

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr David Bonson, Chief Operating Officer, NHS Blackpool Clinical Commissioning Group
Date of Meeting:	14 December 2016

WINTER HEALTH PLANNING

1.0 Purpose of the report:

1.1 To inform the Health Scrutiny Committee of the specific activities undertaken around winter health planning across the Blackpool Health Economy and Fylde Coast area (involving local health service commissioners and providers of services).

2.0 Recommendation(s):

2.1 To review the content of this update, scrutinise progress to date in relation to the ongoing implementation and identifying any topics for further consideration by the Committee.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of winter health planning across the Blackpool Health Economy.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is: "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 Clinical Commissioning Groups are responsible for engaging with all local service providers and local authorities to co-ordinate local resilience to seasonal surges in

health service demand and to undertake upward reporting to NHS England (NHSE) on a weekly/daily basis throughout the 'Winter' period (October - March). Blackpool Clinical Commissioning Group is responsible for engaging activity during October 2016 - March 2017 within the Blackpool Health Economy.

- 5.2 A key theme from the review of winter 2015-2016, is that operational escalation systems and protocols vary considerably from one local health economy to another. Whilst flexibility at local level is entirely appropriate and necessary, a lack of an overarching framework means that the variation encountered between different systems creates inefficiencies and can lead to sub-optimal outcomes.
- 5.3 In response, a national framework was introduced, that brings together all of the common themes, triggers and protocols described in the various systems used locally, and turns them into a coherent piece of guidance and actions to be universally followed in response to surge pressures.
- 5.4 The development of a single national system will bring consistency to local approaches, and better management of system wide escalation. It will encourage wider cooperation, and will also make regional and national oversight more effective and less burdensome.
- 5.5 A very detailed winter plan document has been developed by the Accident and Emergency Delivery Board, which is summarised in the attached presentation.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 9 (a): Winter Health Planning

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 Discussions held with all partner organisations regarding plans for winter, ongoing meetings taking place, discussed weekly at Emergency Strategic Resilience Group and Accident and Emergency Delivery Boards, which has representation from all stakeholders in the health economy.

13.0 Background papers:

13.1 None.

