



# Local system reviews

Progress monitoring

Halton

# Introduction

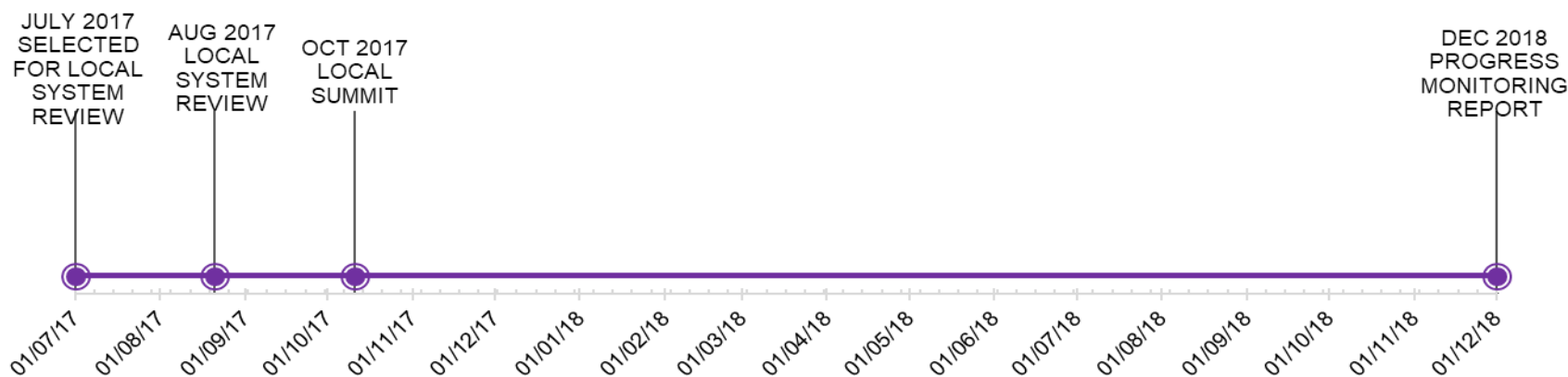


Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

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

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

## Timeline of activity



# Overview progress against indicators



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

Remained consistently significantly higher than England average and fluctuated during 2017/18 but no significant change.

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

Remained consistently higher than the England average. Overall trend is has fallen in 2017/18, but no significant change.

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

Reducing trend through 2016/17 and 2017/18 although remained above England average until Q3 2017/18, spiked back up in Q4 2017/18.

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

Lengths of stay over seven days remained similar to England average

## [Delayed transfers of care \(18+\)](#)

Continued to fluctuate. Since August 2017 remained above England average. Spiked in June and July 2018 to be significantly higher than England average and own average.

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

Generally in line with national average although dropped significantly compared to own history in Q1 2017/18, then increased again in line with their own and the England average.

# Overview reported progress against action plan (1)



<b>Strategic vision and governance</b>	<p>The 'One Halton' has been developed, which is a Place Based Integrated collaboration of providers and commissioners with a strategic vision, programme oversight and governance reporting through to the H&amp;WBB. The interface between Halton and the Cheshire and Merseyside STP has been strengthened with the chief executive of Halton Borough Council being the Executive for Halton Accountable Care System within the Cheshire and Merseyside STP.</p> <p>Work to review the role of the Health and Wellbeing Board is ongoing, with some progress made to strengthen the performance framework at the board.</p>
<b>Workforce</b>	<p>Actions to deliver dementia and safeguarding training have been completed. Broader actions to develop workforce strategies- both at the system level and for social care- are still in development. System wide workforce strategy development is ongoing and being taken forward as part of the ACS. A workforce strategy for social care is also in still in development with some analysis and review having taken place.</p> <p>Cheshire &amp; Merseyside Directors of Nursing and Chief Nurses have recruited a Director of Workforce to develop a Nursing workforce strategy for acute, community, mental health and primary care providers. The CCG Chief Nurse is supporting this work.</p>
<b>Market capacity and capability</b>	<p>To increase the capability of care homes to support people to stay well, the CCG and LA are rolling out Enhanced Health in Care Homes and have implemented a number of initiatives including red bag scheme, react to red, MUST and medicines management training.</p> <p>To shape the adult social care market an updated Market Position Statement (MPS) has been produced. The Transforming Domiciliary Care (TDC) Programme to shape the delivery of domiciliary care is ongoing and monitored through a project plan. It is dependent on the implementation of the Reablement First Approach, where some actions are overdue.</p> <p>The system for finding nursing home placements has been reviewed.</p>

# Overview reported progress against action plan (1)



<b>Commissioning</b>	<p>Halton's overarching integrated Older People's Pathway has been agreed across the system.</p> <p>The process of move Urgent Care Centres (UCCs) to Urgent Treatment Centres has progressed. UTCs will ensure 24/7 community urgent care.</p> <p>Reviews into Intermediate Care Provision and the Rapid Clinical Assessment Team (RCAT) were completed.</p> <p>The CCG led a system wide commissioning event to review current and future long term strategic plans in line with the national data set from Right Care and Getting it Right First Time and focussed on Frailty, fragility and Falls, ACS conditions, NEL's and workforce.</p> <p>The One Halton Board undertook a baseline assessment on the Integrated Commissioning for Better Outcomes Framework and has a planned workshop to develop a combined integrated plan for the borough.</p> <p>Further work on out of hospital provision, community beds (including intermediate care, transitional care, step up/step down, reablement etc) and care closer to home have all been prioritised and will be progressed throughout 2019.</p>
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# Overview reported progress against action plan (2)



<p><b>Patient flow</b></p>	<p>There are mechanisms in place to monitor performance of A&amp;E waiting times at both trusts. Both trusts have processes and programmes to reduce length of stay, but work remains ongoing. The average length of stay in intermediate care unit B1 reduced, but not to target and continues to be monitored. The proportion of people 65+ still at home 91 days after discharge into Reablement has improved (due to changes in reporting), but is still lower than England average.</p> <p>Actions have been taken to improve the assessment and discharge plans in the acute trusts. A review of intermediate care provision was undertaken with improved managerial oversight and monitoring of the B1 Intermediate Care Unit.</p>
<p><b>Delayed transfers of care (including patient experience)</b></p>	<p>This is an ongoing area of work. The trust has improved oversight and escalation processes, implementing red and green days. Halton's Care Home Development Project Group (chaired by the Director of Adult Social Services) decided not to implement the trusted assessor model, but are moving towards standard care home assessment documentation. The quality of discharge summaries has progressed through investment in technology including adding prescribing to electronic patient records and conducting audits. Capacity in the community is being developed through wider work in the domiciliary care sector.</p> <p>Implementation of Halton's information management and technology strategy (2015-18) is ongoing.</p>
<p><b>Actions for winter 2017/18</b></p>	<p>All actions for winter 2017/18 were completed. Actions were to sustain capacity care homes through close working with providers and implement additional capacity through block and spot purchasing and recruitment in domiciliary care. Implementing a communications plan to raise understanding of winter schemes and discharge to assess.</p>

# Stakeholder reflections



## Overall progress

Since the Local System Review in 2017, locally the 'One Halton' accountable care system (ACS) has been agreed, creating a more cohesive interface between the local system and the STP. Partners are working towards develop new models of integrated working with an ambition to connect services including community health, general practice, adult social care and housing to offer early integrated intervention and support for older people.

The Health and Wellbeing Board was reviewed resulting in a revised membership that now includes representation from the GP federation. DToC activity remains an ongoing system challenge considering the rate of improvement is slow despite having developed a range of initiatives to improve flow. This drive will be helped further by the provision of an integrated community team with reablement to help prevent admission and support rapid discharge (scheme commences January 2019).

Locally there are good pooled budget arrangements (for intermediate care and continuing healthcare) but system leaders acknowledge a need to broaden this approach to more areas of system wide service delivery, which will be driven by the One Halton ACS. There is sign up to this approach across the system, as evidenced by the developing integrated community based pathways.

Further work is required to develop the planned Halton workforce strategy covering health and social care as part of the ACS, which will help drive and promote integrated workforce arrangements.

The Enhanced Care Provision to Older People's Care Homes (GP alignment to care homes) was recently implemented to prevent avoidable admissions from care homes. Early feedback has been very positive and the very latest local data suggests a positive impact.

The performance of one of its two Urgent Care Centres is a local concern and has caused A&E attendance rates to recently increase sharply. The CCG anticipates the new Urgent Treatment Centre model due next year will resolve the current issues and reduce A&E attendance rates.

# Stakeholder reflections



## Direction of travel

The system has completed most of its action plan and having created the One Halton ACS it will continue to focus, with increased confidence, on those areas of activity requiring further development.

The Halton CCG Interim Chief Officer moved to the STP in February 2018 and the Chief Officer from Warrington CCG has undertaken this role since. The Chief Commissioner is the Executive lead for One Halton for the CCG and chairs the One Halton Executive Board. The CCG Chief Commissioner has undertaken a system wide event regarding developing the commissioning intentions to include the Frailty Pathway.

Having recently purchased two failing local care homes (one nursing) to help stabilise and increase capacity, the local authority has established a care academy at the acquired nursing home to help promote outstanding and innovative care practices across the local care home sector.

Work is being progressed on the strengthening of existing pathways and involves the development of a new generic dependency assessment tool for use within care homes in Halton.

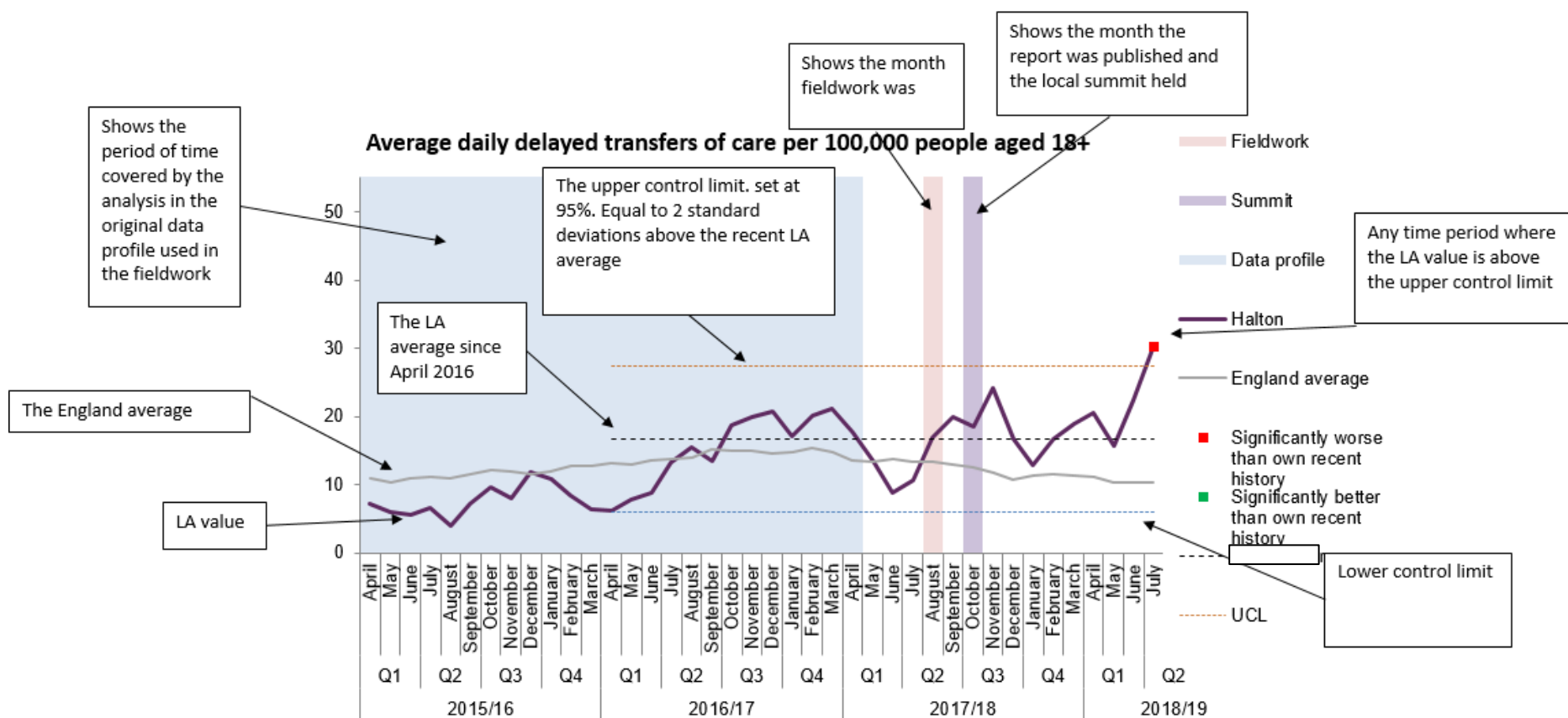
The system is using the local NHS brand to help recruit care workers and early evidence highlights this approach is proving to be an attractive career proposition. It is hoped this will help improve staffing levels across the system, which will improve reablement staffing capacity levels to support system flow.

A system capacity and demand exercise has been undertaken across the whole of Mid-Mersey that will support evidence based decisions to aid improvements to flow, particularly heading into winter. The additional funding provided to Councils to spend on adult social care services over winter has been used to alleviate pressures on the NHS, by getting patients home quicker and freeing up hospital beds. Initiatives in Halton have included expansion of Reablement provision, implementation of a Domiciliary Care Crisis Team to provide a rapid response service and the spot purchase of additional Intermediate Care beds as necessary.



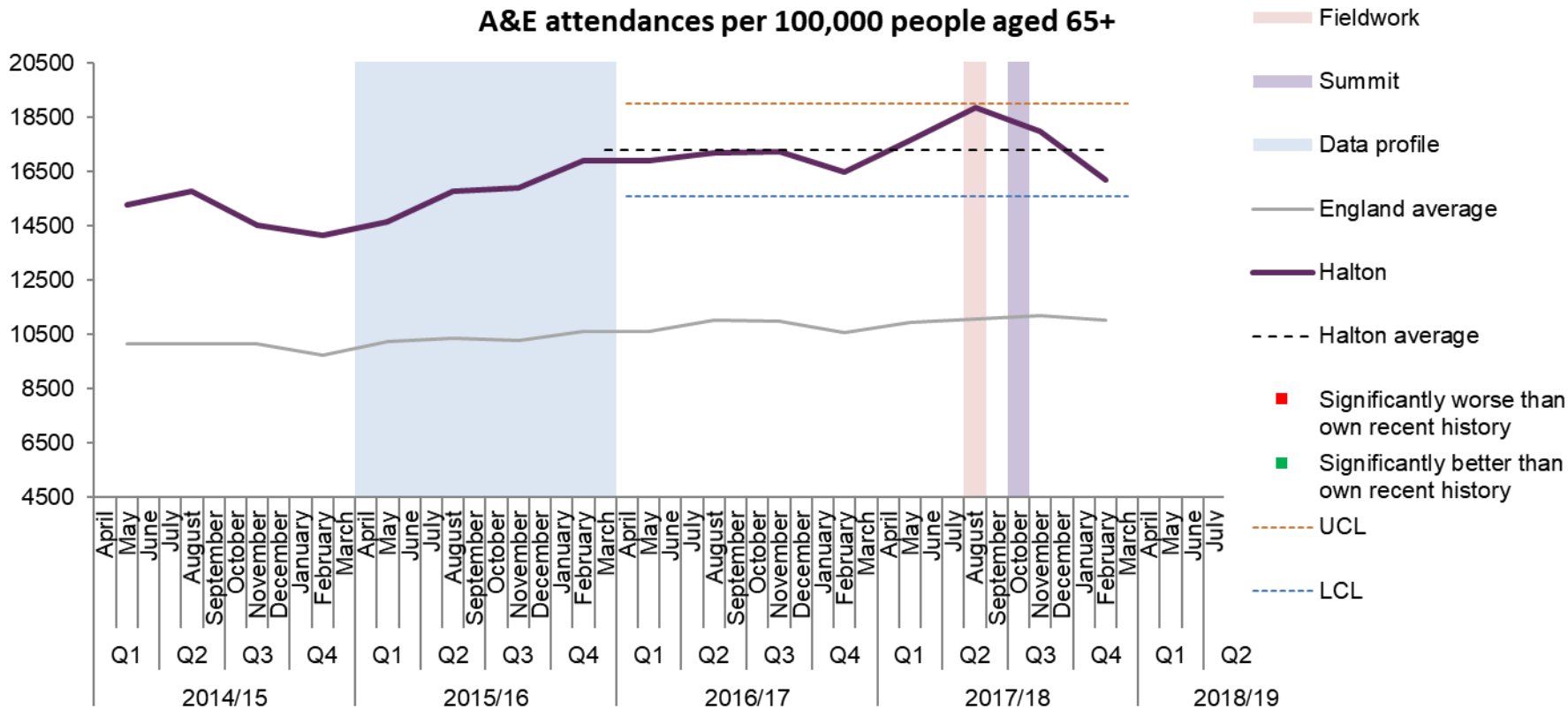
# Appendix: Trend analysis introduction

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



# Appendix: A&E attendances (65+)

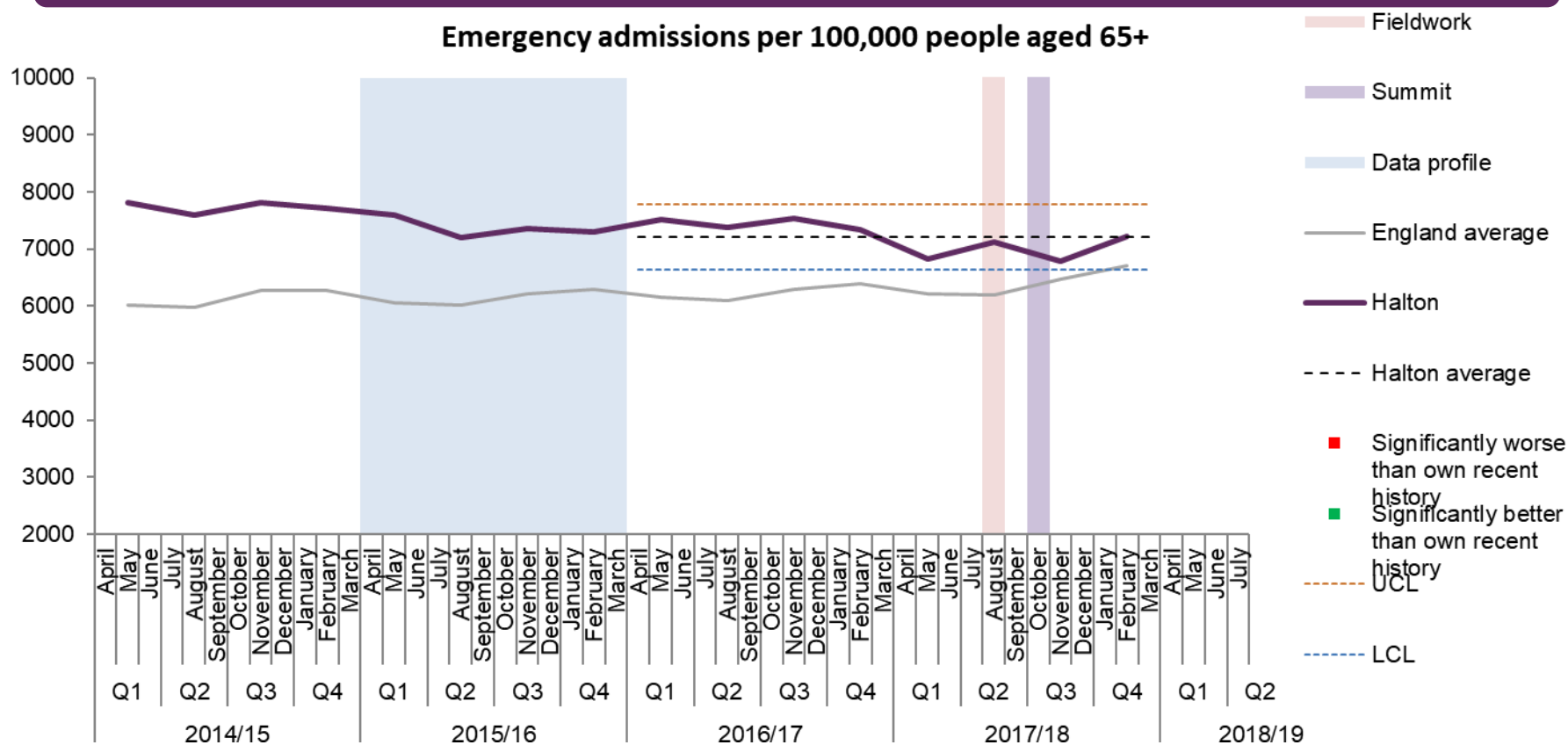
A&E attendances per 100,000 people aged 65+



Since we produced the data profile for the original local system review Halton's performance for A&E attendances (65+) has remained consistently above the England average (significantly so). Throughout 2017/18, Halton's rate fluctuated somewhat although remained within the upper and lower limits of their own average rate for the last 2 years.

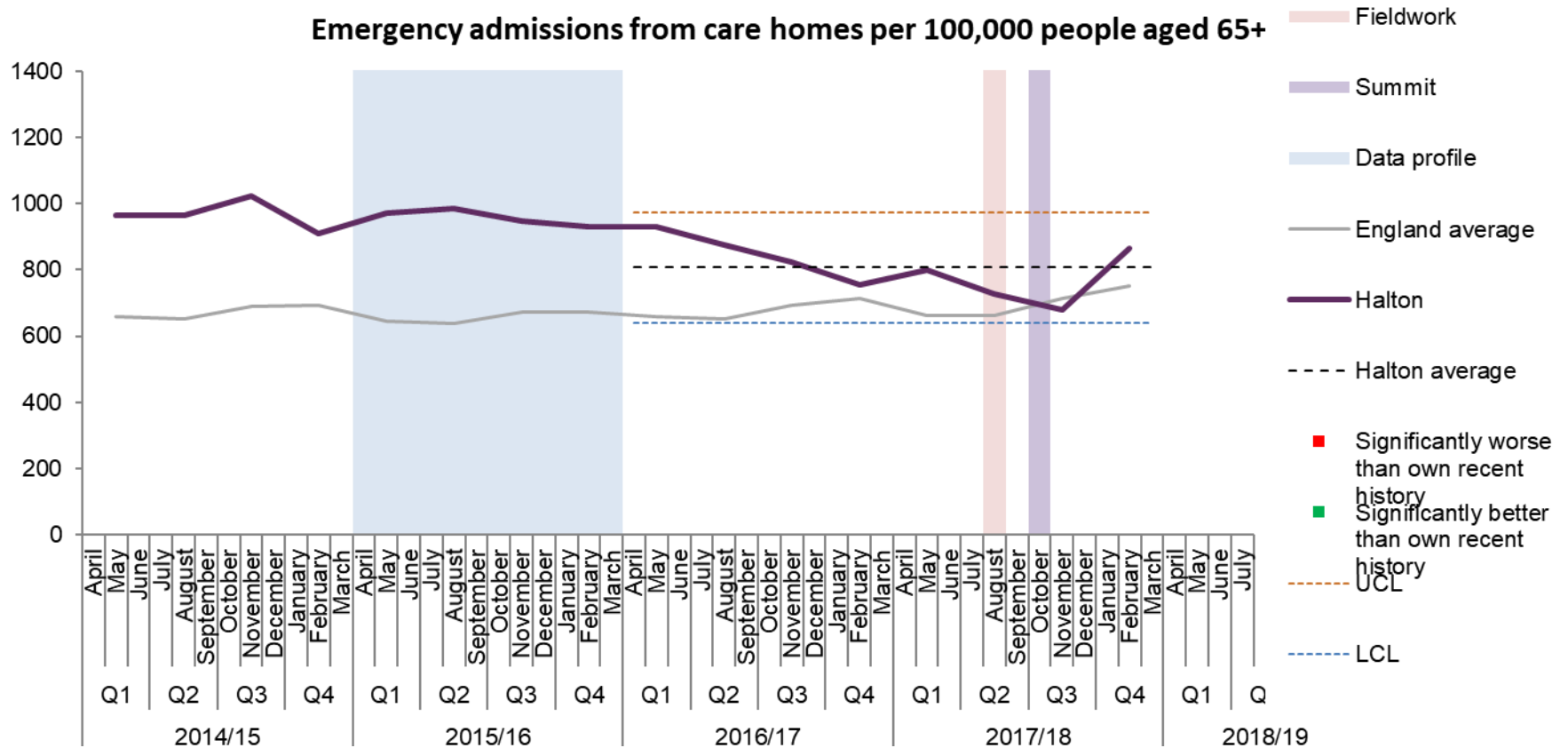
# Appendix: Emergency admissions (65+)

Emergency admissions per 100,000 people aged 65+



Since we produced the data profile for the original local system review Halton's performance for emergency admissions (65+) has remained consistently above the England average. Although the rate has reduced a little over 2017/18, it has not changed significantly over the last 2 years – it has remained within the upper and lower limits of Halton's own average rate.

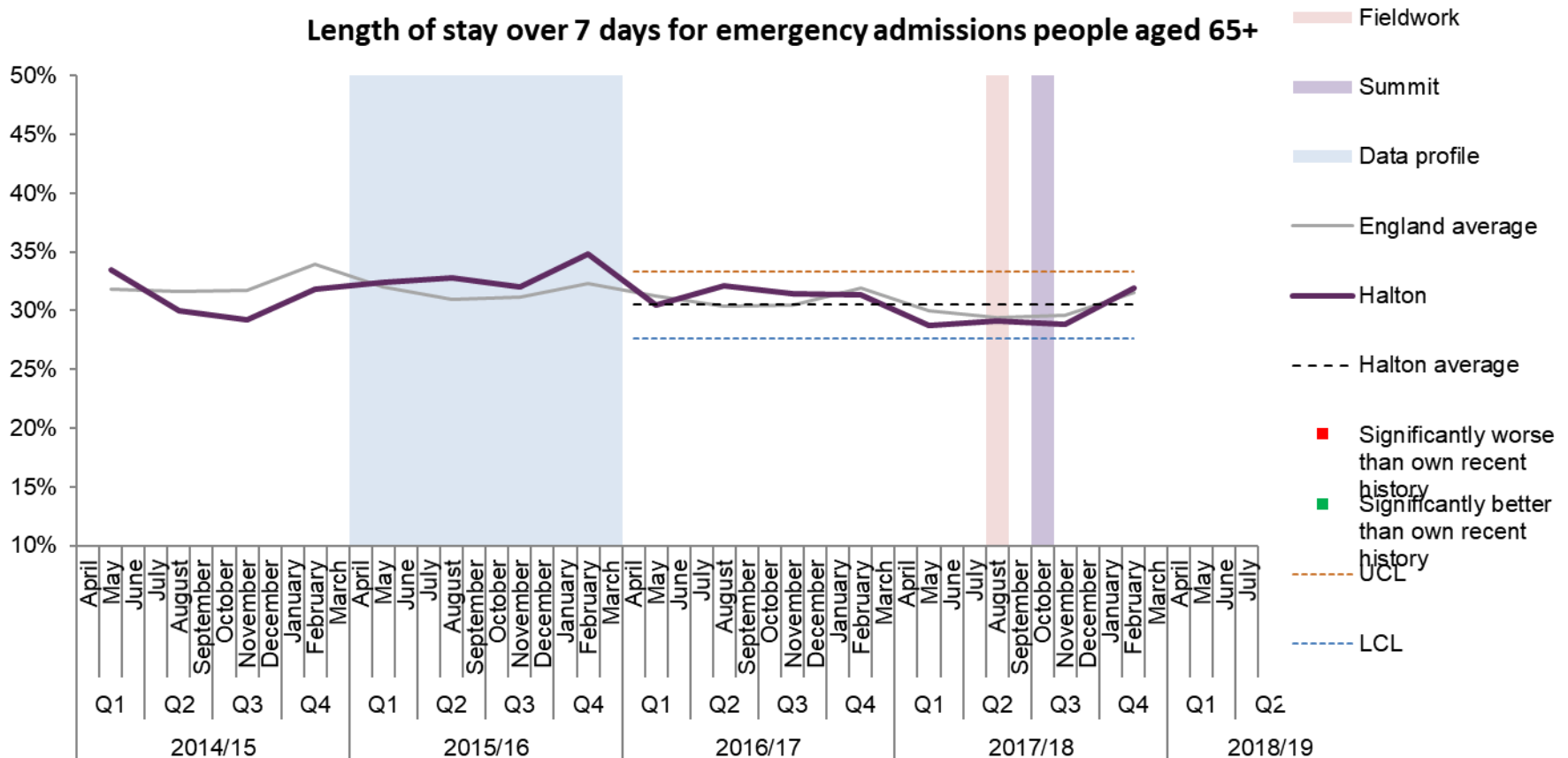
# Appendix: Emergency admissions from care homes (65+)



Since we produced the data profile for the original local system review Halton’s performance for emergency admissions from care homes (65+) remained above the England average until 2017/18 Q3 when it dipped below but then spiked back up in Q4. Although the rate has reduced overall, it has not changed significantly over the last 2 years.

# Appendix: Lengths of stay over 7 days (65+)

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

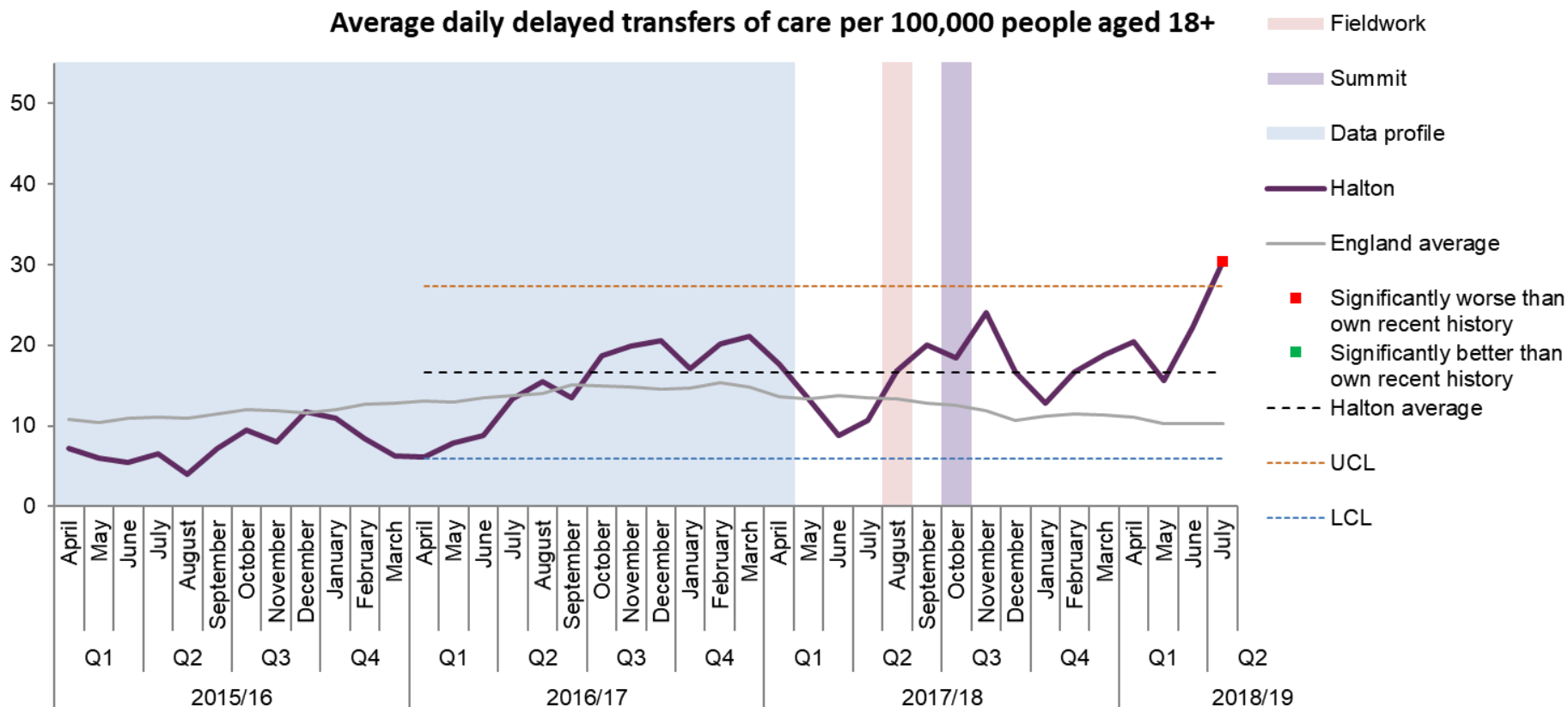


Since we produced the data profile for the original local system review Halton's performance for lengths of stay over 7 days (65+) remained similar to the England average and have not shown much variation over the last 2 years.

# Appendix: Delayed transfers of care (18+)



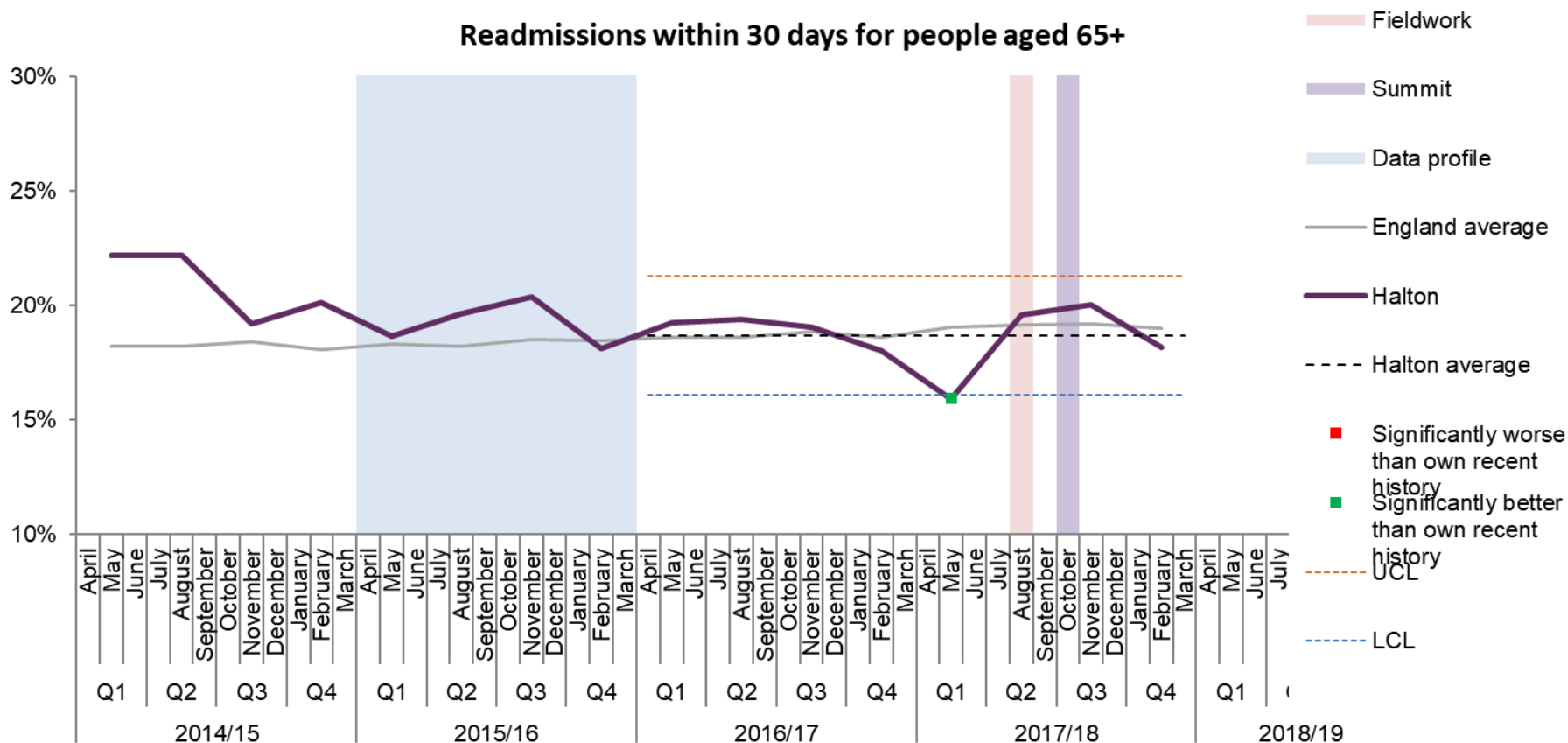
Average daily delayed transfers of care per 100,000 people aged 18+



Since we produced the data profile for the original local system review Halton's DToC performance has fluctuated and from August 2017 has remained above the England average. In July 2018, DToC was both significantly higher than the national average and significantly higher than Halton's own average since the start of 2016/17.

# Appendix: Emergency readmissions (65+)

Readmissions within 30 days for people aged 65+



Since we produced the data profile for the original local system review, emergency readmissions (65+) have generally stayed in line with the national average. The exception in is Q1 of 2017/18, when emergency readmissions dropped significantly compared to Halton’s average performance but they then increased again in line with their own and the England average.