

MIDDLESBROUGH COUNCIL

AGENDA ITEM 4

HEALTH SCRUTINY PANEL

19 MARCH 2013

WINTER PRESSURES & THE LOCAL HEALTH AND SOCIAL CARE ECONOMY

PURPOSE OF THE REPORT

1. To introduce senior representatives of a number of organisations in attendance at the meeting, to speak about winter pressures and wider demands being placed on the local health and social care economy.

RECOMMENDATIONS

2. That the Health Scrutiny Panel notes the evidence presented by those present at the meeting.
3. That the Health Scrutiny Panel considers how it would like to progress its consideration of this issue.

Consideration

4. Members will recall that the topic of Winter Pressures on the local health and social care economy, has been a subject of interest to the Health Scrutiny function, for a number of years. Winter pressures, when coupled with a rising demand for healthcare from an ageing population, has been an issue of significant political and academic interest in recent years, together with how exactly these challenges can be met. The challenges posed by these issues are undoubtedly exacerbated by a national economic climate that makes significant additional funding very unlikely for the next few years, at least.
5. Whilst this is a national matter, it is also a local matter and it follows that these issues have to be tackled in Middlesbrough. The Panel may recall that over the recent winter months, a number of items have been in the local media about demand pressures at Accident & Emergency at James Cook University Hospital, as well as delays in Ambulances being able to 'hand-over' patients to hospital based services.
6. During the winter of 2012/13, the Panel saw these issues raised in the local media and was keen to explore them further. The Panel, however,

was keen to not add to pressures faced by relevant services, at the peak of winter demands. As such, a meeting to discuss those pressures, with all relevant organisations, has been arranged for today, now that some of those acute winter pressures should hopefully have eased.

7. In attendance at the meeting will be senior representatives from North East Ambulance Services, South Tees Hospitals NHS Foundation Trust, South Tees Clinical Commissioning Group, Middlesbrough Council Social Care and the NHS Local Area Team. To guide the discussion, the Panel has drafted a number of key questions, which are outlined below. All agencies attending the discussion have had adequate notice of these questions and have been asked to attend ready to speak about them.
 - 7.1 *It is clear that A&E at JCUH has experienced significant pressures over the winter period, with demand presenting a major challenge to the capacity of the service. To what extent is this an exceptional winter to be dealt with, or does it represent a new 'normal' winter period, given the context of an ageing population with increasing levels of illness?*
 - 7.2 *To what extent do the pressures faced by A&E at JCUH highlight a service simply lacking the necessary capacity to meet local demand, or are those pressures symptomatic of wider systemic issues, which leave people feeling that they have no other viable choice when unwell, other than accessing such services at JCUH?*
 - 7.3 *The Panel has noted the local media stories regarding ambulances having to wait a considerable period to 'hand-over' patients. What would be a 'normal' hand-over time and what has been the average over winter 2012/13? Has this caused a situation where the area has been at risk, or exposed, to having too few operational ambulances? Is this a risk that can be managed?*
 - 7.4 *For future winter periods, how do we prevent this scenario from taking place again? Is the answer additional investment at JCUH, or providing more facilities in the community (and adequate information about their appropriate use) for those seeking medical assistance?*
8. The questions above are intended as a useful guide for the discussion at the meeting and are not intended to be an exhaustive list. Ahead of the discussion at the meeting today, Members of the Panel may be interested to learn more about some of the coverage of the issue to date. An article in the Evening Gazette, published on 9th February 2013¹, stated that:

¹ <http://www.gazettelive.co.uk/news/teesside-news/2013/02/09/james-cook-university-hospital-second-worst-for-ambulance-waits-84229-32777849/>

“TEESSIDE’S biggest hospital was responsible for almost a quarter of major delays facing the region’s busy paramedics in December. Figures released by North East Ambulance Service (NEAS) show its crews faced 20 “hospital hand-over delays” of more than two hours at James Cook University Hospital - compared with 82 across the whole region.

Any hospital hand-over delay of more than two hours is classified as a “serious incident” by NEAS. The Marton Road hospital, which is run by South Tees Hospitals NHS Foundation Trust, was the second worst in the North-east for these delays in December.

University Hospital of North Durham recorded 49 delays.”

9. The same article quotes a senior South Tees Hospitals NHS Foundation Trust representative suggesting that there has been a growth in demand which has seen the number of NEAS ambulances coming into JCUH rising from around 250 per week in April 2010, to about 500 per week in February 2013.
10. It should also be noted that, in addition, JCUH also receives patients through the Yorkshire Ambulance Service and Great North Air Ambulance.
11. In addition, the Panel is advised to consider, that via an Ambulance is not the only way that someone can find their way into an A&E setting. There is clear evidence that A&E generally, is coming under increasing strain. The same article quotes that JCUH A&E department, has a capacity of around 60,000 patients a year. It is estimated that this year, it will see in the region of 105,000.
12. It is suggested that the Panel considers these figures with care and discusses with those in attendance. The Panel may wish to ask about the extent to which these figures are indicative of a system that almost forces people to seek assistance at A&E due to a lack of viable alternatives, a system where people simply choose to access A&E as a ‘first port of call’, or a system that is having to cope with a population that is rapidly ageing and becoming more ill. The Panel is asked to bear in mind that it could be a combination of all of these factors.
13. Following these well-publicised issues, it was reported that the organisations involved had held a meeting to develop approaches to deal with the problems manifesting themselves. It was reported² that the meeting had been very positive, so the Panel may wish to ask about specific actions that came out of that meeting, to address some of the issues being experienced.

² <http://www.gazettelive.co.uk/news/teesside-news/2013/02/06/north-east-ambulance-service-summit-success-84229-32756425/>

14. Following the debate at the meeting today, the panel is asked to consider how it would like to advance its consideration of the matter. It may be that the Panel would seek more evidence, prior to coming to a view on the subject. Alternatively, the Panel may wish to note the evidence submitted today and agree to revisit the matter at an appropriate juncture. The Panel's direction is sought on this point.

BACKGROUND PAPERS

15. The Panel's attention is drawn to the *Evening Gazette* articles, which are fully referenced in footnotes.

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