

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/61/2018/HW

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Subject: INVERCLYDE HSCP 2018/19 WINTER PLAN

1.0 PURPOSE

- 1.1 The purpose of this report is to present the Inverclyde IJB with the arrangements for Winter Planning for 2018/2019.

2.0 SUMMARY

- 2.1 The 2018/19 Plan has been developed in accordance with Scottish Government guidance, and to feed into the NHS Greater Glasgow and Clyde Health Board Winter Plan with a requirement for us to submit our local Winter Plan to the Scottish Government Health Directorate by the end of October 2018. This Report identifies the key priorities in the development of the Inverclyde Winter Plan for 2018/19.

3.0 RECOMMENDATIONS

- 3.1 The IJB is asked to note the collaborative work of the HSCP and NHS Greater Glasgow and Clyde Health Board (NHSGGC) acute sector.
- 3.2 The IJB is asked to approve the Inverclyde HSCP Winter Plan 2018/19, for submission to the Scottish Government.
- 3.3 The IJB is asked to note that the Transformation Board has agreed to fund winter planning and unscheduled care activities in anticipation of winter monies being released.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Preparation for winter is captured in the Board's Winter Plan. The document is designed to provide assurance to the Board and the Scottish Government that effective arrangements are in place to respond to the projected level of demand over the winter months.
- 4.2 The plan is the product of continuing joint work between the Acute Division and the six Health and Social Care Partnerships, under the remit of the Unscheduled Care Steering Group. It builds on learning from the challenges of last winter and will benefit from a range of collaborative initiatives to improvement in governance, processes, and patient pathways across the Acute Division and Health and Social Care Partnerships.
- 4.3 To continue to improve winter planning across Health and Social Care, NHS Scotland have asked for local systems to lodge a draft of their local winter plans for 2018/19 with the Scottish Government by the end of October.
- 4.4 The Winter Plan recognises that additional acute bed capacity and measures in community and primary care will be required to deliver care during the winter period. Effective delivery of Unscheduled Care within the established performance parameters will require robust governance, effective processes and integrated responses from across primary, community and acute services.
- 4.5 Since 2015 Inverclyde HSCP has worked with providers to develop and implement a Winter Plan to cover seasonal pressures on the Acute and Community services. There is an established Plan covering communication, workforce, demand on services and contingency which is reviewed each year taking on board lessons learnt from previous years to ensure we have the optimum level of service across Inverclyde.

5.0 WINTER PLAN REVIEW 2017/18

- 5.1 The winter plan review was reported to the IJB in May of this year. It is acknowledged that last winter provided exceptional challenges to the Health and Social Care system. As well as the adverse weather that we experienced in March, there was a high level of respiratory illness across the general population and high rates of acuity amongst the frailer members of our community.
- 5.2 There was a great deal of pressure on Inverclyde Royal Hospital in terms of presentations and length of stay due to patients being unwell and not fit for discharge. This led to subsequent pressures on the community services when discharge became appropriate. We experienced an increase in number of referrals for community services between November and February. The Inverclyde Winter Plan does cover the movement of staff when required to cover discharges and this was required for Assessment and Care Management where members of the Home 1st team covered discharge arrangements.
- 5.3 The second largest contributor to the pressure on the service was staff absence which was peaking at around 20% across community services. This was mitigated in part by the number of frail service users in hospital and use of the step-up model for people who were unable to stay at home but did not require hospital admission.
- 5.4 There was a recognised issue around patient flow and the need to work with the Scottish Ambulance Service and NHS 24 to get the right balance between prioritising access to hospital and discharge support to minimise ambulance turnaround problems and crowding in A & E due to bed availability problems linked to time of day and overall discharge support. Inverclyde was able to sustain a high level of performance minimising unnecessary hospital admissions and facilitating timely and safe discharges.
- 5.5 The Scottish Government requested a review of local arrangements and Inverclyde HSCP contributed to this by reviewing the Home 1st plan to ensure seasonal pressures are

responded to appropriately.

6.0 PREPARATION FOR WINTER 2018/19

- 6.1 The Scottish Government has requested that this year's allocation of £2m to Health Board and Integration Joint Boards should be specially targeted to deliver;
- Demanding local improvement trajectories for weekend discharge rates to be agreed by the end of November
 - Earlier in the day discharges, against local improvement trajectories
 - Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, AHP's, auxiliary and domestic staff.
- 6.2 The preparations have drawn on lessons learnt from last winter, a continued focus on unscheduled care, the Board's corporate objectives to deliver the Emergency Care A&E standard and to achieve a 10% reduction in emergency admissions through a whole system programme of improvement. There has also been a focus on improving discharge rates earlier in the day and at weekends.
- 6.3 Our services were significantly challenged last winter with an early surge in demand in December, the severe weather conditions of the 'Beast from the East' and late presentation of high rates of Flu in March. Demand over the summer months, particularly within A&E and the assessment units has been high with attendances rates sustained at increased levels compared to last year
- 6.4 The Winter Plan has been developed under the oversight of the Unscheduled Care Steering Group with cross system ownership from across the Acute Division and HSCPs. (Appendix 1).
- 6.5 We are confident that continuity arrangements have been fully tested this year. Similar plans are in place to manage and mitigate against key disruptive risks including the impact of severe weather.
- 6.6 This plan reflects the progressive improvement in governance, processes, and patient pathways across the Acute Division and HSCPs. The aim is to deliver safe, effective care across all our services for patients requiring emergency healthcare, whilst maintaining planned care.

Key lessons from the last winter have been actioned including;

- We schedule the 'Winter Plan Operational Group' at regular times with our data pack being produced weekly all year round- not just throughout the winter period.
- Weekly winter plan operational group meetings now held at the hospital.
- Increased team resources at Home First, Discharge Team and Homecare in reach at the hospital. Funding to increase out of hour weekend discharges including tuck in and commissioning of two residential beds including step up and respite.

7.0 IMPLICATIONS

7.1 FINANCE

Scottish Government has agreed to release Winter Contingency money earlier than in previous years. Inverclyde HSCP has produced a plan for targeting increased resources at the key locus of pressure include Home Care, Assessment capacity and in reach support to IRH.

7.2 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

7.3 Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

7.4 There are no legal implications from this report

HUMAN RESOURCES

7.5 There are no human resource implications from this report

EQUALITIES

7.6 Has an Equality Impact Assessment been carried out?

	YES
X	NO

7.7 Neither the Review nor the Plan introduce new policy, therefore there is no requirement to produce an Equalities Impact Assessment.

7.8 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications, although the Clinical and Care Governance Executive Group will oversee the implementation of the Plan.

7.9 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

The Inverclyde HSCP meets the delivery of the National Well-being outcomes.

7.9.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

The review of the HSCP winter plan 2017/2018 promotes service users' independence, resilience and use of support networks and communities as assets to support better outcomes and discharge as soon as the service user is medically fit to do so. This flows through to the planned priorities for 2018/19.

7.9.2 **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

The Winter Planning process is based on the promotion of support and independence.

7.9.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

The winter planning process is centred on the wellbeing and dignity of service users. The overarching outcomes from the winter plan review are to build on success, identify issues and take action to ensure good health, make use of alternative ways to prevent unnecessary hospital admissions and delay discharge which can be distressing and disorienting for service users.

7.9.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The winter planning process ensures that service users admitted to hospital are provided with a quality service which effectively supports the transition from admission of service users to their planned date of discharge.

7.9.5 Health and social care services contribute to reducing health inequalities.

The review of the winter plan informs and identifies improvements to reducing the health inequalities of service users by ensuring a robust and quality health and care system which is responsive to the population of Inverclyde as well as being sensitive to individual service users' needs.

7.9.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

The winter planning process is designed to ensure engagement and communication with carers and service users to ensure their important input is taken on board and is a valuable asset to the wellbeing and recovery of their relative, friend or loved one.

7.9.7 People using health and social care services are safe from harm.

The winter planning process ensures the most vulnerable people in our communities are provided with the assessed support they need to maintain independence and to live in good health at home for longer. The focus on infection control also contributes to reducing the harm that can be caused through healthcare acquired infection or cross-contamination.

7.9.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

The winter plan and review process is designed to ensure adequate and sufficient information to enable staff to engage and provide the right information at the right time to the population of Inverclyde. We have also committed to accelerating our efforts to improve staff uptake of flu vaccination.

7.9.9 Resources are used effectively in the provision of Health and Social Care.

The preventative elements of the winter plan will help to reduce the need for more expensive interventions that might be required in circumstances where the preventative stage has been missed or applied too late.

8.0 CONSULTATION

8.1 This document has been developed by the HSCP, in collaboration with key stakeholders including Community Planning Partners, Acute Sector colleagues, and local GPs.

9.0 LIST OF BACKGROUND PAPERS

9.1 Appendix 1



**HSCP Winter Planning Work Plan 2018/17
Home 1st**

**Alan Brown, Service Manager
Updated 17/09/2018**

Key Issues	Status & Issues	Task	Lead	Progress
Ensure community services are available when required	Clear Service Pathways are in Place Process of referral and response is timely	Established Direct Access Point for referrals to Community Out Of Hours pathway finalised	AB	in place
	Ensure up to date information re access to service is available	Update information sheet with 2 main contact numbers <ul style="list-style-type: none"> • Office Hours (ACM 01475 715010) • Out with Office Hours (DN OOH) Information supplied to partners of community based services		30/11/2018
	Operational Discharge Meeting is attended by key operational individuals including community Leads who assist in planning discharge of complex cases	Report into WPDP (Winter Plan Data Pack) Include discussion of HC packages including restarts Information around hospital admissions utilising Dash Board Need to check if home care info is being communicated to wards on	AB	in place



	Homecare has a fast flexible service to respond to referrals and discharge on an enablement model Include weekend discharge	Identify potential pressure on service Advise of HC service over Winter/Holidays Referral Process for discharge prior to Festive period	JA	31/10/2018
		Increase capacity for Weekend discharge to Homecare Packages Weekend and OOH discharge Team, increase Tuck in & cover annual leave and bank holidays		30/11/2018
	The Community Nursing service and Homecare service 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.		In place
Focussed recovery from periods of limited cover	HSCP Rotas over winter period to be confirmed	Based on previous years CACM/ Duty cover IRH in terms of back up & support	AB	30/11/2018
		Arrange Annual Leave for period to ensure sufficient cover		
	ACM duty rota to cover peak holiday period and January 16 (Dec15 -Jan 16)	Home Care Reablement RES District Nurses Liaison Nurses	AB	
	Peer immunisation clinic	HSCP Staff are actively encouraged to be vaccinated and local peer vaccination sessions were organised	CH	31/10/2018 Passed to communication teams
Access to Joint Store	CIL Access Point in place Social Work Occupational Therapy is staffed week days and can respond to prevent escalation leading to potential admission. This provision is maintained across the holiday period with the exception of the	DM	In place	

		public holidays.		
Planning GPs cover for 2 bank holiday periods	GP practices will put in contingency arrangements for winter period	arrangements by GP's over Dec/Jan practices to ensure their business continuity plans are up to date and that emergency contact details are accessible in the event of an incident	EC	Raised with practice managers and GP forum by Oct 2018 PA to link with Practice Managers to confirm BCP
		GPs will implement suggested contingency arrangements over the festive period as per LMC guidance. In addition Practices will advise Patients of closure via SOLUS Screens and also prompt patients to order prescriptions in advance.		
Service Capacity	Home Care capacity	Exception reporting agreed to be included in Winter Plan Data Pack	AB	In Place
	Care Home Capacity is monitored daily with pressures identified	Link with care home providers to maintain daily reports around pressure	AB	In place
	Equipment Stock Take	A predictive stock order of essential equipment will be submitted early November to ensure availability of supplies for the Community Home Care teams and during the holiday period.	JA	31/10/2018
A predictive stock order of essential equipment from 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.		31 October 2018		

	Care Homes have BCP in place	Identified at Governance Meetings AB email Care Homes requesting confirmation of BCP in place	AB	31 October 2018	
	Increase capacity of independent sector over winter	Look at expanding current contract on temporary basis over winter	JA	31 October 2018	
Prioritising emergency patients	Currently have early identification in IRH	Managed through weekly Operational Discharge Meeting early identification of potential discharge Meeting attended by Acute and Comm Staff	AH	In place	
		Increase in reach HC coordinator to Identify discharge of New Home care packages	JA	31 October 2018	
	Early identification process of vulnerable people at risk of admission to IRH in community	Criteria for identification of most vulnerable adults at risk of admission using Locality Teams Mental Wellbeing Il health/elderly carer Complex cases	Development of Locality Meetings to identify capacity issues complex cases	AB	Review 31/10/2016
		The Community Nursing teams introduce <i>Patient Status at a Glance Team have daily meetings update.</i> Details of vulnerable patients as well as patients with changing needs. To identify those at risk of admission. The nurses will link with GPs and HCC to identify patients who may potentially be vulnerable during the winter period	JA	In Place	
	The Home Care/ Social Work team maintain a note of vulnerable people known to them living in the community. Link with OPMHT to ensure list is updated	JA	31/10/2018		

		Identification or flag on SWIFT		
		<p>Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned.</p> <p>Team leaders Home Care/ACM?DN speaking to managers about identifying critical cases</p> <p>Note local up to date information is vital and require facility to add to WPDP</p>		31/10/2018
	Fast Track Assessment	<p>Review role of Fast Track Assessment service</p> <p>Identify use, capacity and effectiveness of fast track clinic.</p> <p>Develop strategic approach to development of service alongside gerontology role</p> <p>Gerontology nurse is now seeing increased numbers of patients in community working as part of RES</p>	MO	Review 31/10/2016
	Use Frailty Tool	Use of Frailty tool to identify patients for referral to HSCP Discharge Team at point of admission		31 October 2018
	Health Improvement	Link to GCC generic information and add local focus	AH	Review 31/10/2016
Reducing Numbers	Early identification of patients requiring supported discharge	Home First Action Plan is moving towards achieving 72 hour target Recorded as part of performance	AB	Review 31/10/2018
Reduce Admissions	Step Up Beds –	In place continue pilot over winter period	EC	Review at 31/10/2016
	Through the Night care teams in place and functioning	Link with OOH DN service	EC	
Single Point	Discharge Team/CACM now have	Ensure contact information is circulated	AB	Review resource



of Access	single point of access based at GHC	Generic email to be created for CACM Ensure telephone contact is available		requirement 31/10/2018
Care Home support	HSCP Governance arrangements with Care Homes established.	Care Home Providers Forum in place Enablement input to Nursing Homes Liaison Nurses/ AHP peer group agreed to support work with care homes identification of residents at risk of admission	CH	Review 31/10/2018
	Red Bag Initiative implemented	Explore fast track discharge for existing residents liaison between ward and home	AM	Review 31/10/2018
Anticipatory Care	ACP in place for residents in care homes	Reinvigorate ACP for care home residents	A B	Review 31/10/2018
		ACP accessible on EKIS link to Primary Care	EC	
Capacity for AWI Patients	MHO rota in place Monitor the impact of AWI on IRH	Early identification of AWI issues on wards with TL CMHT attending ODEM	CG	Review 31/10/2018
Equipment	Fast Track in place for discharge Joint Store single access in place	Access to equipment out with working hours. A stock of equipment is left at several points across Inverclyde and there is the provision of a folding hoist and slings based within the community alarm team. The district nursing service also holds moving and handling equipment, mattresses, commodes etc. The main sites where equipment is stocked are within Greenock Health Centre and at Hillend House although there is also a stock at IRH OT department and the Larkfield Unit. This is a long standing arrangement between services. The Joint Equipment store staff ensures that equipment is always stocked at these venues.	DM	Review 31/10/2018

		<p>This allows for 24 hour access to equipment if required.</p> <p>The Occupational Therapy service has a Response team that respond to urgent requests for equipment within 24 hours Mon-Fri. This service often follows up where equipment is provided out with working hours to allow for a more comprehensive assessment of the home environment.</p>		
In reach to Hospitals	Home First Action Plan	A District Nurse and OT in reach have been appointed to facilitate communication between Acute and Community and assist assessment and support planning for quicker discharge home	AB	In place
Develop agreed indicators to monitor performance	keep current PI so to compare performance on DD bed days lost	Staffing numbers capacity	EC	Review 31/10/2018
		Recording of Outcomes for step up at home to be determined		
		Identify escalation point and triggers- agree when and how huddle information should be escalated		
		Contingency plan for weekly meeting over winter period to evaluate performance and risk management	AB	
		Develop Data Capture Tool	DP	
		Produce weekly data pack	RM	
		Link this date to IRH daily Huddle information	AB	
		Capacity of services reported weekly HSCP Team leaders will report every Friday with pressure on service, availability and absence	Service managers	
Develop local communications plan	<p>Communication to Staff & Primary Care Colleagues</p> <p>To ensure that staff and Primary Care colleagues and partner agencies are kept informed, the HSCP will;</p> <p>Ensure information and key messages are available to staff through communication briefs, team meetings and electronic links</p>	<p>Winter Planning to be on agenda at HSCP communication group</p> <p>Circulate information on available community services and clinics during the festive period, including pharmacy open times, to GP practices</p> <p>Collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP,</p>	AB	<p>HSCP communications group in place to coordinate communication</p> <p>Review 31/10/2018</p>

		<p>Primary Care colleagues and NHS GG&C Board.</p> <p>Information regarding GP availability throughout the festive period will be provided through the NHS GG&C Winter Booklet.</p> <p>Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices.</p> <p>The Clinical Director will re-enforce these messages to GP Practices.</p>		
	Advice to Patients with chronic conditions on source of help	<p>Public Health information to be circulated</p> <p>Local Contacts to be included</p> <p>Link to communication Plan</p> <p>Link to CR Plan on preparing for Winter</p> <p>Link to GCC generic information and add local</p>	AH	Review 31/10/2016
	Twice daily huddle established in IRH over 7 days	Identify how HSCP can input to Huddle during this time as well ODM	AH	Discharge Team Lead attend Huddle daily
	Advice to Patients with chronic conditions on source of help	<p>focus on winter issues</p> <p>Public Health information to be circulated</p> <p>Link to communication Plan</p> <p>Link to CR Plan on Preparing for Winter</p> <p>Local Contacts to be included</p> <p>Comms plan to be refreshed</p>	AB/AH	Review 31/10/2018