

## **Health Scrutiny Committee**

**21 January 2016**

### **Winter Pressures – Report from Task and Finish Group**

#### **Background**

1. At its meeting on 14 October 2015, the Committee considered an item on planning for winter pressures in 2015/16. The Committee explored how the Ipswich and East Suffolk and West Suffolk health and care systems were planning for the winter of 2015/16, and how current issues relating to delayed patient transfers at Ipswich and West Suffolk Hospitals were being addressed.
2. As a result of the information received, the Committee agreed to form a Task and Finish Group to keep a watching brief on how the health and care system in Suffolk is coping over the winter period and to maintain an on-going dialogue with health and care partners on any issues arising. The Committee agreed that this would be an effective and efficient forum to allow for ongoing dialogue between health scrutiny and the Suffolk health and care system as the winter progressed.
3. The Task and Finish Group met with representatives of Ipswich and East Suffolk and West Suffolk CCGs and SCC Adult and Community Services on 7 January 2016 and also received a written information update from Great Yarmouth and Waveney CCG (HealthEast).
4. This report provides the Committee with a summary of the information the Task and Finish Group received and recommendations for consideration.

#### **Summary of the Task and Finish Group Meeting**

5. The Task and Finish Group, which met on 7 January 2016 at Endeavour House, Ipswich, comprised Cllr Sarah Adams, Cllr Elizabeth Gibson-Harries and Andy Yacoub (Chief Executive, Healthwatch, Suffolk). The Group elected Cllr Adams as its Chairman and agreed its terms of reference, which were:
  - a) To keep a watching brief on how the health and care system in Suffolk is coping over the winter period and to maintain an on-going dialogue with health and care partners on any issues arising.
  - b) To provide an update to the Health Scrutiny Committee at its meeting on 21 January 2016, including an explanation of any issues reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved and an explanation of any recommendations on the matter.
6. The Task and Finish Group was joined by the following officers:

- Clare Banyard, Associate Director of Redesign, Ipswich and East Suffolk CCG
  - Sandie Robinson, Associate Director of Redesign, West Suffolk CCG
  - Jo John, Communications Manager, Ipswich and East Suffolk and West Suffolk CCGs
  - Gillian Clarke Head of Strategic Commissioning, Adult and Community Services, SCC
  - Nicola Roper, Operations and Partnership Manager, Adult and Community Services, SCC
  - Theresa Harden, Business Manager, SCC Democratic Services
  - Katherine Bailey, Democratic Services Officer, SCC
7. The Task and Finish Group was briefed on the functioning of the winter schemes which had been put into place for 2015/16 following learning from the experience of previous winters. The Group noted that the details of these had previously been reported to the Committee when the matter was discussed in October 2015. Members heard that the schemes in operation in Ipswich and East Suffolk and West Suffolk were similar and comprised:
- a) 24/7 Crisis Action (Early Intervention) Teams;
  - b) Multidisciplinary, quick response, geriatric frailty assessment services;
  - c) Community re-ablement beds (step up, step across and step down);
  - d) Admissions and readmissions avoidance (Welcome Home) service to provide intensive discharge support;
  - e) Hospital Ambulance Liaison Officers;
  - f) Town Pastors Services;
  - g) Suffolk Family Carers Respite on Prescription; and
  - h) A new ACS Reablement Team.
8. The Task and Finish Group noted the following points:
- a) Members heard from Ipswich and East CCG and West Suffolk CCG that learning from previous winters had clearly shown that greater collaboration was the most effective way to ensure a streamlined and efficient health and care system. The NHS, Suffolk County Council and voluntary sector organisations were currently working together to resolve issues as they arose and to develop an effective system in which all areas of health and care worked together. It was noted that pressures on the system were not confined to winter and work was taking place to make the system more resilient all year round.
 

The Group heard that the main objective was to ensure that patients were safe and well looked after at home wherever possible, with hospital admissions only if necessary, and to deliver well supported discharge from hospital. Teams were organised to support people at home, and were community based with links to hospitals. It was confirmed community pharmacies were also involved.
  - b) The Group received a written report from Great Yarmouth and Waveney CCG on its current winter schemes. Members were aware that there were concerns about capacity at James Paget Hospital, and also some issues locally which may have exacerbated pressures in the system. Members suggested this may be a matter for the Great Yarmouth and Waveney Joint Health Scrutiny Committee to consider.
  - c) In response to questions from members, the Group heard that access to the community equipment service for therapists and nurses had improved, and the service had been boosted over the winter period. The Group heard that

partnerships between ACS and District Council housing departments had been strengthened to provide proactive services to reduce falls, and timely housing modifications which enabled people to remain in their homes, but was aware that historically, response times for these services had been very variable.

- d) Members heard that frail elderly patients used Accident and Emergency Services more than other groups, and patients from this group had also been most likely to be delayed in leaving hospital and were most likely to be readmitted. Organisations were currently working collaboratively to address these issues. Professionals were also working towards an approach to ensure that patients were simultaneously assessed for physical, mental and social wellbeing, to help increase early intervention.
- e) Members discussed medical services to care homes and heard that CCGs had been aligning GP services with care homes (although patient choice meant that individual medical services were still often provided by the patient's preferred GP). Frailty was the biggest cause of ambulance call-outs to care homes and frailty training was being provided to care staff, but the effectiveness of this was limited by a high level of staff turn-over. Members commented that consideration could also be given to whether named mental health professionals should also be linked to care homes as a key contact.
- f) Members heard that Adult and Community Services were working with other agencies to streamline pathways. It was acknowledged that the "Support to Live at Home" service had experienced some teething problems but this was being addressed. There had been some additional investment to develop capacity, for example in step down beds. Further consideration would also be given to the 7-day services model.
- g) In response to questions from members, the group heard that primary care services were generally strong in Suffolk, although recruitment and retention continued to be a challenge. The Suffolk GP Federation was helping to support the system and some additional GP hours had been made available for evenings and weekends. Members heard that the relationship between CCGs and GPs was good, communications had improved and there was good attendance at the monthly engagement sessions held by the CCGs.
- h) The Group recognised the importance of investing in staff and although Members were informed that staffing levels were currently satisfactory, they heard all parties express concerns about recruitment, training and retention of staff. In particular, recruitment and retention of GPs, turnover of staff in residential homes and recruitment of care staff was discussed. It was noted that the County Council was competing with other organisations which did not have restrictions on salary increments.
- i) The Group discussed the issue of short term commissioning and agreed that this was not helpful to the development of an effective system, and noted that it also had an impact on the voluntary sector, which could not be expected to function satisfactorily on short term contracts.
- j) The Group heard that System Resilience Groups, including representatives from Healthwatch, met monthly at least (and more frequently if required). The CCGs also had fortnightly telephone conversations with SCC Adult and Community Services to discuss issues. Patient outcomes were being monitored and reported back to referrers to help develop confidence in the system.

- k) The Group noted that in the current winter there had been significant media coverage of basic winter health messages, both locally and nationally and agreed that this was important in helping to develop trust and public understanding of services available and how to use them.
- l) The Group was provided with copies of one page A4 guides which had been laminated and sent to all GPs and the Ambulance Service, which provided details of schemes, referral routes and contact numbers. The Group congratulated CCGs on this piece of work.
- m) The Group questioned whether the recommendation from Health Scrutiny Committee on 15 October 2015 that “*all parties should work towards agreeing a process for hospitals to record delayed transfers in a consistent, system-wide manner, and in line with forthcoming revised Department of Health Guidance, whilst minimising the time and resources required to undertake this activity*” had been implemented. The Group heard that delayed transfers of care continued to be an issue but that the systems are working on this. The new Department of Health Guidance had now been issued and the Group felt this issue was something the Health Scrutiny Committee should revisit to check on progress at a future meeting.

## **Outcomes and recommendations**

- 9. The Task and Finish Group noted that Ipswich and West Suffolk Hospitals were currently managing their capacities, although the situation continued to be challenging for both hospitals.
- 10. The Group made the following recommendations:
  - a) That the Suffolk Health Scrutiny Committee:
    - i) consider adding an item to its work programme for 2016 to consider recruitment, training and retention of health and care staff, potentially with a view to identifying good practice/effective initiatives from other areas of the Country which could potentially be replicated in Suffolk;
    - ii) request a summary of how Adult and Community Services is working with District and Borough council housing departments to enable people to receive the care and support they need at home;
    - iii) seek an update on progress towards improving the process for recording and monitoring delayed transfers of care at a future meeting.
  - b) That commissioners should give consideration to whether there would be a benefit in linking named mental health professionals to care homes, in a similar way to GPs.
  - c) To recommend to the Great Yarmouth and Waveney Joint Health Scrutiny Committee that it should seek an update on capacity in the HealthEast system.

## **Contact details**

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