Suffolk County Council

**Agenda Item 6**

# Health Scrutiny Committee

# 19 January 2017

# Winter Pressures – Report from Task and Finish Group

## Background

1. At its meeting on 12 October 2016, the Committee agreed that a Task and Finish Group should be established to hold a single issue meeting focussing on how the health and care system is planning for the winter of 2016/17.
2. The Chairman reminded members that the previous winter a Task and Finish Group had held a meeting with representatives of the health and care sector to discuss the arrangements in place to manage transfers from hospital over the winter period. It was agreed that a Task and Finish Group should be formed again this year, and should meet in the period prior to the next meeting, to enable it to report back to the Committee.
3. The Task and Finish Group met with representatives of Ipswich and East Suffolk and West Suffolk CCGs, Ipswich and West Suffolk Hospitals and SCC Adult and Community Services on 12 December 2016.

## Objective

4. The Committee is asked to note the findings and conclusions of the Task and Finish Group, as set out in the following report, and consider whether any further scrutiny or information is required by the Committee.

## Summary of the Task and Finish Group Meeting

5. The Task and Finish Group, which met on 12 December 2016 at Endeavour House, Ipswich, comprised Cllr Sarah Adams, and Cllr Paul Hopfensperger. The Group elected Cllr Adams as its Chairman and agreed its terms of reference, which were:

   a) To consider how the health and care system in Suffolk is planning for winter pressures in 2016/17.

   b) To provide an update to the Health Scrutiny Committee at its meeting on 19 January 2017 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, over the course of the meeting, by the following officers:

   - Kate Vaughton, Chief Operating Officer, West Suffolk CCG

- Isabel Cockayne, Head of Communications, Ipswich and East Suffolk and West Suffolk CCGs
- Neill Moloney, Managing Director, Ipswich Hospital NHS Trust
- Jon Green, Chief Operating Officer, West Suffolk Hospital NHS Foundation Trust
- Balwinder Kaur Assistant Director Social Work Services, SCC
- Rob Kirkpatrick, Strategic Development Manager, Adult & Community Services, SCC
- Nicola Roper, Strategic Development Manager - Partnerships and Service Redesign, Adult & Community Services, SCC
- Gillian Clarke, Head of Strategic Commissioning, SCC
- Katherine Bailey, Democratic Services Officer, SCC

## Findings and conclusions

7. The Task and Finish Group heard that our local systems are performing comparatively well and are recognised nationally for excellence. Councillors were pleased to hear that although the system has markedly improved over the last few years, there are still things that are being done to relieve the effects of seasonal pressures.

8. However, councillors heard that despite the learning from previous years and subsequent system improvements, organisations were more concerned about the coming winter than any one previously. Pressure is building throughout the system with a 7% growth in A&E attendances year on year, and a consistent 7% of A&E attendees needing admission to hospital. Hospitals have limited ability to increase capacity, and delays in finding care for patients on discharge mean that hospitals are squeezed at both ends.

### Collaborative Working

9. Councillors were reminded that social care and health providers have joined with police, mental health, county and local councils and the voluntary sector to develop Connect projects, which focus on supporting people in the community who need help. Following several successful pilots, there are 12 Connect projects at different stages across Suffolk now. The Winter Plan is arranged around the Connect Projects and will cut through organisational and professional boundaries, thereby forming the basis of future ways of working. Members heard that these projects are working well but more needs to be done to encourage organisations to work together, especially as increased pressures put relationships under strain. Some barriers can be broken down using quite simple adjustments to working practices such as co-location of health and care staff.

10. Many emergency admissions can be traced back to loneliness and anxiety, and the voluntary sector has a meaningful role in addressing this need.

    *Members agreed that drawing voluntary services into discussions, trusting them to deliver effective outcomes and providing them with appropriate support will be key to the successful delivery of the localities projects.*

11. Hospitals can mitigate for increases in emergency admissions to a certain extent by reducing elective treatments. However, this influences waiting lists which are one of the criteria that hospitals are judged on (Members heard that for every week waiting lists are increased, it takes 4 weeks to recover). The result is that to deliver safely on emergencies which are the responsibility of the system as a

whole, hospitals are forced to make decisions that potentially affect their long term sustainability.

12. The Group heard that hospitals have introduced measures to ensure that long stay wards are responsive to pressures being experienced in A&E and that other parts of the health and care system are also refining their processes to facilitate quick and effective responses to spikes in demand, and relieve the pressures on hospitals.

    *The Task and Finish Group was impressed by the way that organisations are working together, the way that they are building on lessons learnt from previous winters and the progress that they have made. The group commented that it was important that all parties take shared responsibility to manage crises, even if this means going against plans or deviating from individual organisational targets.*

## Admission avoidance

13. The first stage in reducing pressures on the health and care system is to reduce the number of visits to A&E and consequent admissions into hospitals. Within the Connect projects, multi-disciplinary teams proactively case manage specific and general admissions prevention. Members heard that this is working well and there are plans to extend it.

14. In WSCCG, the Group was informed that the early intervention team, which targets patients before they get into crisis, has been enhanced in comparison with last winter, the objective being to avoid acute admissions. There is now a bigger social care element, reablement support workers' hours have been increased to include night shifts on Thursday to Sunday (to provide resilience following high admissions over the previous weekend and subsequent discharges later in the week), and community chronic obstructive pulmonary disease teams and paramedic teams have been added since last year. Awareness of the new team and its capabilities has been disseminated to GPs at locality meetings by consultants and the ambulatory care nurse.

15. The Early Intervention Team in West Suffolk, and similar Crisis Action Team in the East are fully integrated with Home First and built on an ethos of reablement. Crises can be deescalated by enablement, and if there is a subsequent medical crisis, some work has already been done, meaning that discharge is less complex. This model is working well and progressing.

16. However, Members heard concerns that in some areas of Suffolk there are insufficient mechanisms for community health care, including access to integrated teams, district nurses and diagnostics, especially at weekends, and opportunities to deescalate crises in the community and avoid subsequent admissions are being missed.

17. GPs are being encouraged to manage their lists effectively over the Christmas period and into January, with greater emphasis on telephone triage. There is an active medical helpline, NHS 111, and urgent out of hours GP appointments are accessed via that too, which includes home visits. In Ipswich and Bury St Edmunds, GPs are supported by GP+, which is accessed via NHS 111 and is for people who urgently need a doctor's appointment, or cannot see their GP on a weekday. In addition, some A&E patients at Ipswich and West Suffolk Hospitals, who have been assessed as having minor ailments, are offered an appointment with GP+. Paramedics attending 999 calls have the option to contact GP+, rather than taking a patient to A&E.

18. The Group heard concerns and anecdotal evidence that attendance at emergency departments increase outside the normal operating times of primary care services, and was concerned that this could be related to two factors:

    *a) people are confused by the variety of out of hours provision. Councillors agreed that the options for out of hours health care should continue to be advertised widely and clearly, and that Councillors have a role in achieving this; and*

    *b) patients who could be treated at home are sometimes being advised to attend emergency departments by out of hours providers. Members agreed that these health professionals should continue to be educated in whole system pathways, and supported in their decision making when considering whether an ambulance or A&E referral is required.*

## Flow through hospitals

19. Hospital emergency departments are unable to reschedule admissions, and quickly become very pressured, with unmanageable numbers of patients requiring immediate admission. Meanwhile, other departments, especially long term wards, may be quite calm. Investigations into the causes of delayed transfers of care have shown that some problems arise from the flow of patients through the hospital and both WSH and IHT have put schemes in place far in advance of winter to move patients through the hospitals.

20. Both hospitals now operate “Red to Green” periods during which every patient is assessed to consider what needs to be done to achieve their discharge, and ward staff are empowered to prioritise these actions.

21. Hospitals traditionally keep people in beds, but elderly people especially, lose muscle memory and confidence very quickly and so the hospitals are trying to overcome traditional working practices and educating staff in the importance of keeping elderly people as mobile as possible to facilitate their return home, such as getting people up to eat their breakfast.

    *Councillors agreed that the need to keep hospital patients as mobile as possible should be continually reinforced to staff, and patients, families and the public should be made aware of the benefits resulting from this policy for patients, and for the health and care system.*

## Discharge from hospital

22. Councillors heard that patients often present with several conditions and there is a temptation for hospital medical professionals, who are trained to “make people better”, to attempt to treat conditions other than the one that hospitalised them, and discharge them only when they are “medically fit”, although some never will be. Additionally, medical professionals are concerned that a patient may have a fall and be readmitted with a fracture soon after discharge. An investigation had indicated that missed opportunities for early discharge with no social care were often converted to discharge with a need for care when patients were kept in hospital longer. Additionally, the group heard concerns that clinicians sometimes provide relatives with advice about care options which are not actually appropriate or possible to achieve in practise.

23. These practices are being challenged, as although well intentioned, they are often not in the overall best interests of patients, hospitals or the care system;

patients would often rather be at home, tend to lose confidence and capability during hospital stays and are vulnerable to hospital acquired infections;

24. To address these concerns, the criteria for discharge is being changed from “medically fit” to “medically optimised”, to encourage staff to become less risk averse, and enable patients to return to their homes as soon as possible. The capabilities of patients are assessed and recorded on admission and this information is used to set the clinical criteria for discharge, so that professionals have an awareness of the patient’s capabilities previous to admission.

    *The Group agreed that patients who meet the criteria for discharge should be enabled to go home wherever possible, and this should be reinforced by senior clinicians, who have the responsibility and authority to ensure that this happens.*

25. A patient’s care assessment is traditionally triggered when their consultant decides they are fit for discharge. Patients at this point have generally been ill in bed for several days, are low in confidence and have reduced capabilities. This is not an appropriate time for them to be assessed and the Group heard WSH now has step down beds available, where patients are encouraged to be mobile for a few days and are then assessed. Many would have been assessed as needing a care home on leaving the hospital, but after a few days in the step down unit are able to return to their homes.

26. IHT has a supported discharge function, and WSH is also considering providing care staff to support patients at home until their assessments had been processed. However, there are concerns about the number of community discharge to assess beds, and about eligibility for continuing healthcare funding, with an identified need to make continuing healthcare pathways more robust.

    *Members appreciated that more discharge to assess beds are available this year than previously, but commented that even more are required, and they need to be available county wide.*

27. Councillors noted that investments which result in fewer patients going into care homes give rise to substantial savings for the health and care system as a whole, and they emphasised the importance of joint commissioning and sharing budgets in the development of an integrated system. Members agreed that for the system to be effective, decisions should be based on cost effectiveness for the whole system, even though they may not be in the best financial interests of individual organisations.

## Support at home

28. The Group heard that the care service had been reviewing services and now had a better idea of the causes of delays, which they are working to resolve.

29. Twice as many residential and nursing beds have been block booked across Suffolk compared to last year. The social work team is now fully staffed, and there is an out of hours team of social workers plus an on-call manager on duty at each hospital. A new programme “Support to get home”, introduced by WSH, will provide support for people until a social care programme is established for them.

30. Many patients are physically or mentally incapable of engaging with reablement, meaning that they need to be supported intensively at home for a short period after discharge. An early supported discharge programme has been set up for

these patients, who are handed over to Home First or Support to Live at Home (which is now functioning well) after a few weeks.

31. The capacity of reablement services has been increased, and mechanisms for assessing patients' suitability have been reviewed to ensure that patients are provided with services when they are sufficiently capable to benefit from them.

32. A consultation with Home First has also introduced new rotas and working patterns to provide more flexibility and capacity.

33. Members heard that the biggest problems with social care continued to be the recruitment of staff and the sufficiency of care home capacity of satisfactory quality.

    *Members agreed that carers have a very important role to play in supporting society and should be more highly valued. Until this is recognised by the population as a whole, the recruitment of suitable staff will continue to be an issue for the Care Industry, and this will affect the availability and quality of care for people at home and in care homes. Members agreed that Councillors have a role to play in promoting this message.*

## What Councillors can do to help

34. During the meeting, Members identified several areas where local councillors can help by reinforcing messages to the public. These messages are already being promoted, but Members recognised that continual and consistent repetition from a variety of sources is the best way to make sure that messages are received and understood, and agreed that councillors have a role to play in this.

35. Councillors were aware that health and care systems are complicated and confusing to the public and agreed that it is important that the language used in promoting healthcare is be as simple as possible. For example, few people understand the differences between primary, acute, and continuing healthcare or the difference between health care and social care.

<u>Avoiding admissions to hospital</u>

36. Members heard that avoiding hospital admissions can be in the best interests of vulnerable people. Hospitals often keep patients in bed, which can lead to physical and mental deterioration and loss of confidence in vulnerable patients, who also tend to be susceptible to hospital acquired infections. Avoiding hospital admissions by keeping stocks of appropriate over-the-counter medicines, making sure patients have sufficient quantities of prescription medicines at home and accessing services from community based providers such as pharmacies can help people to avoid crises. This approach also benefits health and care services, as wise and appropriate use of primary care and other community services reduces pressures further down the system.

37. Members heard that health awareness campaigns were promoting information on how to keep well, how to access support for minor illness and injuries and the importance of accessing health care provision which is appropriate for their level of need and using accident and emergency services appropriately. It was agreed that councillors have a role to play in reinforcing this message.

    *Members were also concerned that the options available for out of hours primary care can be confusing and agreed that these should continue to be advertised widely and clearly, and that councillors have a role in promoting this message in local communities.*

Data sharing

38. The Group discussed information governance and data sharing across the health and care industry. Members heard that plans are in place for the development of a digital road map, which will allow personal information to be shared across the health and care sector, but there is a need to standardise language across the different systems. There are also problems with data sharing because patients often refuse permission for organisations to share data, not realising that the sharing would only be across the health and care system, and would be in their best interest.

    *The Group agreed that for the health and care system to integrate effectively, it is important to enable data sharing across the system. Patients should be made aware that data will only be shared within the health and care system and will not be used for other purposes, and the benefits of this should be made clear to them.*

## Contact details

**Theresa Harden**, Business Manager, Democratic Services;
Email: theresa.harden@suffolk.gov.uk; Tel: (01473) 260855

**Katherine Bailey**, Democratic Service Officer;
Email: Katherine.bailey@suffolk.gov.uk; Tel: 01473 260132