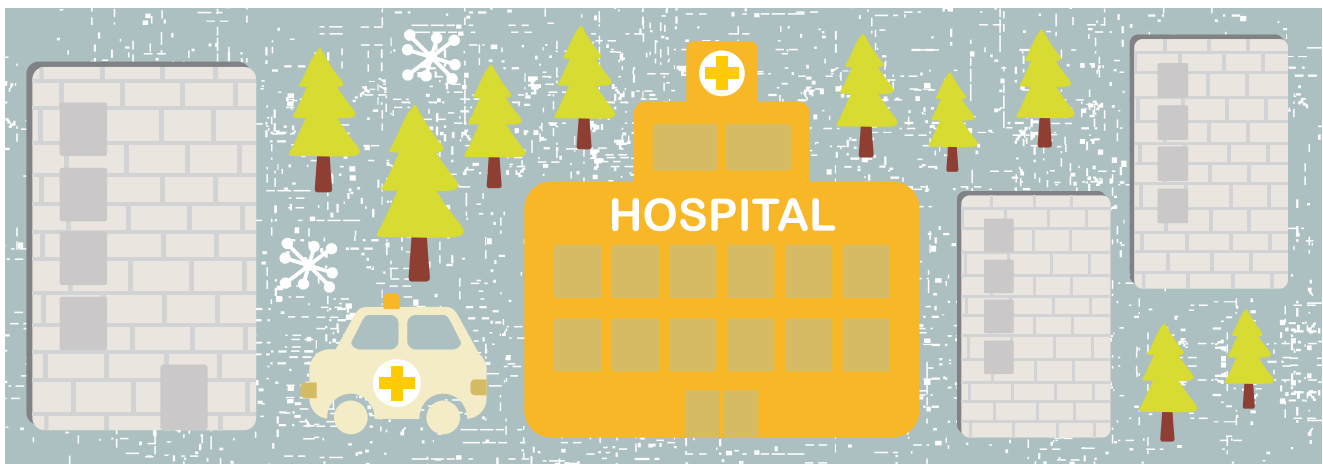


Winter Pressures

A Guide for Council Scrutiny



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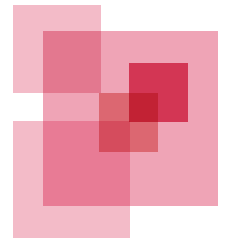
About the Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) (an independent charity) is the leading national organisation for the development and application of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

www.cfps.org.uk



Winter pressures as part of system resilience



Key points

- Winter is a challenging time for patients and local health and care services, but advance planning across whole systems can help identify concerns and overcome potential difficulties
- People's experiences of services are an important part of councils' health scrutiny role and councillors will want to know that services are working together to build resilience and tackle winter pressures
- There is a range of data and insight that can help council scrutiny identify areas of concern as part of a review of preparedness for winter, alongside nationally recognised actions that council scrutiny can test locally

The winter months can represent the most challenging times for local health and care systems and the additional pressures can result in poor outcomes for many people if they experience longer waits for urgent care/accident and emergency services, cancelled operations or delays in being discharged from hospital. Building system resilience can help overcome potential difficulties and, although winter presents particular challenges, council scrutiny can review system resilience throughout the year, not just at wintertime. Contextual demographic or structural factors may vary from area to area - for example where there are diverse or dispersed populations or increased visitors at certain times of year. Council scrutiny can ask questions about the local context of system resilience, within the overarching principle that a whole system approach to identifying and tackling potential risks is important.

Support for scrutiny

The Department of Health and the Centre for Public Scrutiny have produced this short practical guidance to support local council scrutiny. It offers advice on useful data sources and potential questions that council scrutiny may want to use to explore their local system. This guidance includes some signposts to useful data that scrutiny might use to understand the local picture and the signs of pressures in the system; and details of a series of 'high impact' changes and other issues that might form the basis for local lines of enquiry.

Why scrutiny of winter pressures is important

Winter 2015 is shaping up into a major issue with delayed transfers of care continuing to rise nationally. In September 2015, 5,200 hospital in-patients who were medically ready for discharge were delayed amounting to 147,700 days delayed. The proportion of delays attributable to social care is now standing at almost 31%. Furthermore, the four hour target for patients in accident and emergency is not being met with 93.4% of patients being seen within four hours - a worse position than in 2014. But this is not just about meeting targets, but about the impact on individuals and the outcomes that they are experiencing.

With NHS and social care budgets under pressure there are no simple solutions, but council scrutiny is best placed to check whether whole systems are working together to identify causes and plan solutions, rather than accepting the status quo. Data can act as a barometer of system pressures - council scrutiny can check what factors are influencing these locally and if there are actions that whole systems could take to ensure better outcomes. Scrutiny is uniquely placed to provide democratic oversight and understanding of local issues, bringing partners together to understand the drivers of winter pressures and explore solutions.

Data

Useful data on key indicators for winter resilience

Data can provide useful insight that council scrutiny can test in the local context, for example:

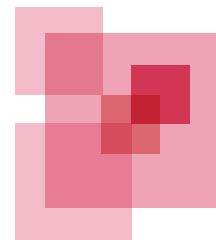
- Delayed transfers of care data for local areas is published monthly by NHS England and is available at: <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>
Data is shown by council area and by NHS Trust, along with reasons for delays (since these have to be recorded against prescribed categories) and the responsible organisation

- Other data published by NHS England can be an indicator of the performance of local NHS Trusts, for example any drop in performance across urgent care/ accident and emergency, trolley waits or Ambulance Trust performance. Monthly data published by NHS England can be accessed via:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

<http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

NHS high impact interventions for urgent and emergency care improvement



Council scrutiny may want to ask questions about whether the NHS high impact interventions for urgent and emergency care improvement are being adopted locally <https://www.england.nhs.uk/wp-content/uploads/2015/04/resilience-planning-assurance-letter.pdf>

These nationally recognised actions are:

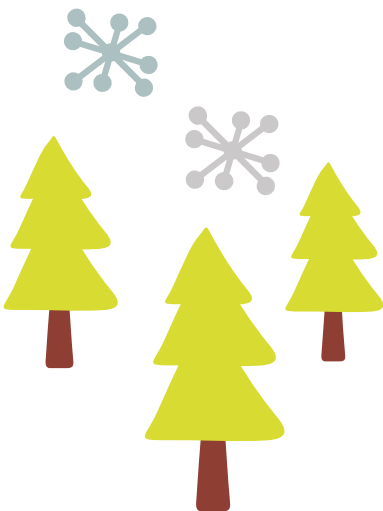
- 1.** No patient should attend accident and emergency services as a walk in patient because they have been unable to secure an urgent appointment with a GP. This means having robust GP services, in conjunction with comprehensive out of hour's services.
- 2.** Calls categorised as 'green' calls (non-life threatening incidents) to 999 and NHS 111 should undergo clinical triage before an ambulance or accident and emergency referral is made. A common clinical advice hub between NHS 111, ambulance services and out of hour's GP services should be considered.
- 3.** The local directory of services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated so that a wider range of agreed treatment referrals can be made.
- 4.** System Resilience Groups (SRGs) should ensure the use of 'see and treat' in local ambulance services is maximised. This will require better access to clinical decision support and responsive community services.
- 5.** Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management of falls without conveyance to hospital where appropriate.
- 6.** Rapid assessment and treatment should be in place to support patients in accident and emergency and acute medical units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
- 7.** Daily review of in-patients through morning ward or board rounds, led by a consultant/senior doctor, should take place seven days a week so that hospital discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent accident and emergency performance deteriorating on Mondays as a result of insufficient discharges over the weekend.
- 8.** Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the delay rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in national planning guidance.



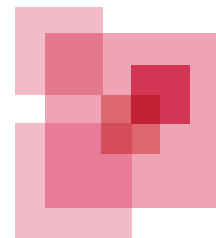
Best practice in managing transfers

Council scrutiny may want to ask questions about whether high impact changes for hospital discharge are being adopted locally:

- 1. Early discharge planning:** in elective care, planning should begin before admission. In emergency/unscheduled care situations, robust systems need to be in place to identify and develop plans for management and discharge and to allow an expected date of discharge to be set within 48 hours.
- 2. Systems to monitor patient flow:** robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand) and to plan services around the individual.
- 3. Multi-disciplinary/multi-agency discharge teams,** including the voluntary and community sector: co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients.
- 4. Home first/discharge to assess:** providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home mean that people need no longer wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.
- 5. Seven-day services:** successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs
- 6. Trusted assessors:** using trusted assessors to carry out a holistic assessment of needs avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.
- 7. Focus on patient choice:** early engagement with patients, family and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options. The voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.
- 8. Enhancing health in care homes:** offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.



Wider system resilience



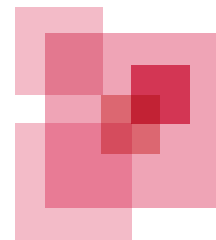
Although winter pressures provide an important focus for scrutiny of system resilience, relevant issues are not necessarily confined to wintertime and the underlying issues can be system wide rather than hospital focused. Council scrutiny may want to consider asking questions that explore broader themes:

- leadership of Health and Wellbeing Boards on resilience
- effectiveness of local System Resilience Groups in planning and delivery of mitigations
- leadership of local Urgent Care Boards
- strength of engagement with the voluntary, community and social enterprise sector and independent care sector in local systems
- local authority engagement in sector-led social care improvement activity
- extent to which local commissioners are working effectively together to commission in a joined up way
- effectiveness of local Better Care Fund plans
- role of community hospitals and community services
- scale and effectiveness of capacity mapping locally and whether information is being effectively shared across the local health and care system
- role of housing provision
- effectiveness of NHS and social care prevention services in keeping people out of hospital
- effectiveness of re-ablement services and equipment services to help people get back home safely and in a timely way
- impact of Emergency Care Improvement Programmes, if there is one in the area <http://www.ecip.nhs.uk/>

Finally

Council scrutiny can ask about whether local health and care systems have considered implementing any ideas contained within the recently published NHS England Quick Guides about transforming urgent and emergency care services. If not, could these support improvement?

www.nhs.uk/quickguides



Conclusion

Winter of 2015/16 shows all the signs of being more challenging for health and social care services than winter 2014/15. Council scrutiny is best placed to bring system leaders together to talk about mitigation planning so that councillors can be assured that local people are at the least risk possible of experiencing poor services and poor outcomes from care.

