

INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

Day: Thursday
Date: 28 July 2016
Time: 6.00 pm
Place: Lesser Hall - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE	
2.	MINUTES To approve as a correct record, the Minutes of the proceedings of the Integrated Care and Wellbeing Scrutiny Panel held on 16 June 2016.	1 - 2
3.	CARE TOGETHER PROGRAMME The Panel to meet Jessica Williams, Programme Director, Care Together to receive an update on the Care Together Programme.	
4.	PEOPLE AND PLACE SCORECARD To receive an update on the People and Place Scorecard performance report relevant to this Scrutiny Panel.	
5.	UPDATE ON CURRENT REVIEW The Panel to receive an update on the progress of the current review and details of future working group meetings.	
6.	DATE OF NEXT MEETING To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 15 September 2016.	
7.	URGENT ITEMS To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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Integrated Care and Wellbeing Scrutiny Panel **16 June 2016**

Commenced: 6.00pm

Terminated: 7.15pm

Present: Councillors Peet (Chair), Cartey (Deputy Chair), Affleck, Bailey, Buglass, Cooper, P Fitzpatrick, Kinsey, Patrick, Ryan, T Smith, Sweeton, R Welsh, Wild.

Apologies for absence: Councillors Ballagher, Bowden, Fowler, Whitehead.

The Chair opened the meeting and received apologies.

1. TAMESIDE HOSPITAL

The Panel welcomed Trish Cavanagh, Director of Operations; and Peter Nuttall, Director of Performance and Informatics, to receive an update on the performance of Tameside Hospital's Accident and Emergency (A&E) department.

The Panel heard that the main target and measure of A&E performance is the emergency access target of 95% of patients being discharged, admitted or seen to within 4 hours of arrival. This is the one of the main measures used to assess the efficiencies and effectiveness of health economies.

Ms Cavanagh explained to members that the 4-hour access performance for Tameside Hospital dropped between August 2015 and February 2016. The Panel were made aware that this is attributable to high bed occupancy rates of 97%. It is generally accepted by health economies that a bed occupancy rate of approximately 90% leads to better 4-hour access standard performance.

The members were advised that Tameside Hospital experienced a 3% increase in attendances in 2015/16 compared to the previous year; however the overall number of admissions stayed at similar levels. Since February 2016, four-hour standard access performance has improved in Tameside, owing to a 2% decrease in bed occupancy following the purchase of additional beds from the care home sector.

These beds are only used by patients who are medically fit and awaiting discharge to free up hospital beds for those in need of medical attention. It is understood that the purchasing of beds is an unsustainable way of reducing bed occupancy and as such, the Council and Tameside Hospital are working together to streamline services, better accommodate peoples' needs and improve bed occupancy rates.

The Panel were informed that joined-up work has begun between Tameside Hospital and the North West Ambulance Service to improve best practice. A new triaging process has since been implemented which has reduced the time that ambulances and their staff remain in hospital when patients are being admitted. This has created a considerable amount of extra time for ambulances to respond to more emergency calls.

The Panel heard that the Hospital is working with a number of partners to establish 'Home First', which is a scheme designed to tackle admission avoidance by helping people to remain at home, and providing better post-discharge care to reduce rates of re-admission. By supporting and/or assessing people in their own homes, health and social care professionals will be able to more accurately determine whether hospital care is necessary.

The Panel asked what the main factors are that control bed occupancy rates, and how these could be mitigated to produce sustainable improvements.

Ms Cavanagh advised that there a number of interlinking and interrelated factors that can increase bed occupancy, including a higher average age and an increased volume of patients attending A&E. The closure of beds from the Transitional Care Unit in October 2015 has had a known impact on bed occupancy rates in Tameside.

The Panel asked how the introduction of the Care Together programme across Tameside will help to improve bed occupancy rates and admission targets.

Ms Cavanagh advised that bed occupancy is central to current and future plans to improve four-hour access standard performance. Continued performance monitoring following the full integration and establishment of the Care Together programme will help to determine its impact on Hospital performance.

RESOLVED: That Ms Cavanagh and Mr Nuttall be thanked for attending the meeting.

2. ANNUAL WORK PROGRAMME

The Panel discussed a range of potential topics to be added to the Annual Work Programme for 2016/17. It was agreed that the first review will look at Carers in Tameside.

In order for the Annual Work Programme to be presented at Overview (Audit) Panel on 18 July 2016 it was agreed that the work programme document will be shared outside of the meetings.

RESOLVED: That the Annual Work Programme be circulated to all Panel members outside of the meeting.

3. ESTABLISHMENT OF WORKING GROUP

The Chair invited Panel Members to express an interest in joining the new working group. Initial interest was noted and it was agreed that working group meetings would take place on Thursday afternoons.

RESOLVED: Details for the first working group meeting to be circulated to members by email.

4. DATE OF NEXT MEETING

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 28 July 2016.

5. URGENT ITEMS

The Chair reported that there were no urgent items for consideration at this meeting.

CHAIR