

MIDDLESBROUGH COUNCIL

AGENDA ITEM 3

HEALTH SCRUTINY PANEL

25 JULY 2013

WINTER PRESSURES IN THE HEALTH AND SOCIAL CARE ECONOMY

PURPOSE OF THE REPORT

1. To introduce a number of senior representatives of local public bodies, in attendance to speak about the pressure placed on local services as a result of winter pressures and methods of mitigating the impacts of winter pressures on services.

RECOMMENDATIONS

2. That the Health Scrutiny Panel notes the information submitted at the meeting today and considers how it would like to develop its consideration of the topic.

Consideration

3. The topic of Winter Pressures has been of great interest to the Panel in recent years, with a considerable amount of time being devoted to how the system is prepared for such issues as high service demand and possible winter outbreaks.
4. The winter of 2012/13 saw particularly bad conditions, with extremely cold weather lasting much longer than usual and the demand on health services being particularly high. The pressures placed on health services became a very high profile matter and were reported in the local media on a regular basis. On the basis of such pressures and such media coverage, the Health Scrutiny Panel was keen to consider the topic in further detail.
5. On 19 March 2013, the Health Scrutiny Panel held a meeting with a number of senior representatives of the local health and social care economy, to discuss the 2012/13 winter period, the pressures it faced and the lessons that could be derived from it. The meeting on 19 March and subsequent discussions led to the production a final report, which can be found at Appendix 1.

6. At the conclusion of the meeting on 19 March, the Health Scrutiny Panel expressed a strong wish to revisit the topic during Summer 2013. The intention of revisiting the topic was to ascertain the extent to which lessons from 2012/13 winter had been implemented in planning for 2013/4 winter, as well as to receive a general update on how the health and social care economy was preparing for 2013/14 winter.
7. The purpose of the meeting today is to receive that update. As a guide for the discussion at the meeting today, the following list of questions has been prepared. Representatives of the organisations in attendance have been asked to consider the following questions (from 7.1 to 7.7) and be prepared to speak around the issues they raise.
 - 7.1 At the Panel meeting on 19 March 2013, it was reported that a significant concern existed around the numbers of people occupying acute beds, who are clinically judged to no longer need an acute bed, but cannot be discharged as quickly as they should be/need to be. The Panel was advised that this number can be as high as 17% of the available bed base. What progress has the local health and social care economy made in ensuring people can be appropriately discharged as quickly as possible, to ensure more acute beds can be occupied by those with commensurate clinical need?
 - 7.2 At the meeting on 19 March 2013, the Panel was advised about a general dissatisfaction with the current Out of Hours service and a perception that it too readily 'transfers risk' by calling upon Ambulances to transport people into the emergency facilities at JCUH, as opposed to those patients being more extensively managed in the community. What progress has been made in establishing whether this perception is indicative of the reality? If research has demonstrated that this perception was accurate, what work is underway to address this concern? Is there a view on how well Out of Hours copes with Winter Pressures?
 - 7.3 The Panel has noted the publication of the NHS England document 'Improving A&E Performance' (Gateway Ref:00062) (Appendix 3). Paragraph 14 discusses the role of the CCG as the commissioner and outlines the need for commissioners to ensure that:

They bring the system together and ensure good relationships and prevent fragmentation.

They provide strategic oversight for the system.

They have a clear focus on outcomes.

They tackle the obstacles.

They ensure that all the appropriate services are in place and they hold each provider to account for playing their part.

They promote integration and close working between all partners but especially health and social care.

Is the local health and social care economy confident that it is performing this task?

- 7.4 Paragraph 16 of the same document say "We are asking all Area Directors to facilitate a local partnership approach. This will include providing assurance that an Urgent Care Board is set up for each local health community, ensuring coverage for every A&E department." The report goes on to list (in paragraph 29) a range of issues that the Urgent Care Board should focus on.

Is there an Urgent Care Board for the South Tees area? Who sits on it? How is it focussing on its priorities? How will we know if it is successful?

- 7.5 On page 6 of the 'Drive for Quality', recently published by the College for Emergency Medicine (Appendix 2) it says

"Poorly performing care systems have flows that lead to exit block and overcrowding. These failures by systems and organisations have now been clearly proven to lead to increased mortality and morbidity for patients". The Panel has heard about problems around effective discharge and pressure at the 'front of house'."

Bearing this in mind, is the South Tees health and social care economy a 'poorly performing care system'?

- 7.6 On page 12 of 'The Drive for Quality' it outlines that its findings from 2012 research 'reveal that despite an urgent need and seeming desire by all sides, there were significant areas where the commissioning process for emergency care remained embryonic, with a lack of communication'. Is this the case in South Tees?

- 7.7 Thinking ahead to winter 2013/14, is the local health and social care economy confident that it has sufficient capacity to cope with likely demand in areas such as Ambulance services, bed capacity at JCUH and the system's ability to support appropriate discharge effectively?

8. At the meeting today, there will be a number of key representatives in attendance to discuss the above questions and related themes. The following organisations will be in attendance:

- South Tees Clinical Commissioning Group
- South Tees Hospitals NHS Foundation Trust
- County Durham, Darlington and Tees Local Area Team
- Middlesbrough Social Care
- Director of Public Health
- Cleveland Police

- (North East Ambulance Service is unable to attend)
9. The Panel is specifically asked to note that Cleveland Police will be in attendance at the meeting today. Following the Panel's previous meeting on 19 March 2013, the Panel became aware of pressures placed on Cleveland Police resources during winter. Specifically, the Panel was informed of a feeling that the Police Service can be called to take people to hospital and then becomes unable to be call upon all of its resources for dispatch. As such, Cleveland Police will be able to speak at the meeting today about the pressures placed on them during winter.
 10. The questions listed at 7.1 to 7.7 are not exhaustive, nor are they intended to be. It is suggested that they are used as a guide for the discussion at the meeting today. Following the discussion at the meeting today, the Panel is asked to consider how it would like to progress consideration of the matter. It could be that the Panel would like to consider a further briefing immediately before Winter 2013/4 starts.
 11. The Panel is asked to note that the Health & Wellbeing Board has submitted a briefing paper, with a number of appendices and is duly attached.

BACKGROUND PAPERS

Appendix 1 – Final Report from the Health Scrutiny Panel on Winter Pressures

Appendix 2 – *The Drive for Quality*, College of Emergency Medicine. Please see www.collemergencymed.ac.uk/Shop-Floor/Professional%20Standards/Quality%20in%20the%20Emergency%20Department

Appendix 3 - <http://www.england.nhs.uk/wp-content/uploads/2013/05/ae-imp-plan.pdf>

Appendix 4 - Paper from Health & Wellbeing Board on Dealing with Winter Pressures with appendices.

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