

---

**Report To:** Inverclyde Integration Joint Board      **Date:** 4 November 2019

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/75/2019/AS

**Contact Officer:** Allen Stevenson  
Head of Health and Community Care  
Inverclyde Health and Social Care Partnership (HSCP)      **Contact No:** 01475 715212

**Subject:** Winter Plan 2019/20

---

## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Board of the HSCP preparations for Winter pressures in 2019/20 and request necessary resources to meet the projected seasonal demands.

## **2.0 SUMMARY**

- 2.1 Inverclyde has a positive record in meeting Delayed Discharge targets and thus ensuring people spend the minimum time in a hospital bed when deemed fit for discharge.
- 2.2 Inverclyde HSCP and Acute colleagues have been able to sustain a high level of performance, minimising unnecessary hospital admissions and facilitating timely and safe discharges responding robustly to the pressures presented by winter.

Home 1st is a year-round approach which successfully manages the health and social care discharge process including seasonal surges in demand

## **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note the Winter Plan and agree additional one-off resources from the Transformation Fund to sustain positive performance whilst addressing the seasonal pressures presented by winter and note the ongoing work to identify recurring funding for this.

## **4.0 BACKGROUND**

- 4.1 As previously reported to the Board in May 2019, performance against the Delayed Discharge target in Inverclyde has been positive for some time, including the reduction in the number of bed days lost.

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of the Home 1<sup>st</sup> approach. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit, including those requiring a complex home care package or a care home placement.

Over the past 3 years Inverclyde has continued the Home 1<sup>st</sup> approach across the winter period, ensuring a consistency of approach along with sustained activity around maintaining or returning people to their own home.

## **5.0 WINTER PROJECTIONS**

It is acknowledged that last winter provided exceptional challenges to the Health and Social Care system in Greater Glasgow and Clyde. Though we did not experience the adverse weather conditions of previous winters, there was a high level of respiratory illness and high rates of acuity amongst the frailer members of our community.

Information from the Scottish Government collated from System Watch (Update: 26/09/2019) has identified that respiratory contacts have increased by 5% and this is coupled with concerns around the virulent flu virus experienced in Australia over their winter. There are also long range weather reports that Scotland may be subject to harsher seasonal weather than we have experienced over the past two winters.

Inverclyde acknowledges the importance of continuing to plan an all year round response under Home 1<sup>st</sup> that covers seasonal pressures, surge in demand and ensure continuity and sustainability of approach. It is equally important to keep to agreed processes and procedures even at times of high pressure on the system across Acute and HSCP.

## **6.0 INVERCLYDE HOME 1<sup>ST</sup> WINTER PLAN 2019/20**

This year's Winter Plan is building upon our year-round response to care and support as identified in the Home 1<sup>st</sup> Plan. We have identified a number of key areas to focus upon to ensure we produce the best outcomes for people within our resources.

### **6.1 7 Day Service**

We will continue to work in partnership with local Care Homes to accept safe weekend and evening discharges for new admissions.

Following last Winter's successful Pilot we wish to again increase capacity in our Home Care Service to cover 175 hours per week to focus upon evening and weekend discharges for new service users as well as restarting existing packages.

### **6.2 Test of Change Care Co-ordination**

Co-ordination of Emergency Department Frequent Re-Attenders will utilise existing

Locality Meetings to identify people at risk of hospital re-attendance and implement review and development of appropriate support to address unnecessary presentation. This will be across Health and Community Care (including OPMHT) and have a similar process in place to address frequent attendances of people known to Alcohol and Drugs Service and Community Mental Health Team.

### **6.3 Day Care Services**

A further Test of Change is to utilise Day Care Services to prevent unscheduled attendances at hospital. This will identify 10 Frailty Day Places which will help to address isolation and anxiety amongst Older People which we have identified as a factor for some attendances and admissions. These will be short term placements with clear link to reablement and accessing community supports.

### **6.4 Assessment and Care Coordination at Emergency Department**

We also intend to support the strengthening of decision-making at the Emergency Department with greater knowledge of community resources and services to allow safe return home rather than to admit. To support this we are requesting funding for 6 months to cover a Care Management post which would link directly to IRH Emergency Department complete assessments and return people home with support thus avoiding unnecessary admissions.

### **6.5 Choose the Right Service**

We have also extended our local Choose the Right Service campaign to cover attendance at emergency department and families with children.

## **7.0 CAPACITY AND RESOURCES PROPOSAL**

Based on learning from previous years, Inverclyde HSCP has identified extra capacity as a contingency against increased seasonal pressures. The proposal is to fund extra resources on a one-off basis in 2019/20 from the IJB Transformation Fund to address key pressures that will develop during the coming winter period. Going forward, officers will work with NHSGG&C colleagues to identify recurrent funding to support this. By concentrating on key areas we will ensure capacity is secured across our community resources.

Last winter we demonstrated the success of an increased Home Care response team, providing evening, out-of-hours and weekend cover to allow safe discharge over 7 days. We are proposing an increase in capacity of 174 hours per week for 8 months totalling £94,650.

- Increase of 35 hours per week to meet increase in demand for evening service which are complex cases, ensuring timely discharge
- Response team – floating team for 140 hours to cover all new urgent discharges and hold until care can be picked up by mainstream provision.

Also based on last winter's experience, we are requesting increased assessment and care co-ordination capacity at IRH based within the discharge team but working to support the Emergency Department.

- One Grade 7/8 post for 6 months from December 2019 £23,010

The implementation of Home 1<sup>st</sup> over the past 4 years has led to a consistent and sustained approach to successfully address the issue of delayed discharge and bed days lost. Previous temporary monies have demonstrated the success of

action taken to address increased pressure presented by winter.

The request is to allocate funding to support the plan to address winter pressures over the coming years allowing for pre planning and early recruitment to these posts.

<b>Team</b>	<b>Posts</b>	<b>Budget Including on costs</b>
<b>Weekend &amp; Evening response Team</b>	<b>4 HSW Grade 3 x 35 Hrs</b>	<b>£63,090</b>
<b>Evening capacity</b>	<b>4 HSW Grade 3 x 17.5Hrs</b>	<b>£31,560</b>
<b>Care Manager</b>	<b>Grade H x 1</b>	<b>£23,005</b>

## 8.0 SUMMARY

The content of this report is to ensure that Board members are informed about performance in relation to hospital discharge which was sustained over the winter period 2018/19. Certainly it would appear that delays and bed days lost had a minimal effect upon the pressures felt by the Acute sector in Inverclyde.

The current system in Inverclyde is working at capacity and there is little opportunity to take on extra demands associated with winter pressures. Improved community based resources are essential to mitigate the risk around the increase in admissions and additional delays resulting in unnecessary increased demand on IRH. Earlier planning will ensure resources are in place for next winter.

Along with colleagues in the Acute sector, we have put in place the Home 1<sup>st</sup> (Winter Plan) 2019/20 action plan to ensure services relating to discharge are focused on the key performance targets as well as ensuring the best outcomes for service users and carers in light of additional seasonal pressures.

## 9.0 IMPLICATIONS

### FINANCE

#### 9.1 Financial Implications

##### One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report £000</b>	<b>Virement From</b>	<b>Other Comments</b>
Homecare	Employee Costs	19/20	94	N/A	Homecare Response Team
Discharge Team	Employee Costs	19/20	23	N/A	Care Manager Post

Annually Recurring Costs / (Savings)

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

## 9.2 LEGAL

There are no legal implications in respect of this report.

## 9.3 HUMAN RESOURCES

There are no specific human resources implications arising from this report.

## 9.4 EQUALITIES

There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

√

YES

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### 9.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Hospital Discharge process is inclusive in regard to people with protected characteristics, and also has elements within it to ensure HSCP takes an equalities-sensitive approach to practise.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Not applicable.
People with protected characteristics feel safe within their communities.	Not applicable.
People with protected characteristics feel included in the planning and developing of services.	HSCP includes an equalities-sensitive approach to including all groups in the planning and development of services.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Hospital Discharge processes and guidance are inclusive of people with protected characteristics, Assessment and Care Management guidance has elements within it to ensure that services and

	practitioners take an equalities-sensitive approach to practice.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Hospital discharge processes and guidance apply to adults with learning disability and apply to the work of the Community Learning Disability Team.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Hospital discharge processes and guidance apply to all adults including those from the refugee community in Inverclyde.

## 9.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications arising from this report.

## 9.6 NATIONAL WELLBEING OUTCOMES

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Hospital discharge process is committed to ensuring high-quality services that support individuals to maximise their wellbeing and independence.
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	Hospital discharge process will ensure high-quality services that support individuals and maximise independence.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Hospital Discharge is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination are respected and promoted.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Hospital discharge is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination

	are respected and promoted.
Health and social care services contribute to reducing health inequalities.	Hospital discharge process supports the outcome of reducing health inequalities.
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 Carers Act imposes a duty on the HSCP and partners to promote the health and wellbeing of informal carers and in particular around planning of hospital discharge for the cared-for person.
People using health and social care services are safe from harm.	The HSCP has as its priority to safeguard service users.
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.	Staff are part of a programme of ongoing training and awareness around assessment and care management process.
Resources are used effectively in the provision of health and social care services.	None

## 10.0 DIRECTIONS

### 10.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

## 11.0 CONSULTATION

11.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## 12.0 BACKGROUND PAPERS

12.1 None.