MIDDLESBROUGH COUNCIL

AGENDA ITEM: 3

OVERVIEW AND SCRUTINY BOARD

4 NOVEMBER 2013

WINTER PRESSURES AND HOSPITAL DISCHARGE

PURPOSE OF THE REPORT

1. To present members of the Overview and Scrutiny Board, the Health Scrutiny Panel and the Social Care and Adult Services Scrutiny Panel with an outline of the purpose of this meeting.

BACKGROUND

2. The Health Scrutiny Panel held a round table meeting on the 19 March with a specific purpose to discuss the issues of winter pressures in the South Tees health and social care economy. In attendance at the meeting were 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.

3. The panel had a range of questions which formed the foundation of the discussion, emerging from the discussion it became evident that A&E at JCUH had experienced significant pressures over the winter period, with demand presenting a major challenge to the capacity of the service. The panel explored the possibility that this was the effect of an exceptional winter or was it now representative of a normal winter, given that we have an ageing population with increasing levels of illness.

4. On the strength of evidence presented it appeared that there were several factors which led to the difficulties over the winter period in 2012/13 one of which was the social care function specific to hospital admissions and discharge. Particularly that hospital deals with discharges 7 days a week, while the social care service is only operational 5 days a week which places additional strain on the discharge function. It was acknowledged that the Social Care's capacity to respond was not a single reason as to why discharges were delayed but it was a concern. As such the Social

Care and Adult Services Scrutiny Panel agreed to look at the issue in more detail as part of its 2013/14 work programme.

5. The Health Scrutiny Panel then presented a number of recommendations within their final report to the Executive on the 16 July 2013, along with the service response. In response to these submissions the Mayor indicated at the meeting that in his view further work was required on the area of delayed discharges and therefore proposed that the report needed to be considered further by the Overview and Scrutiny Board. It was in response to that request that today's meeting was convened.

Health Scrutiny Panel – Update on Winter Pressures report 25 July 2013

6. The Health Scrutiny Panel received an update on 25 July on what the local health economy was doing in order to ensure that the system is prepared for such issues of high service demand and poor winter conditions.

7. The panel learnt that the South Tees Clinical Commissioning Group (CCG) had formulated an Urgent Care Workstream to review the issues within the Tees area and plan for any surge in activity. The workstream was described as comprehensive in nature and it ensured that all the key stakeholders, including both local authorities, featured within the Terms of Reference. The workstream allowed the group to undertake a holistic approach to all the elements of urgent care. A number of actions had been undertaken which it was hoped would mitigate the impact of increased demand over the winter period. The findings of that meeting are attached at Appendix 3.

8. The Winter Pressures report and its subsequent update also highlighted another concern about the level of dissatisfaction within the GP community, about the current Out of Hours service. In particular its eagerness to call an ambulance to 'transfer the risk', when a doctor led out of hours service should eliminate, or at least restrict this demand. The Health Scrutiny Panel met on 4 September to discuss these issues with the Out of Hours Provider, Northern Doctors Urgent Care and the South Tees CCG. The findings are attached at Appendix 4.

PURPOSE OF THE MEETING

9. The purpose of this meeting is to obtain clarification and endorsement on the findings and conclusions contained within the Health Scrutiny Panel's report submitted to the Executive on Winter Pressures.

Evidence from South Tees Hospital Trust/Department of Wellbeing Care and Learning

10. Members will receive evidence from Sue Watson, Operational Services Director, South Tees Hospital Trust and Mike Robinson, Director of Wellbeing Care and Learning. Invitees will provide information on the following areas:
    - An overview of the hospital discharge process

- A summary of the main reasons and barriers for any delay in hospital discharge and relevant statistics
- An outline of the range of measures, which could be implemented to reduce any delayed discharge and ease the pressures.

11. Invitees have been asked to respond to the following questions as a basis for the discussions at the meeting.

    1. Once a patient is ready to be discharged but is thought to require social care input, what happens next?
    2. During the review of Winter Pressures, the Health Scrutiny Panel heard that one of the barriers in assisting with the efficient discharge of patients is social care response times, what research and intelligence is available to indicate this?
    3. What are the strengths and weaknesses of current working practices with regards to hospital-based social work?
    4. What are the barriers preventing a quick and effective discharge?
    5. How could the service be improved?
    6. Do you feel the hospital-based social work team has the capacity to deal with future demand?

12. Evidence submitted from the South Tees Hospital Trust can be found at Appendix 1.

13. Evidence submitted from the Department of Wellbeing, Care and Learning can be found at Appendix 2.

RECOMMENDATIONS

14. It is recommended that the Board and the Scrutiny Panels:

    a) Receive the information presented and seek clarification where appropriate on the issues of winter pressures in the South Tees health and social care economy in particular relation to the causes of delayed discharge.

    b) Identify any endorsements to the information contained in the report submitted to the Executive on 16 July 2013 and add any amendments/enhancements to the information as they see necessary.

    c) Make any recommendations to direct the Social Care and Adult Services Scrutiny Panel in their investigations into Discharge from Hospital – Support Provided by Social Care.

    d) That the Social Care and Adult Services Scrutiny Panel ensures that the evidence received at this meeting regarding the discharge

process, particularly in relation to the hospital and social work interface, is included in their final report.

BACKGROUND PAPERS

15. The following background papers were used in the preparation of this report.

    i. The Health Scrutiny Panel final report into Winter Pressures in the South Tees Health and Social Care Economy.
    ii. The Minutes of the Executive meeting of 16 July 2013.

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Appendix 3

MIDDLESBROUGH COUNCIL

WINTER PRESSURES UPDATE

PURPOSE OF THE REPORT

1. To provide members of the Overview & Scrutiny Board with the details of the Health Panel's findings from the recent update on their review of Winter Pressures.

RECOMMENDATIONS

2. That the Overview & Scrutiny Board notes the findings and course of action of the panel.

CONSIDERATION

Summary of the Review

3. The topic of Winter Pressures has been of great interest to the panel. 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 pressure that was placed on health services became a high profile matter, hence the Panel's decision to consider the topic in further detail.

4. On 19 March the Panel held a meeting with senior representatives from the local health and social care sector to discuss the pressures faced and the lessons that could be learnt. Following those discussions a final report was produced and it was agreed to revisit the topic during summer 2013 to establish the extent to which the lessons from 2012/13 were being implemented in planning for this winter.

The Panel's Update – 25 July 2013

5. The Panel had the following questions for the representatives attending the meeting.
   i) What progress has the health and social care sectors made in ensuring people can be appropriately discharged as quickly as possible to ensure more acute beds can be occupied by those with the most clinical need?
   ii) The evidence regarding the Out of Hours service suggested that there was a 'transfer of risk' by calling upon ambulances to transport people to emergency facilities as opposed to people being treated in the community. Is this an accurate position? And if so what work is underway to address this concern? Is

there a view on how well Out of Hours copes with Winter Pressures?

iii) With regard to the role of the CCG as the commissioner, i.e. bringing the system together, providing strategic oversight, ensuring appropriate services are in place etc. Is the local health and social care sector confident that it is performing this task?

iv) Is there an Urgent Care Board in the South Tees Area? Who sits on it, how is it focussing its priorities and how will we know if it is successful.

v) Is the South Tees health and social care sector a 'poorly performing care system'?

vi) Is the local health and social care economy confident that it has sufficient capacity to cope at JCUH and the system's ability to support appropriate discharge effectively?

6. The questions were not exhaustive, but formed the basis of the debate.

7. The panel met with a number of key representatives as follows
- Cleveland Police
- County Durham, Darlington and Tees Local Area Team
- Director of Public Health
- Middlesbrough Social Care
- South Tees Clinical Commissioning Group
- South Tees Hospitals NHS Foundation Trust

Findings

8. The Panel learnt that the South Tees Clinical Commissioning Group (CCG) had formulated an Urgent Care Workstream to review the issues within the Tees area and plan for any surge in activity. The workstream was described as comprehensive in nature and it ensured that all the key stakeholders, including both local authorities, featured within the Terms of Reference. The workstream allowed the group to undertake a holistic approach to all the elements of urgent care.

9. A number of actions had been undertaken which are as follows:

i) **Reviewing admissions** - in collaboration with James Cook University Hospital (JCUH) admissions have been reviewed from differing routes and to ensure these admissions are of an appropriate nature. The CCG and JCUH are scoping a project to review all admission criteria for those patients entering secondary care via A&E and GP admissions.

ii) **Training sessions to promote discharge planning** – a four-day discharge improvement event undertaken at JCUH which involved staff from both local authorities, the CCG and JCUH.

iii) **Improvement workshops in relation to discharge planning**- the CCG is working with the Acute Trust to prepare and implement rapid process improvement workshops in relation to discharge planning.

iv) **Rapid Response** – teams providing nursing and therapy have been introduced to add to Middlesbrough Council's well-established social care Rapid Response service, to deliver additional support to patients to help them remain within their own homes or to facilitate discharge from hospital.

v) **Use of forecasting** – using computerised models to forecast patients at 'highest risk' of admission for each GP practice. A team of professionals work collaboratively to assess patients in their own home, working with them to manage their own health conditions.

vi) **Care Plans to Prevent Admission** – There will be an 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. Patients will have an individual Care Plan developed by the GP and Community Matron.

vii) **Virtual Ward** – A virtual ward replicates a hospital ward, using similar staffing, systems and daily routines, except that the people are being cared for stay in their own home.

viii) **Nurse led triage and discharge** – allowing consultants to dedicate their resource to major accidents and emergencies.

ix) **Review of Ambulance Procedures** – reviewing different areas of urgent care that ambulance personnel are able to access with patients opposed to the traditional A&E attendance.

x) **Review of Out of Hours** – Northern Doctors Urgent Care (NDUC) and the CCG clinical lead are collaborating to ensure robust criterion for those patients requiring admission to hospital.

10. The panel was also advised about Urgent Care Boards. Recent national guidance regarding A&E pressures at a national level, set out the requirement to develop an Urgent Care Board (UCB) for the local health community. The CCG undertook a review of existing locality based urgent care groups to assess compliance with this guidance. The review identified that the South Tees CCG Urgent Care workstream did not constitute as a UCB. UCBs will be responsible for the co-ordination and production of winter capacity and escalation plans. The South Tees CCG will continue their engagement and collaborative working and testing of proposed plans will take place throughout September and early October 2013. The UCB will be instrumental in monitoring and improving Urgent Care, work continues in devising the Board

Winter Pressures on the Police

11. The Assistant Chief Constable addressed the panel and gave the Police perspective on the pressures during last winter and subsequent months. The pressures on the ambulance service had led to occasions where police cars had been used to transport people to hospital. It was pointed out that such circumstances were currently not uncommon. In April to 22 July there had been approximately 25/30 interactions with

North East Ambulance Service (NEAS) for ambulances or support. It was considered that the situation had improved, the force had met with NEAS to discuss ways forward. The panel suggested that NEAS be invited to a future meeting in order for them to provide information on their perspective of current pressures regarding emergency asses to JCUH

Investment

12. The panel learnt that a £6million investment would be used to recruit additional staff and increased bed capacity. 50 additional beds were expected to be open from 1 October 2013, half of which would be used for surgical patients and half for increased non–elected programme urgent patients. Those beds would then be used in winter for extra capacity.

13. With regard to arrangements for discharge, specific reference was made to the increased staff levels to the Social Work Team for Middlesbrough and Redcar and Cleveland. There were now 19 qualified social workers and an indication was given to ongoing work reviewing current processes that would ensure more accurate information. (One of the social workers has returned from maternity leave. A vacant post in the team was filled, 7 hours was taken from another team to make a worker up to full time and a 1-year temporary post was made available which will be recruited to ready for the winter pressures).

14. Discussion took place about the preventative measures each organisation could take to ensure there was an improved take up of the flu vaccination. The Council's Director of Public health assured the panel that ways of increasing the take up were currently being examined and that the commissioning of the Immunisation Programme was the responsibility of NHS England. The panel thought that it was important that our front line staff were immunised against the risk of flu.

Winter Pressures and OSB/Social Care Scrutiny Panel

15. The Panel's report was received at Executive on 16 July. In response the Mayor indicated that he would like some further evidence to be gathered by the Overview and Scrutiny Board (OSB). This panel was already scheduled to receive this update and as such the meeting went ahead as planned.

16. In addition to this update it has been agreed that a meeting of the OSB, the Health and the Social Care Scrutiny Panel should be convened to obtain further clarification and endorsement on the findings and conclusions contained within the Health Scrutiny Panel's final report. It is anticipated that a meeting of the 3 panels will take place after 30 August.

Further Information

17. The government announced on 8 August that struggling A&E units in England were to be given £500m in funding over the next two years. No details were available at the time of writing the report as to whether or not JCUH would receive any additional monies. It was stated that the money would focus on the minority of the 168 A&E units with the worst problems.

The Panel's Conclusions

18. The panel recognised the difficulties the Health Service have in planning for events which are subject to factors outside the control of any one organisation and acknowledged that the well publicised problems of last winter came from a confluence of events including:
    - Extremely cold weather lasting longer than usual
    - Rising demand for healthcare from an ageing population
    - Delays in ambulances being able to 'hand-over' patients
    - Lack of capacity in the health and social care economy to absorb patients from acute hospital beds
    - Delayed discharges
    - Out of Hours provision – ambulances being called in the absence of patients being assessed by a doctor.

19. The panel were pleased to see that each organisation continued to work together to ensure that an all system approach addressed the problems and ensured the public could remain confident in the health and social care services ability to offer a safe and high quality service. Therefore the panel was pleased to receive the written report delivered by the CCG which clearly showed a consensual approach by all partner organisations.

20. The panel was unable to ascertain what new resources were to be made available with the exception of the commitment for new beds at the JCUH. The panel will await the outcome of the recent announcement by the Government for additional monies to some A&E departments.

21. Following a lengthy round table discussion the panel agreed the following course of action:

    a) To write to the Chief Executive to seek information on what steps were being taken to ensure the take up of the flu immunisation by the Council's staff;
    b) To invite representatives from the North East Ambulance Service (NEAS) and Cleveland Police to a future panel meeting to discuss emergency access to James Cook University Hospital; and
    c) That the panel receives further information on the Out of Hours service.
    d) That the Social Care and Adult Services panel follow up the recent government announcement with JCUH to establish if any of the additional monies will be received in this area.

Councillor Eddie Dryden
Chair, Health Scrutiny Panel

BACKGROUND PAPERS

22. Health Scrutiny Panel Final report – Winter Pressures in the South Tees Health and Social Care Economy – 30 April 2013.

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Appendix 4

MIDDLESBROUGH COUNCIL

OUT OF HOURS UPDATE – THE PANEL'S FINDINGS

PURPOSE OF THE REPORT

1. To provide members of the Overview & Scrutiny Board with an update on the findings of the Health Scrutiny Panel, following their meeting regarding the Out of Hours Service.

RECOMMENDATIONS

2. That the Overview & Scrutiny Board notes the findings.

CONSIDERATION

Chronology and Evidence

3. On the 19 March the panel considered the impact the winter pressures had on the accident and emergency department at James Cook University Hospital (JCUH).

4. As part of that review the panel heard that there was a general dissatisfaction with the current Out of Hours (OOH) service and a perception that it too readily 'transfers risk' by calling on ambulances to transfer people to the emergency facilities at JCUH.

5. The panel then produced a final report for its meeting on 30 April. That report made reference to the advice from the CCG which said that the contract awarded to the OOH provider did not invest enough resources into ensuring sufficient visits by OOH GPs.

6. The panel then reviewed the Winter Pressures topic and the various health representatives attended a meeting on the 25 July to establish what progress had been made in mitigating the effect of winter pressures on the A&E department for this year.

7. At that meeting the representatives were asked a number of questions and specifically with regard to the Out of Hours services, they were asked what progress has been made to see if the perception of 'transferring risk' was a reality?

8. In answer to that question, the Clinical Commissioning Group (CCG) outlined 2 improvements in this area

i) The CCG and JCUH were identifying and supporting those people who may be at risk of an unplanned admission in the future.

ii) CCG Lead, Dr Mike Milner, was collaborating with the Northern Doctors Urgent Care (NDUC) to review pathways and ensure robust criterion for those patients requiring admission to hospital. This will include, as a minimum, that the out of hours doctors must physically assess a patient prior to admitting them to an acute hospital.

9. The panel felt that further investigation was needed on the Out of Hours contract and as such met with representatives from the CCG and Northern Doctors Urgent Care (NDUC), the contract provider on 4 September.

10. The panel wanted to discuss the Out of Hours (OOH) operation, the contract and specifically the 'transfer of risk' issue and the resources available for visits by GPs (as discovered in the Winter Pressures review).

11. The panel learnt that:
    - Dr Edward Summers had undertaken an audit of A&E and 999 calls for the NDUC OOH service
    - in the week between 10 June to 17 June there had been 2857 A&E Cases and 922 NDUC cases, of which 25 of the NDUC cases had been referrals to A&E/999 from NDUC
    - Therefore during the period of the audit, admissions (non A&E) accounted for 5.4% of NDUC cases

12. The 999 cases had included such things as Stroke, cardiac chest pain, significant overdose of pain killers.

13. The A&E Cases had involved: elderly people who had fallen and who had first received a face to face assessment; patients electing to go to A&E after the offer of a centre appointment; and admissions following District Nurses discussions with GPs from the OOH service about people with catheter problems. One person had called an ambulance prior to the OOH call.

14. The panel heard that the NDUC were hitting all of their targets in figures kept up until March 2013. The 111 service was implemented in March making comparisons with pre March figures difficult. It was noted by the CCG that lots of information was coming out of the experiences of the 111 system which is all being analysed and will feed in to the overall assessment and performance process. It was noted that the integration with the 111 service had gone well and it was working well in this area.

15. There had been a routine CQC inspection of NDUC – Northumberland House and Crutes House which had found that the organisation had met all of the 5 standards which the CQC measure against.

16. In moving forward and developing the OOH service the NDUC were undertaking a number of improvements in the following areas:

    - **Paramedic Support Line** – paramedics can ring for GP advice and are put through to a GP within minutes;

    - **Special Patient Notes** – work with GP practices to get patient plans sent. If the OOH service has access to care plans then it is less likely to admit to A&E; and

    - **Access to GP Patient Records** – working with GP practices to get them to use the special patient notes system. Patients expect the OOH service to have access to their notes.

17. The panel heard that GPs from the OOH service regularly met with consultants in A&E to discuss the reasons why people are being admitted to A&E by the OOH service and this gave both sides the opportunity to assess any unnecessary admissions.

18. There are mechanisms for consultants to feed back to the NDUC, they can speak to the individual doctor who made the judgement to send someone to A&E and it has been found that there are very few inappropriate out of hours referrals.

19. The panel discussed the distinction between the NICE guidelines for admitting a patient to hospital versus the clinical judgement of a practitioner. It was outlined that working in OOH can be a high risk area, as there is sometimes no access to a patient's information and history, because of this, sometimes the safest option is for them to be seen by A&E.

20. It was acknowledged that national perceptions will influence local opinions. However the panel heard from Dr Milner that in his opinion, the OOH service has developed into a safer and better service.

21. The panel was invited to come and look at the NDUC centre.

Future Contract

22. The panel discussed how past experience would shape the development of the new OOH contract. The OOH and the CCG have learnt from this contract that one of the most important functions is to have access to patient notes and they are working to improve this across all GP practices. The new contract is up for renewal in 2016 and preliminary work will begin on its contents and this development work is listed within the CCG's 2013 commissioning intentions.

23. The CCG will assess the impact of the 111 services; they will consider the integration of the services so that they all work together effectively and they will also look at the needs of the patients.

24. Patient experience will help shape the new contract, engagement work will take place, including surveys, focus groups, marketing engagement events and learning from complaints will all be used in the process.

Conclusion

25. The Panel agreed to revisit this topic with particular reference to the development of the new contract for the Out of Hours provider in 2016.

Councillor Eddie Dryden
Chair, Health Scrutiny Panel

BACKGROUND PAPERS

No background papers were used to prepare this briefing paper.

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