MIDDLESBROUGH COUNCIL

Agenda Item 4

HEALTH SCRUTINY PANEL 16 DECEMBER 2014

WINTER PRESSURES – Update 2014/15

PURPOSE OF THE REPORT

1. To introduce the item on Winter Pressures.

BACKGROUND

- 2. Members will recall that the Health Scrutiny Panel have undertaken a number of reviews on the topic of winter pressures. The first being in March 2013, when pressures placed upon health services became a high profile matter. The panel then received an update in July 2013 to establish the extent to which the lessons learnt from 2012/13 were being used in the planning for 2013/14.
- 3. To assist Members in their discussions, here is a reminder of the key challenges that have arisen as a result of winter pressures. These issues have been well documented and have been discussed in detail by the panel, they include:
 - i) The effect of the increase in the number of frail and elderly people needing care.
 - ii) The increased volume of patients and the complexity of their conditions
 - iii) Delays in the system impacting on ambulance handovers
 - iv) Delayed transfers of care and delayed discharges
 - v) Referrals from NHS 111 and Out of Hours Services
 - vi) People presenting to A&E when they could use alternative provision
 - vii) Staffing issues
 - viii) The effect of illnesses like flu and the novovirus on both staff and patients.
- 4. At the meeting in July 2013 Members were informed about a raft of measures put in place to mitigate the effect of winter pressures, they included the following:
 - The development of a dedicated urgent care work stream to review issues within the Tees area and plan for any surge in activity.

- ii) A review of admissions criteria for patients entering secondary care via A&E and GP admissions. With a focus on streamlining patient pathways.
- iii) Training sessions were developed and implemented to promote discharge planning and to streamline the process.
- iv) Rapid Response teams were introduced in addition to the Council's already well-established social care Rapid Response service.
- v) A computerised model to forecast patients at 'higher risk' of admission for each GP practice was introduced to enable professionals to assess patients in their own home to prevent a health crisis.
- vi) Virtual wards were introduced to prevent unplanned admissions, a virtual ward replicates a hospital ward, except people are cared for in their own homes.
- vii) Agencies were working better together and NEAS were involved in Urgent Care Plans.
- viii) Out of Hours pathways were reviewed in order to provide robust criterion for deciding whether to admit a patient to hospital.
- ix) Nurse led triage was introduced to free up consultants.
- x) 50 extra hospital beds were added in in James Cook University Hospital in 2013/14.

For Discussion

- 5. As we go into winter 2014/15 health representatives have been invited today to provide a general update on the effect those improvements made. In addition to that, representatives will discuss the preparations being made for this winter period.
- 6. Panel members will be aware that additional monies have been made available from the Government to deal with Winter Pressures. Information will be provided on how much extra funding has been made available in Middlesbrough, where this money is allocated and how activity is 'tracked' to demonstrate the added value of those resources.

In attendance

- 7. The following representatives will be at today's meeting
 - Mandy Headland, Managing Director, Integrated Medical Care Centre, South Tees Hospitals NHS Foundation Trust
 - Dr Mike Milner, Urgent Care Lead, South Tees CCG
 - Craig Blair, Associate Director of Commissioning, Delivery and Operations, South Tees CCG
 - Gill Carton, Senior Commissioning Manager, North of England Commissioning Support (NECS)
 - Douglas McDougall, North East Ambulance Service (NEAS) Head of Emergency Care (South)
- 8. Further information from the Health Sector will be made available prior to the meeting.

RECOMMENDATIONS

9. It is recommended that the position be noted, unless Members agree there are areas which need further investigation

BACKGROUND PAPERS

No background papers were used in this report.

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