
Report To: Inverclyde Integration Joint Board **Date:** 24 January 2017

Report By: Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/02/2017/BC

Contact Officer: Beth Culshaw
Head of Health and Community
Care **Contact No:** 01475 715283

Subject: UPDATE ON WINTER PLANNING

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board on activity in relation to preparation for winter and to provide an update on ongoing activity.

2.0 SUMMARY

- 2.1 Throughout the year, as an integral part of day-to-day working, there is collaboration between a range of partners, professionals, service users and carers to ensure effective sustainable support is in place. This is particularly the case at points of admission and discharge to hospital. As activity rises over the winter months, and pressure on the system mounts, it becomes increasingly important to operate effectively. Review of previous winters' activity, and lessons learned from this, inform comprehensive planning arrangements across social, primary and secondary care on a local, sector and Board-wide basis.

3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the arrangements for responding to winter pressures on the Health and Social Care system in Inverclyde.

4.0 BACKGROUND

- 4.1 There is recognition that, although there is a great pressure on services and resources throughout the year, there are additional challenges and pressures brought about by the onset of winter.
- 4.2 Winter can bring problems in terms of adverse weather which may cause disruption to utility services and transport. Weather conditions could lead to an increase in trips and falls and accidents in general.
- 4.3 Flu and other winter ailments can impact on people, particularly those with long term conditions and those who are older and frailer. In some cases this impacts on the fit as well leaving them unable to attend work or meet any caring role they may have.
- 4.4 These consequences can lead to greater demand on services but may also contribute to a corresponding reduction in resources as staff and colleagues can be equally affected.
- 4.5 The development of a winter plan is seen as an essential element of ensuring co-ordination of services across health and social care. The operational plan developed between the HSCP and partners in primary and secondary care builds on the successful ongoing partnership arrangements that exist within Inverclyde throughout the year.

5.0 PROPOSALS

5.1 Winter Planning

- 5.1.1. In common with previous years, we have developed a local operational winter plan which reflects lessons learned from previous years' winter activity.
- 5.1.2. The Winter Planning Operational Group has begun to meet on a weekly basis. There is representation from each relevant HSCP service (Community Nursing, Care at Home, Assessment & Care Management (including Discharge Team) and the Centre for Independent Living), alongside representatives from the Acute sector based in Inverclyde.
- 5.1.3. This provides the group with a weekly opportunity to examine local performance data, have a daily overview of pressures on the system, and to plan responses to these pressures as they arise.
- 5.1.4. The Winter Operational Plan is attached (Appendix 1) and covers a range of services and issues. This includes the practical arrangements to provide support and cover over the festive holidays as well as how to access essential services out of hours.
- 5.1.5. This will allow for appropriate planning and deployment of resources as a response to any increase in demand and impact on resources. It also allows for effective escalation of issues and pressures which may require consideration of implementing contingency plans.
- 5.1.6. The plan identifies and addresses the local issues across primary care and community services for which Inverclyde Health and Social Care Partnership is responsible and complements the Acute winter plan, generating a whole system approach. Similarly, it aligns to Inverclyde Council's contingency planning for winter as well as the Pandemic Flu Plan.
- 5.1.7. A rolling action log will be maintained and reported weekly to the Chief Officer; a report

analysing the activity, performance and pressures during the winter will be provided to the IJB at the end of the winter period.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications

None

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

Annually Recurring Costs/(Savings)

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

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached)
√	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.

6.4.1. How does this report address our Equality Outcomes?

6.4.1.1. People, including individuals from the above protected characteristic groups, can access HSCP services during the winter period.

6.4.1.2. People with protected characteristics feel safe within their communities at a time of pressure from the winter period.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

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

6.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer. The winter plan addresses people's ability to self-manage their health and social care needs. Public information around keeping warm in winter and accessing local health and social care services, as well as the influenza immunisation programme, all support self-management

6.6.2 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. A range of public information is circulated widely, including by Inverclyde Carers Centre via their contact list and website. There is in place a good, effective system of referring carers for support from HSCP, as well as links with the duty social work team. The presence of carer support workers within Inverclyde Royal Hospital and the main Inverclyde Health Centres gives carers ready access to this service.

7.0 CONSULTATION

7.1 None.

8.0 BACKGROUND PAPERS

8.1 None.

HSCP Winter Planning Work Plan 2016/17

Alan Brown, Service Manager
Updated 24/09/2016

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 community Services in particular out of hours Out Of Hours pathway finalised	EC	Completed
	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		5/10/2016 31/11/2016
	Operational Discharge Meeting is attended by key operational individuals including community Leads who assist in planning discharge of complex cases	ODM to be arranged	AB	31/10/2016
		Report into WPDP (Winter Plan Data Pack) Include discussion of HC packages including restarts Agreed process require to update HC by Tue lunchtime Information around hospital admissions Need to check if home care info is being communicated to wards on		in place
	Homecare has a fast flexible service to respond to referrals and discharge on a enablement model	Identify potential pressure on service	JA	completed
		Advise of HC service over Winter/Holidays Referral Process for discharge prior to Festive period		31/10/2016
The Community Nursing service and Homecare service provide a service 24 hours, 365 days per year inclusive of	These teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays.	A Best	In place	

	bank public holidays.			
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	31/11/2016
		Arrange Annual Leave for period to ensure sufficient cover		
	CACM 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	TB	31/10/2016 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 public holidays.	JA	In place	
Planning GPs cover for 2 bank holiday periods	GP practices will put in contingency arrangements for winter period	AB to liaise with Pauline for arrangements by GP's over Dec/Jan	PA	Raised with Practice Managers and GP forum by Oct 2015 PA to link with Practice Managers to confirm BCP
		practices to ensure their business continuity plans are up to date and that emergency contact details are accessible in the event of an incident		
		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 during the holiday period.	JA	31/10/2016
		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.	A Best	31/10/2016
	Care Homes have BCP in place	Identified at Governance Meetings AB email Care Homes requesting confirmation of BCP in place	AB	31 October 2016
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 access to read only SWIFT in wards Plan to include A/E	AB	Review by 31/10/2016
		In progress for Wards J and Larkfield Unit Identify discharge of new Homecare packages	JA	In place
	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 Mental Wellbeing II health/elderly carer Complex cases	AB	Review 31/10/2016

		Development of Friday Allocation Meetings to identify capacity issues complex cases	AB	
		The Community Nursing teams introduce <i>Patient Status at a Glance</i> . Team have daily meetings, update 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	A Best	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. Identification or flag on SWIFT	JA	31/10/2016
		Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned. Team leaders Homecare/ACM?DN speaking to managers about identifying critical cases Note local up to date information is vital and require facility to add to WPDP		31/10/2016
		Review role of Fast Track Assessment service Identify use, capacity and effectiveness of fast track clinic. Develop strategic approach to development of service alongside gerontology role Gerontology nurse is now seeing increased numbers of patients in community working as part of RES	EC	Review 31/10/2016
	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 31/10/2016
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 of Access	Discharge Team/CACM now have single point of access based at GHC	Ensure contact information is circulated Generic email to be created for CACM Ensure telephone contact is available	AB	Review resource requirement 31/10/2016
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 Explore fast track discharge for existing residents liaison between ward and home	TB	Review 31/10/2016
Anticipatory Care	ACP in place for residents in care homes	Access to ACP	A Best	Review 31/10/2016
Capacity for AWI Patients	MHO rota in place and increased capacity of MHO service	Monitor the impact of AWI on IRH	CG	Review 31/10/2016
	Early identification of AWI issues on wards with TL CMHT attending ODEM			Review 31/10/2016
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.	DM	Review 31/10/2016

		<p>The Joint Equipment store staff ensures that equipment is always stocked at these venues. 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	Review 31/10/2016
Rehabilitation	Home First Action Plan	Establish the principle of assessment at home Use of OPDG to develop this Discharge Performance is good		
		RES team specialist input around COPD Falls pathway in place and linked to initial referral to HSCP to take preventative approach.	JA	Review 31/10/2016
Develop agreed indicators to monitor performance	Keep current PI so to compare performance on DD bed days lost	Staffing numbers capacity	EC	Review 31/10/2016
		Outcomes for step up 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</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, GP practices</p> <p>Collate a range of information regarding staff rotas, service operating hours and lead contact details, and</p>	AB	<p>HSCP communications group in place to coordinate communication</p> <p>Review 31/10/2016</p>

	and electronic links	<p>make available to staff throughout HSCP.</p> <p>Primary Care colleagues and NHSGG&C Board.</p> <p>Information regarding GP availability throughout the festive period will be provided through the NHSGG&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 reinforce 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 Link to GCC generic information and add local</p>	AH	Review 31/10/2016
	Twice daily huddle established in IRH	Identify how HSCP can input to Huddle during this time as well as ODM	AH	Discharge Team Lead attend Huddle daily
	Advice to Patients with chronic conditions on source of help	<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>Communication Plan to be refreshed</p>	focus on winter issues	AB/AH Review 31/10/2016