

**HEALTH SCRUTINY PANEL
WINTER PRESSURES IN THE SOUTH TEES HEALTH & SOCIAL CARE ECONOMY – ACTION PLAN**

16 July 2013

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST (MBC)	TIMESCALE
<p>1. That the local health and social care economy, led by the Health & Wellbeing Board, develops and implements a strategy to ensure that the local health and social care economy is more able to deal with winter pressures. The strategy should have a specific and explicit focus on the following areas of priority;</p>	<p>Strategy to be devised by clinical and managerial lead, in conjunction with the H&WB Work stream/Board key stakeholders</p> <p>Main areas of priorities to be identified and clearly articulated within the strategy with dates for completion</p>	<p>South Tees CCG (Deborah Ward – CSU)</p>	<p>N/A</p>	<p>August 2013</p>
<p>2. How Social Care provision, specifically that based at JCUH, will be developed to ensure it can efficiently and safely meet the demand for services associated with assessment and discharge of patients, which presents itself through the winter months. The detail of how this is to be done, whilst largely a management function, should pay appropriate attention as to whether current operating hours are sufficient, as well as whether staff numbers are sufficient.</p>	<p>Rapid Process Improvement Workshops currently being scoped, commencing with ‘front of house’ which social care are an integral partner in developing</p> <p>Discharge Planning and triggers for referral to social services currently being undertaken within the Acute Trust with all wards</p> <p>The CCG are supporting the Acute Trust in performing improvement workshops for robust discharge planning</p>	<p>STHFT (Susan Watson Suzy Cook) South Tees CCG (Nicola Jones, Deborah Bowden – CSU)</p> <p>STHFT (Gill Collinson)</p> <p>South Tees CCG (Deborah Bowden – CSU)</p>	<p>N/A</p>	<p>3rd June 2013</p> <p>May 2013 onwards</p> <p>May 2013 onwards</p>

	Review of JCUH hospital Social Work function to identify further opportunities for service improvement.	Middlesbrough Council (Erik Scollay)		June - September 2013
3. How the local health and social care economy will develop a better and more robust range of service options based in the community, which will allow people to be safely discharged out of acute hospital, who may still require some recovery period. The strategy should be explicit about how this will be funded and what is needed to make it happen. An important aspect of that will be the management of the 'local market', to ensure that provision is in harmony with need and demand.	<p>Rapid Response Teams implemented to facilitate hospital avoidance.</p> <p>Predictive risk assessment of those patients within GP practices who have the potential to require unplanned admission. Input from Health Professionals (ICCT) who implement strategies with this identified cohort to ensure they can manage their health conditions, empowering them to remain within their own home</p> <p>Virtual Ward – Multidisciplinary care management in the community.</p>	STHFT/South Tees CCG (Gill Collinson, Julie Stevens)	N/A	<p>Implemented</p> <p>Implemented</p> <p>Implemented</p>
4. How the local health and social care economy will seek to utilise the skills and expertise of NEAS staff more, particularly around the concept of paramedics being able to 'see and treat'. The suggestion, that the Panel has heard from more than one source, that General Practices seeks to utilise NEAS primarily as a mode of transport to hospital, to transfer risk, should also be urgently investigated and challenged, by the competent body, if necessary. There should be clear protocols published, which provide	<p>Pilot ongoing within out of hour's periods for 'paramedic support'. This has been implemented throughout Tees and will be evaluated in June 2013. (Northern Doctors)</p> <p>Clinical profiles of all walk in centres currently being reviewed to allow paramedic crews alternative services to transfer patients opposed to A&E Departments</p>	<p>Northern Doctors South Tees CCG (Nicola Jones - CSU)</p> <p>NEAS (Elaine Bennington) South Tees CCG (Helen Metcalfe - CSU)</p>	N/A	<p>Implemented – Evaluative results to be presented June 2013</p> <p>June 2013 onwards</p>

APPENDIX E

directions for paramedic staff to be able to question the appropriateness an ambulance transporting someone to hospital.	The formation of the Urgent Care Board will allow clinical discussion and performance monitoring of all stakeholders integral to Urgent Care	South Tees CCG (Dr Milner, Nicola Jones)		June 2013
5. How the local health and social care economy will ensure that the Out of Hours service provider does not, or will not in the future, seek to adopt an approach where it abdicates risk and transfer that risk to the hospital environment. This should involve an urgent review to ensure that the current Out of Hours contract is being complied with.	Dr Milner – Urgent Care Lead engaging with Northern Doctors Out of Hours providers to define criterion that must be completed prior to any patients being transferred to an Acute setting. This will ensure all admissions will have been physically assessed prior to transfer Contract monitoring ongoing via Provider Management	South Tees CCG (Dr Milner) Northern Doctors (Dr Summers) South Tees CCG (Andrew Rowlands – CSU)	N/A	June 2013 Ongoing
6. To support the development and formation of a strategy, the Health and Wellbeing Board should commission work to identify include detailed projections on population and morbidity data, which attempts to identify where, when and how service pressures will come to bear. The suggestion that the health and social care economy doesn't have this level of data available to it and doesn't really know what future pressures are coming, struck the Panel and should be remedied.	Further analysis and discussion required within the H&WB Board to support progress within this area.	South Tees CCG (Deborah Ward – CSU)	N/A	September 2013
7. The Panel would be keen to see the local	The Acute Trust is opening 50 extra	STHFT (Susan	N/A	November

<p>health and social care economy hold a conversation about whether it would support the idea of there being greater inpatient winter capacity at JCUH, which perhaps would be closed throughout the warmer parts of the year. The Panel is conscious that this would create a degree of inefficiency at JCUH, but would be interested to learn whether that small amount of unused capacity laying dormant throughout most of the year, would be supported if it could be relied upon during winter.</p>	<p>beds within the winter months and the Trust have planned for this accordingly. Further discussion regarding inpatient capacity and the potential to explore alternative models of care are continuing to be explored with the CCG and other partner agencies, including the capacity of social care teams over the Christmas and New Year period.</p>	<p>Watson)</p>		<p>2013</p>
<p>8. That the South Tees Hospitals NHS Foundation Trust expedites its work to investigate the feasibility of expanding the physical capacity at JCUH, particularly around the resuscitation facilities. The Panel would like to know the outcome of this work.</p>	<p>As above – work has been undertaken to identify additional capacity on the JCUH site in terms of the number of beds available, in addition work is on-going to explore alternative models of care that will support a reduction in the physical capacity issues.</p>	<p>STHFT (Susan Watson)</p>	<p>N/A</p>	<p>On-going</p>
<p>9. That the South Tees Hospitals NHS Foundation Trust, reassures itself and the wider health and social care economy, that the development of a major trauma unit at JCUH, and the associated additional patients, does not detract from the facility’s ability to carry out its District General Hospital duties, particularly in winter.</p>	<p>Work is on-going to monitor the numbers of attendances to the JCUH A&E department and the resultant admissions in relation to the mode of arrival and the classification of the attendance/admission – i.e. has the patient arrived via Ambulance and is this attendance attributable to major trauma. Work to understand the volume of major trauma activity against expected levels will continue to be monitored to ensure this does not</p>	<p>STHFT (Susan Watson) South Tees CCG (Kirsty Kitching - CSU)</p>	<p>N/A</p>	<p>On-going</p>

	detract from the JCUH site ability to deliver DGH responsibilities.			
10. That further attention is paid to the modes of transport used by the health and social care system, to ensure people who require hospital treatment, are appropriately transported. This work will be led by the Health Scrutiny Panel.	To be led by Health Scrutiny Panel		N/A	