



<u>Committee and Date</u>
Health and Adult Social Care Overview and Scrutiny Committee (HASCOSC)
12 December 2022

<u>Item</u>
<u>Public</u>

REPORT OF THE PREVENTION, PRIMARY CARE, URGENT AND EMERGENCY CARE, AND DISCHARGE TASK AND FINISH GROUP

Responsible Officer

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1. Synopsis

The task and finish group have taken a view across the services and systems that contribute to preventing and avoiding people needing to be transported to hospital, being admitted to hospital and discharged from hospital.

2. Executive Summary

- 2.1. During the past 12 months there have been reports in the national, regional and local media highlighting ambulances waiting at Emergency Departments (EDs) to transfer patients which delay the ambulances responding to emergency calls. Reports also covered long waits in the Emergency Departments for treatment due to the levels of demand.
- 2.2. The task and finish group formed following a resolution at Council on the 12 May 2022 to establish a Task and Finish Group to consider the feasibility of an inquiry into ambulance delays and report findings to Cabinet.
- 2.3. Having confirmed that an inquiry was not feasible they recommended that the cross-party Task and Finish Group continues with a revised remit to understand the impact of ambulance response times and delays on patient outcomes, taking account of the interdependences across the wider system, working with Health and Adult Social Care Overview and Scrutiny Committee and the Joint Health Overview and Scrutiny Committee. Their aim was to complete their work by the end of October 2022.

- 2.4. This paper shares their report, highlighting the key findings, recommendations to date and future areas of focus for health overview and scrutiny. The task and finish group scoped their work around three key stages:
- Primary Care and preventing ED attendance
 - ED attendance and admission to hospital
 - Preparing for discharge from hospital and discharge from hospital
- 2.5. The system and services that have fallen within the scope of this work are dynamic and complex. National, regional and local actions and activity have been identified and progressed whilst the task and finish group has been in operation.
- 2.6. The task and finish group have worked with this knowledge to make recommendations that they hope will help inform understanding of:
- how people and patients are making their choices about where to access health services and care,
 - how the end-to-end system across all system partners relates to each stage and step, and
 - opportunities to attract and retain health and care staff in the Shropshire and Telford and Wrekin area.

3. Recommendations

- 3.1. To consider and comment on the report and recommendations of the task and finish group attached at appendix 1.
- 3.2. To recommend that the report is presented to the Joint Health Overview and Scrutiny Committee to inform their work programming and the identification of future topics and agenda items.

REPORT

4. Risk Assessment and Opportunities Appraisal

- 4.1. There are a wide range of risks and opportunities associated with the focus of this report. Well reported risks include ambulances

being delayed at EDs and not being able to be released to respond to other emergency calls, delays for people being able to access treatment in EDs, patients in hospitals losing their independence and mobility during long stays.

- 4.2. These risks come with corresponding opportunities, including preventing demand for people needing to attend EDs, and through reducing calls for ambulances. This might be through
- improving the understanding of those who attend EDs when they could have their health needs met better by other health services such as those within Primary Care, including at pharmacies,
 - Helping people to be well for longer and reduce their need for health services, and
 - more provision and access to health and care services in communities.

5. Financial Implications

- 5.1. Whilst this report does not have any financial implications the provision of social care for people who are leaving hospital can be a cost to the council. Members were informed that where patients have been identified for discharge from hospital, but are not discharged, the council has to pay for the 'booked for care'.
- 5.2. There are opportunities to realise reductions in demand for services through prevention of avoidable illness resulting in the need to be admitted to hospital care, and the prevent the need for ambulance conveyance to an ED where a person could be better cared for where they live.

6. Climate Change Appraisal

- 6.1. Providing health care and support closer to where someone lives will reduce the need for them to travel to access the services they require.
- 6.2. The reduction in demand for transport to EDs by ambulance through can have a positive effect on carbon reduction. This could be realised by changing the way that people are supported and responded to e.g. in their home by Community Response, or by the ambulance crew who might 'see and treat' a patient when they attend a call rather than conveying them

7. Background

- 7.1. The task and finish group formed following a resolution at Council on the 12 May 2022 to establish a Task and Finish Group to

consider the feasibility of an inquiry into ambulance delays and report findings to Cabinet.

- 7.2. Having confirmed that an inquiry was not feasible they recommended that the cross-party Task and Finish Group continues with a revised remit to understand the impact of ambulance response times and delays on patient outcomes, taking account of the interdependences across the wider system, working with Health and Adult Social Care Overview and Scrutiny Committee and the Joint Health Overview and Scrutiny Committee.
- 7.3. They have considered a range of data and information from national, regional and local sources. This has helped them develop a view across the system including how the different services and organisations interact and impact on each other, and how changes in behaviour and demand can have impacts that are wider and more far reaching than might have been initially expected.
- 7.4. They recognised that the system is complex with different routes into and out of services, with different drivers and outcomes. Making changes at one stage can have unplanned consequences and similarly if demand increases at one end, and the processes don't move at the same pace further along in the system this can have an impact. Through their work they were aware that a lot has been taking place nationally, regionally and locally over recent months to identify opportunities and tackle the challenges.
- 7.5. The task and finish group have made recommendations that cover the following areas:
 - A. Understanding of current and future need in communities and opportunities to close gaps in capacity and skills.
 - B. Data sharing across system partners to inform the design, targeting and evaluation of programmes and initiatives across all system partners
 - C. Mapping of all the end-to-end pathways and inward and outward patient flows to identify options to reduce/avoid ED attendance and calls for ambulances.
 - D. Improving health literacy to ensure that all groups in communities understand where they can access treatment appropriately i.e. rather than attend EDs.
 - E. Report figures for those clinically fit for discharge alongside the corresponding figures for those 'ready to go' for discharge to support a more complete picture of the situation for patients who need ongoing care to safely move on from hospital.
 - F. The introduction of a formal mechanism that rotates staff through different health and care roles, broadening their experience and career options.

- G. That the Joint Health Overview and Scrutiny Committee maintain a robust view across the system including following up on key issues identified in the task and finish group report and the areas for further consideration.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Cecilia Motley

Local Member

All

Appendices

Appendix 1 - Report of the Prevention, Primary Care, Urgent and Emergency Care, and Discharge Task and Finish Group

