MIDDLESBROUGH COUNCIL

HEALTH SCRUTINY PANEL

25 July 2013

Winter Pressures

Report of Middlesbrough Health and Wellbeing Board

PURPOSE OF THE REPORT

1. To outline the activity taking place by the Health and Wellbeing Board in relation to urgent care and winter pressures and provide a response to the questions outlined by the Health Scrutiny Panel.

2. Winter pressures coupled with the rise in demand for healthcare from an ageing population has been an issue of significant political debate. How these challenges can be mitigated is of particular interest to the Health Scrutiny Panel and this report will demonstrate the ongoing commitment and dedication from all key stakeholders to ensure that there are appropriate measures to reduce the risk on the local urgent care services and ensure a safe and positive patient experience.

SUMMARY OF RECOMMENDATIONS

3. That the Health Scrutiny Panel notes activity taking place across the health and social care economy in response to the winter pressures experienced as part of winter 2012 and in preparation for urgent care surge and winter 2013.

BACKGROUND AND EXTERNAL CONSULTATION

Background

4. The Health Scrutiny Panel has identified a number of questions that it would like to consider at its meeting, 25 July:

    a) 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?

    b) 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?

c) The Panel has noted the publication of the NHS England document 'Improving A&E Performance' (Gateway Ref:00062). 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 peforming this task?

d) 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?

e) On page 6 of the 'Drive for Quality', recently published by the College for Emergency Medicine 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'?

f) 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?

g) 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?

5. The remainder of this report has been prepared on behalf of Middlesbrough Health and Wellbeing Board to outline the work taking place across the health and social care economy in Middlesbrough and beyond to prepare for winter pressures and urgent care, the report covers many of the issues raised in the Panel’s questions and will form the basis for discussion at the meeting.

Urgent Care Work stream

6. South Tees Clinical Commissioning Group has formulated a dedicated Urgent Care Workstream to review the issues within Tees and plan for any surge in activity; understanding that this is apparent at a higher level within the winter months. The workstream is comprehensive in nature and ensures all key stakeholders, including both local authorities, feature within the Terms of Reference, attached at appendix 1. This allows the group to undertake a holistic approach to all elements of urgent care.

Actions

7. There is a significant amount of work being undertaken in collaboration with James Cook University Hospital (JCUH) to review admissions from differing routes and to ensure these admissions are of an appropriate nature. Both the CCG and JCUH are currently scoping a project to review all admission criteria for those patients entering secondary care via A&E and GP admissions. This project will focus upon; the streamlining of patient pathways and, issues within primary care that result in admissions or A&E attendances taking place. The CCG is dedicated to reviewing primary care access to ensure this is accessible and accommodating to those patients requiring medical care during core hours. In addition, there is the potential to review alternative options such as increased access over the winter months.

8. JCUH are currently undertaking a series of training sessions with all wards to promote discharge planning and to implement an updated and streamlined process for identifying patients who require referral for additional support on discharge from social services. These updated processes were the product of a four day discharge improvement event undertaken at JCUH which involved staff from both local authorities alongside colleagues from JCUH and the CCG.

9. In addition to this, the CCG are supporting the Acute Trust in preparing and implementing rapid process improvement workshops in relation to discharge planning. This will also incorporate those patients deemed as a 'delayed discharge' for variable reasons. It is intended that this will support earlier discharge and also promote optimal safety for patients. The hospital's Discharge Steering Group, which has terms of reference to improve the efficiency of discharge processes continues to meet on a monthly basis and includes clinical staff and representation from both Middlesbrough and Redcar and Cleveland Councils.

10. Rapid Response Teams, providing nursing and therapy, have been introduced in addition to Middlesbrough Council's already well-established social care Rapid Response service, to deliver additional support to patients, enabling them to remain within their own homes or to facilitate discharge from hospital. Rapid Response offers an alternative integrated way of providing nursing, therapy, social and medical care to patients in the community, potentially avoiding admission to hospital, residential or nursing homes. There are also plans to assess whether this service can assist with earlier hospital discharge.

11. The CCG in conjunction with JCUH community services has recently implemented a method of identifying and supporting those people who may be at high risk of an unplanned admission in the future. A computerised model, using information from GP and hospital attendances, is able forecast those patients at 'highest risk' of admission for each GP practice. A team of professionals working collaboratively then assess these patients in their own home, working with them to manage their own health conditions and ensuring they have the support they need to prevent and avoid future health crisis.

12. In terms of clarification for all stakeholders, the service will be known as 'The Integrated Community Care Team' (ICCT). Co-located on a cluster basis these teams will co-ordinate and case manage the care of patients at risk of admission in conjunction with the wider health community. Professionals working in partnership to support patients will consist of a patient's GP, administrator and a skilled nursing team. All patients accepted for management by the team will have an individual Care Plan developed by the GP and the Community Matron.

13. Methods of additional support offered to individuals at highest risk of admission vary but a proven model implemented in many parts of the country is that of a 'Virtual Ward'. There are different versions of the model but essentially the model aims to prevent unplanned admissions by adopting the systems of a hospital ward to provide multidisciplinary case management in the community. The Virtual Ward replicates a hospital ward, using similar staffing, systems and daily routines, except that the people being cared for stay in their own homes throughout.

14. The CCG in collaboration with JCUH, will also scope and progress Nurse Led triage and discharge within the A&E department, ultimately allowing consultants to dedicate their resource to major accident and emergencies opposed to minor ailments.

15. NEAS colleagues take a key role as members within the work stream and this has allowed work to progress in conjunction with their plans as the main provider of urgent care transport across the locality. The group are currently reviewing different areas of urgent care that ambulance personnel are able to access with patients opposed to the traditional A&E attendance. Clinical profiles of alternative services will be refined to accommodate this; however, will have a major focus upon competencies and patient safety which is paramount in any of the changes proposed and ultimately implemented.

16. In terms of the 'Out of Hours provider' – Northern Doctors Urgent Care (NDUC), the CCG Clinical Lead – Dr Milner is collaborating with the NDUC Medical Director to review pathways and ensure robust criterion for those patients requiring admission to hospital. This will include as a minimum that out of hours doctors must physically assess a patient prior to admitting to an acute hospital.

Urgent Care Boards

17. The publication of recent national guidance regarding A&E pressures at a national level (gateway ref: 00062), sets out the requirement to develop an Urgent Care Board (UCB) for the local health community. In response to this both South Tees and Hartlepool and Stockton (HAST) CCGs have undertaken a review of existing locality based urgent care groups to assess compliance with this guidance.

18. This review has identified that across the Tees locality existing arrangements do not comply with this guidance, i.e. the South Tees CCG Urgent Care work stream does not constitute a UCB as defined by the guidance, likewise the Teeswide Integrated Urgent Care Network (TIUCN) although fit for current purpose will not suffice as an UCB. It has been agreed between HAST and South Tees CCG's that the TIUCN will be discontinued and replaced with a formal UCB and this has been agreed in principle by the current chair of the TIUCN, however, requires ratification by NDUC. Both CCG's are in agreement that the chairing of this meeting will be undertaken by the clinical urgent care leads on a rotational basis.

19. Whilst further discussions are pursued, North of England Commissioning Support (NECS) will develop terms of reference and identify correct membership to meet the

defined UCB requirements set out in the guidance. This is of paramount importance, when focusing upon the accountability of the UCB when signing off local recovery/sustainability plans and both CCG's are considering their approach to membership. In addition to this, robust governance structures will be compiled, recognising the importance of clear engagement strategies to support the development of this board. UCB meeting dates are to be confirmed and key stakeholders from both Health and Social care informed of the relevant changes to the existing TIUCN meeting.

Sustainability Plans – June 2013

20. The Area Team of NHS England has requested recovery plans from a number of commissioning organisations that have failed to adhere to meeting the 95% 4 hour target for A&E departments. South Tees CCG and James Cook University Hospital have delivered this annual target however in recognition of the pressures experienced at critical points throughout the year the CCG has produced and submitted to the Area Team (see appendix 2 and appendix 3) robust sustainability plans to ensure that they are adhering/can continue to adhere to this key national target. Therefore, these plans supplement ongoing work within urgent care and form the basis for winter/surge planning.

Winter Planning – Delivery and Implementation

21. Urgent Care Boards are, and will be, responsible for the co-ordination and production of winter capacity and escalation plans for their local health economy. To ensure the effective functioning and sustainability of urgent care systems, together with the delivery of NHS Constitution pledges and standards, local UCB's will seek assurance regarding the robustness of the collective integrated plans in order to prepare and manage through the winter period.

    - The Tees locality will develop winter plans encompassing and recognising the following:-
    - Primary Care – Access, Out of Hours medical provision, Impact of 111, Developments within community services to offer alternative pathways of care
    - Secondary Care – Operational bed management, Acute capacity, Critical Care, Diagnostic services, Ambulance handover times, Staffing of all disciplines
    - Discharge Services – Utilisation of discharge lounges, Reduced delays of transfer, Discharge profiling across specialities, Community and Social Care support, Reablement

22. South Tees CCG will continue their engagement and collaborative working with all providers and specifically JCUH to ensure service readiness. Testing of proposed plans will be undertaken throughout September and early October 2013.

Conclusion

23. To conclude, there is a significant amount of collaborative work being undertaken across the traditional health care boundaries i.e. primary and secondary care, and social care in addressing urgent care pressures. The Urgent Care work stream has been instrumental in identifying potential areas for improvement and has been motivated in developing planned actions to progress and implement change where possible. It has ensured that key stakeholders are present within the work stream, therefore recognising that a whole system approach to reforming urgent care within Tees is essential to success. The work stream meetings are well attended and

demonstrate the commitment to alleviating the pressures facing urgent care from all involved.

24. The Urgent Care Board will be instrumental in monitoring and improving Urgent Care, work continues in devising the Board to ensure it meets the criteria defined in the national guidance while being cognisant of local ways of working and the significant progress that continues to be made in addressing this agenda at a local level.

RECOMMENDATIONS

25. That That the Health Scrutiny Panel notes activity taking place across the health and social care economy to prepare for winter 2013.

BACKGROUND PAPERS

26. None

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