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| Meeting of East Renfrewshire Health and Social Care Partnership | Integration Joint Board |
| Held on | 23 November 2016 |
| Agenda Item | 9 |
| Title | Preparing for Winter 2016/17 |
| <p>Summary</p> <p>This plan sets out local preparations for winter building on our experience of 2015/16 and our Safe and Supported work programme. It responds to the Scottish Government's continuing focus on integration, improving delayed discharge and its six essential actions for winter planning. It also takes into account Government guidance on planning for the additional pressures and business continuity challenges that are faced in winter.</p> | |
| Presented by | Candy Millard, Head of Strategic Services |
| <p>Action Required</p> <p>The IJB is asked to note and comment on the arrangements in place for Winter 2016/17.</p> | |
| <p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Property <input type="checkbox"/> IT </p> | |

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD

25 NOVEMBER 2015

Report by Julie Murray, Chief Officer

PREPARING FOR WINTER 2016/17

PURPOSE OF REPORT

1. To inform the Integration Joint Board (IJB) about preparations for winter building on our experience of 2015/16 and our Safe and Supported work programme.

RECOMMENDATION

2. The IJB is asked to note and comment on the arrangements in place for Winter 2016/17.

BACKGROUND

3. Planning for winter is a particularly important part of all-year-round planning for health and social care. Scottish Government's continuing focus on integration, improving delayed discharge and the six essential actions (Appendix 2) underpin the planning guidance for winter 2016/17. The guidance is also focused on planning for the additional pressures and business continuity challenges that are faced in winter.
4. Last year was the first year that Health and Social Care Partnerships were expected to separately document their winter planning arrangements. Prior to this there was a single NHS Greater Glasgow & Clyde wide winter plan.
5. Scottish Government's Preparing for Winter 2016/17 guidance stresses that *Health and Social Care Partnerships play a crucial role in helping to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources.*
6. Our 'Safe and Supported' workstream, established last year, used improvement methodology to support integrated partnership groups to consider tests of change at various points in people's journey. These included:
 - Prevention and Anticipatory Care
 - Point of Possible Admission
 - During Admission
 - Discharge from Hospital
7. HSCP staff attended the Winter Planning and Integrated Approach to Unscheduled Care event on Friday 24 June to reflect on learning across Scotland. The approach taken by the Safe and Supported workstream was recognised by attendees as good practice and its planned activity in line with recommended actions.

8. National guidance winter planning guidance was issued in early August this year. A Whole Systems Planning seminar was held on 22 August at which all parts of the Greater Glasgow and Clyde System shared planning and commissioning work to date on unscheduled care.
9. HSCP management team have reflected on last year's winter period and worked with Council colleagues to strengthen local planning actions which have now been incorporated in the Winter Plan for 2016-17.
10. The following report details planned activity for winter 2016-17 under the key areas highlighted in the Scottish Government guidance.

REPORT

Business continuity plans tested with partners

11. A series of tests and updates have taken place since last year
 - HSCP staff have participated in Silver Swan pan flu exercise and updated local plans accordingly
 - Council's Resilience Management Team has developed plans for a corporate and co-ordinated response to any disruption due to disruptive weather conditions. This includes arrangements for obtaining additional resources to help maintain critical services, advice and communications, and
 - GP Practices and Pharmacies have Business Continuity Plans in place that include a 'buddy system' should there be any failure in their ability to deliver essential services. These will be reviewed within the context of their new Cluster arrangements.

Escalation plans tested with partners

12. Escalation plans put in place last year will be maintained
 - HSCP senior management will maintain a winter on call rota.
 - Managers on duty will have access to key partner and service contact details
 - Managers on duty will form part of wider whole NHSGGC system escalation process
 - The Chief Officer links with Acute and Partnership Chief Officers to maintain a collective perspective on performance issues and escalation arrangements which require action.

Safe & effective admission / discharge continue in the lead-up to and over the festive period and also in to January

13. Tested measures have been put in place to expedite safe discharge from hospital and avoid re-admission.
 - Inreach social work capacity has been maintained in both the RAH Queen Elizabeth hospital. Re-ablement staff are in place to identify people who would benefit from our re-ablement services and arranging home care cover.
 - For the few people who might benefit from an extended period of assessment or rehabilitation a care home bed can be accessed by any of the three cluster and their Rehabilitation teams are available to support the person in their potential recovery. This is on a case by case approach that enables phased returns home - minimising the risk of readmission and maximising the success of the person remaining in their own home

- District Nurses have the autonomy to admit a patient at the weekend to a care home for urgent respite, if the care arrangement at home is not sufficient to support the person to remain at home due to a change in their clinical condition. This will support both the person and the carer and prevent a hospital admission.
 - Red Cross home from hospital scheme offers people transport home and provides basic settling in (checking food supplies, heating etc).
14. Additional safe and supported tests of change for winter 2016/17 include
- Hospital Connector Post- HSCP Senior Physiotherapist to be based in Acute Assessment Unit working to prevent downstream admission, prevent readmission and facilitate discharge. Post will work closely with the Consultant, Hospital Discharge coordinator, Rehabilitation Teams and Local Community Connector to support and maintain safe and effective discharges
 - Community Connector. Voluntary Action worker supporting older people with non-complex needs to get home and reconnect with local community. Strong links with Community Transport Wee Red Bus and Volunteer driver scheme.
 - Medicines management - Pharmacy technician working to improve patient compliance with medicines, promoting independent medicines management, and helping clients manage their medication post discharge.

Strategies for additional surge capacity across Health & Social Care Services

15. As part of the new care at home contract the HSCP is modelling anticipated levels of homecare packages that are likely to be required over the winter period.. Engagement with providers about capacity has commenced.
16. Through Safe and Supported the HSCP has invested in additional support for GPs in the form of community link workers managed by a third sector organisation, RAMH. From experience in Renfrewshire these posts should release GP time to focus on more urgent and complex care.
17. A number of GP practices are moving to GP led triage. The effectiveness of this model in releasing primary care capacity and reducing emergence admissions and A&E attendances will be shared and reviewed within cluster arrangements.

Whole system activity plans for winter: post-festive surge / respiratory pathway

18. Through the clinically led unscheduled care planning group acute care have a revised operating model and a number of tests of change in place in preparation for winter.
19. In addition to the work in acute care local actions to support better management of older people and chronic disease in the community include:-
- Rehabilitation and Enablement Cluster Teams have systems in place to predict or identify vulnerable patients at risk of admission so that the necessary support can be given to avoid unnecessary admissions and help people remain in their own homes.
 - Redesign of the Advanced Nurse Practitioner. This pathway includes crisis referral response within 2 hours of the initial referral to reduce the risk of hospital admission. This service now sits within the rehabilitation teams and this has enhanced the multi –disciplinary resource to support a client requiring a higher level of clinical care but not hospital admission
 - Training and support to care homes to increase end of life care in care home rather than acute setting. All local care homes have participated in this work actively supported by the Independent Sector lead. Also weekly support to all Care Homes in East Renfrewshire from the Care Home Liaison Nurses who offer support and

advice with complex care/conditions including End of Life Care. The Care Home Liaison Nurse will also work closely with the Marie Curie Nurses as required to support clients in care homes

- Joint palliative care activity with local hospice to support patients to die at home or in homely setting; East Renfrewshire have their Palliative Care Pathway developed and implemented which includes the use and support of the Prince and Princess of Wales Hospice.
- Preparations to locate care at home within Rehabilitation and Enablement Cluster teams further joining up care system;

20. There are a number of anticipatory actions established across all health and social care teams. In particular:

- Advanced Nurse Practitioners (ANPs) undertake anticipatory care planning for patients with long term conditions and where appropriate ensure there is rescue medicine prescribing in place. This work has been successful in avoiding unnecessary admissions. ANPS and District Nurses will be working on developing anticipatory care plans within the wider setting and have already trialled with this with social work staff.
- All patients with palliative and end of life care needs have care plans in place and electronic palliative care summary completed within EMIS which is shared with acute and the Scottish Ambulance Service. District Nurses who are involved with patients ensure they have in place 'Just in case' medication

Workforce capacity plans & rotas for winter / festive period

21. Health and Community Care Service Managers will ensure that planned leave and duty rotas are effectively managed to ensure an adequate workforce capacity during the festive period, and immediately following holiday periods. This will be monitored via the Health and Community Care Managers meeting and reported to the HSCP Management Team. This work is currently being finalised.

Discharges at weekends & bank holidays

22. The Community Nursing service, Telecare responder and Homecare service are the only HSCP community teams which provide a service 24 hours, 365 days per year inclusive of bank public holidays. These teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays. There is currently a two hour service gap in the morning and evening in Community Nursing 6.30am – 8.30am and 4.30pm – 6.30pm, this service is currently addressing this through flexible working options with the workforce.

23. Home care managers are authorised to increase care packages in and out of hours to avoid admission.

24. A predictive stock order of essential equipment from EQUIPU, wound dressings, pharmacy, and syringe drivers will be submitted early December to ensure availability of supplies for the Community Nursing and Rehabilitation teams during the holiday period.

The risk of patients being delayed on their pathway is minimised

25. Acute colleagues have led on the majority of this work which relates to timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards

26. HSCP in reach services will support through pro-actively planning discharge, identifying and tackling any potential issues and barriers in advance of fit for discharge dates.
27. Scottish Ambulance Service – whole systems discussion re winter pressures augmented by local discussions on data sharing to identify individuals at risk of admission

Communication plans

28. The HSCP will link with NHSGGC and Council communication colleagues to promote the 2016/17 '*Be Healthwise This Winter*' and *Resilience* media campaigns and link to *Ready Scotland* as a one stop source of advice and information.

Preparing effectively for norovirus

29. Information will be shared with the Independent Sector Integration Lead and the established Providers Forum.
30. Regular meetings and phone calls to care providers from the commissioning team will be used to share information and identify any issues that require to be escalated.
31. The HSCP will work with NHSGGC and East Renfrewshire communications teams to deploy norovirus publicity materials and information as appropriate to spread key messages around norovirus and support the 'Stay at Home Campaign'.

Delivering Seasonal Flu Vaccination to Public and Staff

32. All health, Social Care and Homecare staff will be reminded to encourage elderly and vulnerable groups to attend their GP flu vaccination sessions.
33. The HSCP is undertaking peer immunisation for nursing staff and offering immunisation to home care and social work staff. This programme of clinics has been set up for the mid two weeks in November 2016

Monitoring and Evaluation

34. The actions set out in this Winter Plan will be monitored and analysed on a fortnightly basis by the HSPC management team. If pressures increase this will increase to weekly or daily meetings as required.
35. Particular measures that will be monitored include:-
 - Bed days lost to delayed discharge
 - Bed days lost to delayed discharge for AWIs
 - Emergency admissions age 75yrs+
 - Percentage uptake of flu vaccinations by staff
 - Percentage uptake of flu vaccinations by GP population
 - Referrals to Re-ablement Services
 - Referrals to Hospital Inreach Team
 - Referrals to Single Point of Access
 - Demand and capacity (including GP practices)
36. A report analysing the activity, performance and pressures will be produced and reviewed at the end of the winter planning period.

FINANCE AND EFFICIENCY

37. The HSCP has received additional funding to support winter and delayed discharge planning. This has been committed as follows:

| Safe and Supported/Delayed Discharge 2016/17 Budget | |
|--|----------------|
| GP link workers | 100,000 |
| Pharmacy Medicine Management Technicians | 60,000 |
| Care Home Access Out of Hours | 100,000 |
| Step Down/Up Beds | 70,000 |
| Patient Information | 5,000 |
| Hospital Connectors | 100,000 |
| Home Care - 48hr Access | 100,000 |
| Voluntary Action Community Connector | 40,000 |
| Additional Staffing | 125,000 |
| | 700,000 |
| 2015/16 Final C/Fwd Variations | (90,000) |
| | 610,000 |

CONSULTATION

38. The work has built on considerable consultation and engagement through the 'Better by Design' with people who have recent experience of discharge.

PARTNERSHIP WORKING

39. The 'Safe and Supported' workstreams included partnership representation from planning partners, working together to improve unscheduled care.

- People who use services and unpaid carers;
- Third and independent sector providers,
- Acute hospital clinicians and discharge professionals
- Social work and home care;
- Nurses, AHPs and other professional groups;
- GP locality links and CHCP RES locality managers

IMPLICATIONS OF THE PROPOSALS

Policy

40. This report sets out the local response to Scottish Government guidance *Preparing for Winter 2016/17*.

Staffing

41. The requirement to ensure adequate home care cover for the festive period and sufficient post festival assessment capacity will impact on the capacity of certain service areas to grant leave. Managers will work with staff to ensure duty rotas are effectively and fairly managed.

CONCLUSIONS

42. East Renfrewshire Health and Social Care Partnership has prepared this plan in response to Scottish Government guidance. It reflects whole system reflection on unscheduled care and winter planning, East Renfrewshire wide resilience planning and local Safe and Supported workstream activity.

RECOMMENDATIONS

43. The IJB is asked to note the unscheduled care planning arrangements in place to support the wider health system over the winter period.

REPORT AUTHOR AND PERSON TO CONTACT

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October 2016

BACKGROUND PAPERS

[Preparing for Winter 2016/17 \(Scottish Government DL\(2016\)18\)](#)

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1. Business continuity plans tested with partners*(Appendix 1 - Checklist 1 refers)**Outcome:*

- The board has fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.

Local indicator(s):

- progress against any actions from the testing of business continuity plans.

2. Escalation plans tested with partners.*(Appendix 1 - Checklist 2:1 refers)**Outcome:*

- Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.

Local indicator(s):

- attendance profile by day of week and time of day managed against available capacity
- locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours
- all indicators should be locally agreed and monitored.

3. Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.*(Appendix 1 - Checklist 2:2 and 2:4 refers)**Outcome:*

- Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.
- The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.
- Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.

Local indicator(s):

- daily and cumulative balance of admissions / discharges over the festive period
- levels of boarding medical patients in surgical wards
- delayed discharge
- community hospital bed occupancy
- number of Social Work assessments including variances from planned levels.

4. Strategies for additional surge capacity across Health & Social Care Services
(Appendix 1 - Checklist 2:2 refers)

Outcome:

- The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans for additional surge capacity across health and social care services is agreed in October. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.

Local indicator(s):

- planned additional capacity and planned dates of introduction
- planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;
- planned number of additional intermediate beds in the community and the planned date of introduction of these beds;
- levels of boarding.
- planned number of extra care packages
- planned number of extra home night sitting services
- planned number of extra next day GP and hospital appointments

5. Whole system activity plans for winter: post-festive surge / respiratory pathway.
(Appendix 1 - Checklists 2:2 and 6 refers)

Outcome:

- The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.

Local indicator(s):

- daily number of cancelled elective procedures;
- daily number of elective and emergency admissions and discharges;
- number of respiratory admissions and variation from plan.

6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance
(Appendix 1 - Checklist 2:2 refers)

Outcome:

- NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.

Local indicator(s):

- Agreed and resourced analytical plans for winter analysis.

7. Workforce capacity plans & rotas for winter / festive period agreed by October.
(Appendix 1 - Checklist 2:3 refers)

Outcome:

- Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services.
- Maintain discharges at normal levels over the two 4 day festive holiday periods

Local indicator(s):

- workforce capacity plans & rotas for winter / festive period agreed by October;
- effective local escalation of any deviation from plan and actions to address these;
- extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements.

8. Discharges at weekends & bank holidays
(Appendix 1 - Checklists 2:3 and 2:4 refers)

Outcome:

- Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital. Medical and Nurse Directors provide monthly report on weekend (pre-noon) discharge rate progress and performance.

Local indicator(s):

- % of discharges that are criteria led on weekend and bank holidays;
- daily number of elective and emergency admissions and discharges.

9. The risk of patients being delayed on their pathway is minimised.
(Appendix 1 - Checklist 2:4 refers)

Outcome:

- Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer. Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.

Local indicator(s):

- distributions of attendances / admissions;
- distribution of time to assessment;
- distribution of time between decision to transfer/discharge and actual time;
- % of discharges before noon;
- % of discharges through discharge lounge;
- % of discharges that are criteria led;
- levels of boarding medical patients in surgical wards

10. Communication plans*(Appendix 1 - Checklist 2:7 refers)**Outcome:*

- The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.

Local indicator(s):

- daily record of communications activity;
- early and wide promotion of winter plan

11. Preparing effectively for norovirus.*(Appendix 1 - Checklist 4 refers)**Outcome:*

- The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).

Local indicator(s):

- number of wards closed to norovirus;
- application of HPS norovirus guidance.

12. Delivering seasonal flu vaccination to public and staff.*(Appendix 1 - Checklist 5 refers)**Outcome:*

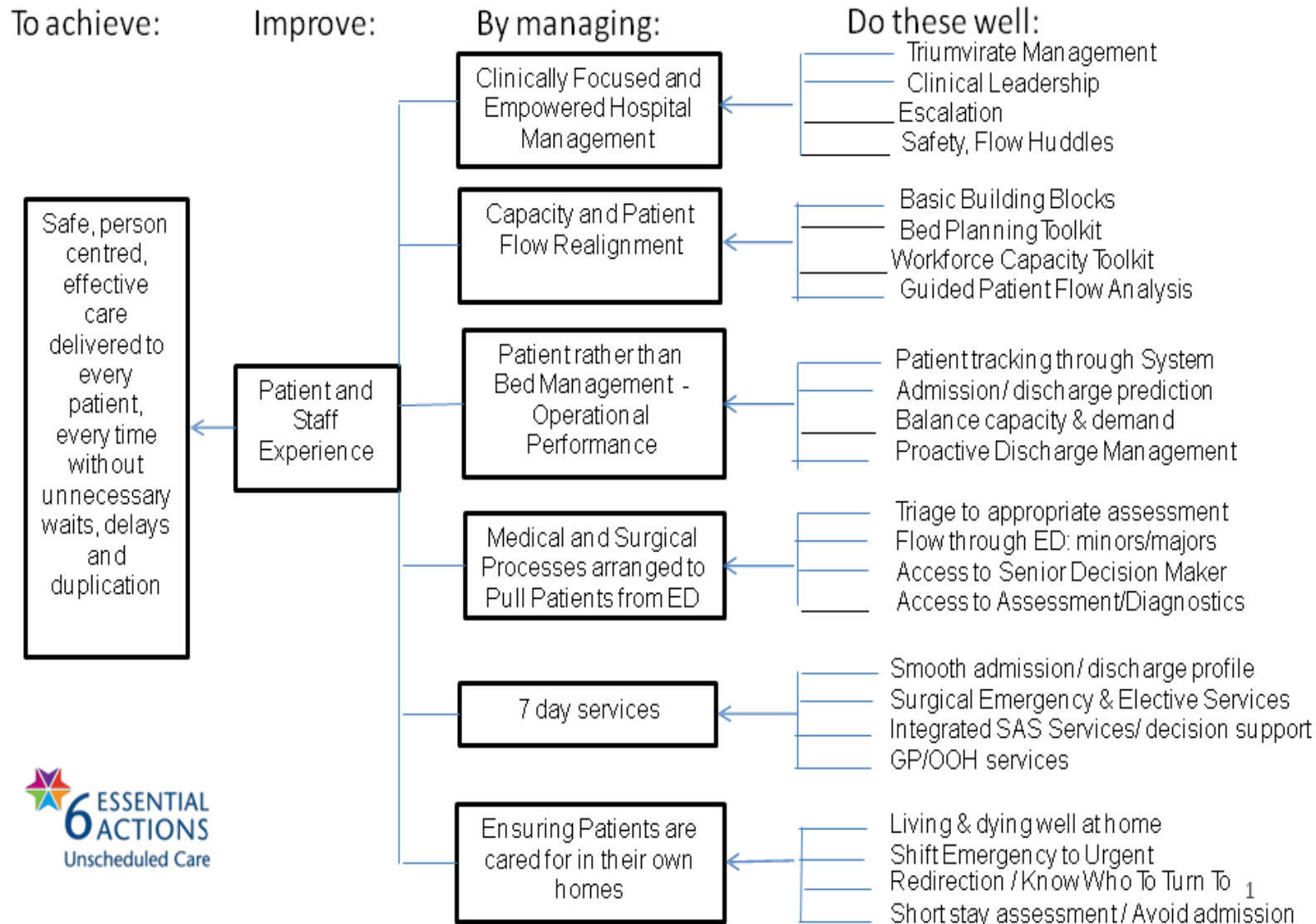
- CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.

Local indicator(s):

- % uptake for those aged 65+ and 'at risk' groups;
- % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.



6 Essential Actions to Improving Unscheduled Care Performance



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