Emergency Departments (95%) has not been achieved at a national level since July 2015. Given the level of performance nationally, NHS Improvement (NHSI) set a trajectory of improvements for organisations dependant on their previous levels of performance. T&G ICFT have met or exceeded the standard for the first two quarters of the year. The year to date performance as at December 24th is 92.59% with performance in the months of October and November being at 93.56% and 92.1% respectively, placing the Trust in the top 27 out of circa 130 hospitals that report against this standard. At the time of completing this report it is anticipated that December performance will be in the region of 90%.
- 2.2 The Emergency Department has completed a number of projects during the year, including an expansion of the department which was supported by NHSI through capital funding of £1.3m and opened on 21st December 2018. This increase in

physical space will assist the treatment of minor presentations which will be streamed into this area, releasing additional cubicles for the care of emergency patients. This will also assist in reducing ambulance handover times and ensuring that crews are able to leave the department in a timely manner allowing them to respond to other calls.

- 2.3 There have also been developments in clinical information systems within the Emergency Department including the use of Smartboards which assist in predicting demand and the E-Cas card which supports electronic record management.
- 2.4 The Trust admits approximately 25% of patients attending the Emergency Department which is a lower number than some organisations across GM. This is due to the development of other services such as Admission Avoidance, Digital Health, and Ambulatory Care which all assist in supporting un-necessary admission to hospital. The emergency re-admission rate within 30 days to hospital, which is monitored on a monthly basis, is year to date 12% against a target of 12% though for November slightly higher at 12.32%.
- 2.5 In addition to improvements within the Emergency Department itself and those that assist in avoiding un-necessary admissions, it is also important to ensure that the length of stay of patients in the hospital is not extended beyond that required to ensure people are well enough to be discharged. For some people this discharge process can be complicated, since the illness they have experienced can mean that their needs for care may have increased to a level which exceeds that of their previous requirements. In these instances partnership working between health and social care colleagues is essential if this process is to be streamlined and delays to discharge times reduced.
- 2.6 In Tameside and Glossop, senior leaders from a range of services meet on a weekly basis to review those patients whose time in hospital may have been extended due to complex reasons. Those people with a length of stay above 7 days and above 21 days are reviewed and actions taken, both in regards to individual circumstances and when wider system changes are required to ensure more effective discharge processes.
- 2.7 The local health and social care system is monitored in a number of ways to assess the length of stay in hospital. One of these metrics is referred to as Delayed Transfers of Care (DTOC) and is reported monthly. The measure is related to the number of bed days lost due to DTOC and the reasons behind this. In the period April to November 2017/18, the number of beds lost was 7,244 compared to 4,144 in the same period for 2018/19. This is a significant reduction and has assisted in keeping bed occupancy below 90% since September. This of course assists with the availability of beds in the hospital and reduces the risk of significant delays in the Emergency Department and importantly, reduces the risks for people that can be associated with a long stay in hospital.

3. Tameside & Glossop Locality Work

3.1 As the Panel will be aware there has been a significant amount of transformational work undertaken across the locality which has been focused on supporting people to remain well and, when they do experience ill-health, that services are designed to support them more effectively at home. There has been a continuing focus on implementing and extending those new models of care that were described at a previous Scrutiny Panel attended by representatives of the ICFT in March 2018. Since several of these new services are aimed at supporting people at home, they assist in preventing un-necessary attendances at the Emergency Department and admission to hospital. These include:

- Digital Health working with Care Homes and Community Response Service.
- Digital Health working with North West Ambulance Services (NWAS) to respond to less urgent calls which has reduced the number of ambulance responses required.
- Digital Health working with GPs and hospital consultants to direct patients to the Assessment Unit rather than via the Emergency Department which has reduced admissions to hospital.
- Extensivist Team supporting people who have long term conditions for which they have had several attendances at the Emergency Department in recent months.
- Integrated Urgent Care Team supporting people in their homes to help prevent admission and support discharge.

4. Quarter Four

4.1 Previous experience indicates that Quarter 4 is the most challenging of the year both in terms of the number of people attending the hospital and the acuity with which they present. The partner organisations working within Tameside and Glossop have developed a winter plan which builds on the transformational work already underway. The plan is developed collectively and aimed at addressing possible constraints in the system which impede the smooth flow of people in and out of the hospital. It aims to support people to remain at home when possible and if they require a period of hospitalisation to be discharged as soon as is appropriate.

4.2 Local authorities were provided with additional funding to support winter planning and the decisions as to how this funding should be utilised have been discussed and agreed at the local Urgent Care Delivery Board. Funding is non-recurrent and has been allocated to a number of schemes including:

- Voluntary sector received funding to support vulnerable people in the community who may be at risk during the winter period.

- Short term increase in the availability of care home beds to assist with discharge from hospital or step up from the community for people who may require increased support for a short period of time.
 - Short term increase in staffing for some teams to assist in admission avoidance and support on discharge.
 - Short term increase in staffing in Re-ablement to support people to regain independence following a period of deterioration in health.
- 4.3 The hospital has plans in place to open an additional 12 beds if demand increases significantly over this period. Workforce remains a challenge as it is across many organisations, both within health and social care and therefore it will be necessary to employ agency staff to support the opening of additional beds.

5. Summary

The local health and social care system works in partnership to reduce the need for urgent care and through its transformational schemes is developing innovative solutions to ensure that people can access alternative routes into care rather than through the Emergency Department. The work undertaken to date is supporting the system to perform better than others when 4 hour performance is compared across GM and nationally. It is recognised that the next quarter of the year is the most challenging and this has been considered in the planning for winter in which the whole of the system has been engaged and to which some non-recurrent additional funding has been directed. Workforce does present challenges and is a constraint in both health and social care reducing the system's ability to significantly "scale up services" for extended periods of time. It is therefore important that the projects aimed at supporting people to stay well and where appropriate to remain at home with support are resilient. This has been the principle behind the development of the Winter Plan in this locality. There will no doubt be challenging days and weeks during the next quarter when demand and acuity rise, but it is anticipated that the collaborative working with all partners across Tameside & Glossop will assist in minimising these and support recovery.