

Appendix 1

Scrutiny Review Action Plan – A&E Review

	Recommendation and service response (27 May 2014)	Responsibility	Update (March 2015)																								
R1.	<p><i>That the council gives a greater profile to the promotion of flu vaccinations to staff and the community through its various services.</i></p> <p>Public Health is currently working with occupational health in the LBTH to promote flu vaccination with frontline provider staff focussing on those working with groups most likely to be at risk of admission.</p>	<p>Somen Banerjee (Director of Public Health)</p>	<p>Public Health has worked with occupational health to increase uptake of flu immunisation in frontline staff.</p> <p>The first table is showing the numbers of staff and the staff groups who received the seasonal flu vaccination in Tower Hamlets for 2014/15</p> <table border="1" data-bbox="1335 708 2141 1050"> <thead> <tr> <th>Staff Groups</th> <th>Frontline staff</th> <th>None Frontline Staff</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>School staff (25 schools)</td> <td>517</td> <td>0</td> <td>517</td> </tr> <tr> <td>Home care staff</td> <td>23</td> <td>0</td> <td>23</td> </tr> <tr> <td>LA staff</td> <td>408</td> <td>251</td> <td>659</td> </tr> <tr> <td>Blank</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>TOTAL</td> <td>948</td> <td>251</td> <td>1199</td> </tr> </tbody> </table> <p>This table highlights that 80% of the staff who were vaccinated under the Staff Seasonal Flu Vaccination programme considered themselves to be front line worker ie working directly with the population in Tower Hamlets which is excellent and highlights that this vaccination programme was targeted well. The 2014 -15 staff vaccination programme has shown a considerable increase in uptake by 40% from last year's vaccination of 726 staff members</p>	Staff Groups	Frontline staff	None Frontline Staff	Total	School staff (25 schools)	517	0	517	Home care staff	23	0	23	LA staff	408	251	659	Blank	0	0	1	TOTAL	948	251	1199
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			<p>to 1199. The table below highlights the numbers of staff who attended from the various directorates in Tower Hamlets LA. The main disappointment of this campaign was engaging with the external home care providers and the care homes providers based in Tower Hamlets. If this exercise was to be repeated more time would be required to engage with the providers of home care / care homes to ensure their staff understand the importance of this immunisation programme and are given the time to obtain the vaccination.</p> <table border="1" data-bbox="1335 743 1771 1134"> <thead> <tr> <th>LA Staff groups</th> <th>Nos Staff</th> </tr> </thead> <tbody> <tr> <td>ESCW</td> <td align="right">273</td> </tr> <tr> <td>CLC</td> <td align="right">122</td> </tr> <tr> <td>Dev & Renewal</td> <td align="right">115</td> </tr> <tr> <td>Law/Probity</td> <td align="right">35</td> </tr> <tr> <td>Resources</td> <td align="right">113</td> </tr> <tr> <td>Blank</td> <td align="right">1</td> </tr> <tr> <td>TOTAL</td> <td align="right">659</td> </tr> </tbody> </table>	LA Staff groups	Nos Staff	ESCW	273	CLC	122	Dev & Renewal	115	Law/Probity	35	Resources	113	Blank	1	TOTAL	659
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R2.	<p><i>That the council helps in raising awareness of why and when A&E services should be used and promote other primary care services for minor ailments, to help reduce inappropriate attendees at A&E.</i></p> <p>One of the key interventions is GP registration. This requires understanding which groups in the community have higher levels of underregistration and targeting promotion of GP registration through a range of council services e.g. employment, housing. As part of the Health Lives Strategy, public health is developing a set of key messages for the community and these will include messages around use of health services. These will need to align with communications messages from the CCG, NHS England and Barts Health.</p>	<p>Somen Banerjee (Director of Public Health)</p>	<p>The Health Outreach Worker programme is to be implemented shortly. This involves 12 workers from the community based in Ideas stores and working at a neighbourhood level. They will provide the public with information and support around using health and social care services as well as living a healthy life. They will also be feeding back insights to commissioners across the LA and NHS on use of services (including A and E).</p>
R3.	<p><i>That the council sustain its programmes around smoking cessation, healthy eating and being active to acculturate a healthy lifestyle, reducing long term pressure on NHS and A&E services in the future.</i></p> <p>In the medium to longer term, services promoting risk factors for health such as smoking cessation, healthy weight, sensible drinking and sexual health will reduce pressures on health services through impacts on prevalence of long term conditions such as heart disease, stroke, cancer, lung disease, musculoskeletal conditions and liver disease.</p>	<p>Somen Banerjee (Director of Public Health)</p>	<p>Public Health programmes around health trainers, tobacco, weight management and sexual health have been recommissioned. Substance misuse services are due to be recommissioned over 16/17. In addition, public health has been developing an Every Contact Counts programme which seeks to support frontline providers across health and social care to promote healthy lives in everyday interactions with patients/clients/public.</p>

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R4.	<p><i>That the council accelerates its work with Barts Health NHS Trust to bring forward and implement plans for integrated care that reduce the pressure on A&E and other hospital services.</i></p> <p>The Education Social Care and Wellbeing directorate will work with Barts through its planned stages towards developing its integrated care services.</p>	<p>Deborah Cohen & Bozena Allen (ESCW)</p>	<p>In response to the recommendation from the A&E review ESCW already have 1 scheme in place to support this action, and have and are implementing a further 2 schemes to accelerate its work around integrated care with Barts Health, which will see a reduction in A&E users.</p> <p>The first scheme started in November 2013 and involved establishing an Out of Hours Scheme in order to work in A&E and two of its assessment wards. This scheme was originally funded by Winter Resilience Money (2013 - 14) and comprised 1 Senior Social Worker and one Social Worker. The scheme operates 9am - 8pm Mon - Fri and 10am - 8pm on Sat and Sun, and additionally operates on Bank Holiday (except Christmas Day) from 9am - 5pm. Staff in A&E and the two wards can bleep or call the staff if there is a patient who is medically fit to return home, but requires a care package or other assistance in order to be discharged without having to be admitted to an acute bed. At the end of the Winter Resilience period in April 14 the NHS evaluated the impact of the scheme and it was judged to have met and exceeded its aims. As a result of this the CCG agreed to fund the scheme from April 14 to the 31st March 15. During the first year of operation the scheme prevented 703 admissions to the Royal London Hospital.</p> <p>The second scheme is to extend the main Hospital Social Work Team from 5 day working (Monday to Friday 9am - 5pm) to a 7 day service covering Sat / Sun and Bank Holidays. This scheme</p>

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			<p>is funded from the Winter Resilience Money 2014 - 15. As part of this scheme we were able to have a brokerage officer working with the Social Workers at weekends and extend access to the Reablement Team at weekends. In addition we commissioned 4 step down beds, comprising 2 residential dementia beds and 2 extra care flats. This scheme allows all the acute wards to refer medically fit patients at weekends, and allows us to speed up the process of discharge from the wards. The step down beds however have not proved to be popular with families as in many cases they have been reluctant to allow their relatives to move into them as this means they have to move twice. However, we have achieved approx. 50% occupancy throughout the schemes time (Oct 14 - end of March 15). This means that 2 acute beds have been available this winter that would have not been available without the step down beds.</p> <p>The two schemes above, excluding the step down beds and Brokerage, will now continue from April 15 and will be funded through the BCF scheme. Thus allowing us to improve patient flow through the Royal London Hospital 12 months a year.</p> <p>A third scheme has also been funded by the Department of Health with a grant of £75K. This money only became available in February 2015 however we were successful in the bid for this funding. This is being used to increase our Social Work capacity at Mile End Hospital, by employing a locum Social Worker to speed up discharges from non-acute beds at the hospital. This</p>

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			<p>then allows staff at the Royal London Hospital to discharge suitable patients from acute beds and transfer them to Mile End Hospital for rehab. We have also employed a locum Social Worker at the Royal London Hospital to work with the Complex Discharge Team. This Social Worker (supported by a Sen SW) works with health colleagues on discharging Gold and Silver patients and liaising with other Local Authorities in order to speed up their patients. The scheme also covers the cost of additional care packages for the Gold and Silver patients and the purchase of OT equipment to support hospital discharges. This scheme will cease on the 31st March 15 when funding is ceased.</p>
<p>R5.</p>	<p><i>That the council's public health service explores with Barts Health NHS Trust a joint research project to better understand reasons for inappropriate use of A&E by local residents, and what the drivers might be for changing behaviours.</i></p> <p>Work in this area was conducted several years ago as part of the 'Local Heroes' campaign. It is unlikely that information alone will address this issue. Increasing GP registration and improving GP access will help. However, the design of A and E and the role of frontline staff in disincentivising repeat inappropriate usage is likely to be important. It is proposed that public health continue to work with the CCG in providing input on the implementation of the urgent care strategy rather than starting a new research project.</p>	<p>Somen Banerjee (Public Health)</p>	<p>Work in this area was conducted several years ago as part of the 'Local Heroes' campaign. It is unlikely that information alone will address this issue. Increasing GP registration and improving GP access will help. However, the design of A and E and the role of frontline staff in disincentivising repeat inappropriate usage is likely to be important. It is proposed that public health continue to work with the CCG in providing input on the implementation of the urgent care strategy rather than starting a new research project.</p> <p>No further action proposed.</p>

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R6.	<p><i>That the council and Barts Health work together on recruiting from the local community, and working with Higher Education institutions to train doctors and other medical practitioners from a diverse range of backgrounds and with roots in the local area.</i></p> <p>Barts in response have stated that they continue to engage in employing people from the local community through their established pathways for local recruitment. In addition Barts have increased the number of local offers for route to employment through apprenticeships in the Band 1 – 4 jobs and more roles are being created for Healthcare assistants and pharmacy technicians, which will also be available to local people.</p> <p>In order to increase take up of clinical roles from the local community, The Trust is working with Mulberry School in relation to its University Technical College provision and in June 2014, the first Barts Health Summer School will be taking place with a cohort of 20 students from Mulberry who wants to enter health careers. The Summer Schools will offer a unique experience to students in the form of work experience in Royal London Hospital combined with practical training such as a session in the Simulation Centre.</p>	<p>Alistair Chesser & Attfield Andrew (Barts Health)</p>	<p>An update on this was provided to the Health Scrutiny panel meeting on the 2nd March.</p>