AGENDA ITEM No.7

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 September 2017
Agenda Item	7
Title	Winter Planning Review

Summary

This paper informs the Integration Joint Board about revised system wide Winter Planning/unscheduled care arrangements and updates on East Renfrewshire experience of winter and unscheduled care pressures during 2016/17. It highlights the lessons learned that will be taken forward into winter and unscheduled care planning for 2017/18.

Presented by	Candy Millard, Head of Strategic Services

Action Required

The IJB is asked to note the revised system wide unscheduled care/winter planning arrangements and comment on the review of the Winter Plan 2016/17.

Implications checklist – check box if applicable and include detail in report

☐ Finance/Efficiency	☒ Policy	☐ Legal	☐ Equalities
☐ Risk	☒ Staffing	☐ Property/Capital	☐ Directions

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 SEPTEMBER 2017

Report by Chief Officer

WINTER PLANNING REVIEW

PURPOSE OF REPORT

1. To inform the Integration Joint Board about revised system wide Winter Planning arrangements and update on lessons learned from East Renfrewshire experience of winter and unscheduled care pressures during 2016/17 including Christmas and Easter holiday period.

RECOMMENDATION

2. The IJB is asked to note the revised system wide unscheduled care/winter planning arrangements and comment on the review of the Winter Plan 2016/17.

BACKGROUND

3. Planning for winter is a particularly important part of the Integration Joint Board's responsibilities. A report to the Integration Joint Board in November detailed our plans for Winter 2016/17 and including tests of change projects funded through our 'Safe and Supported' work programme.

4. Scottish Government issued updated guidance for Winter Planning on the 11th August 2017 with an expectation that a final GGC whole system approved Winter Plan will be submitted by the end of October.

REPORT

Revised Planning Arrangements

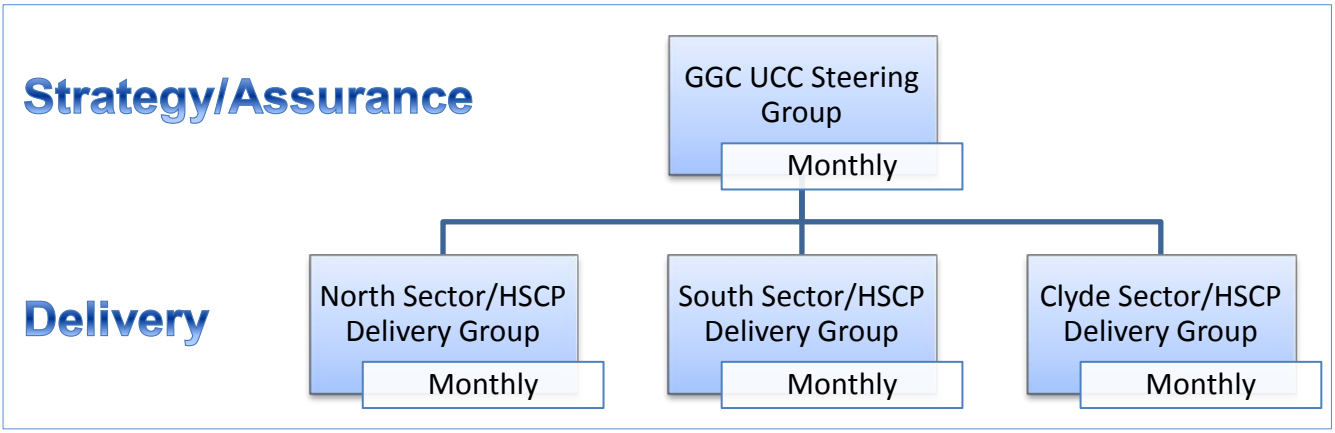
5. Across Greater Glasgow and Clyde our whole system focus on unscheduled care recognises that pressures are no longer confined to the Winter Period but experienced throughout the year. In recent years, NHSGGC has been challenged to deliver compliance with the target of 95% of A&E attendances treated within 4 hours but is committed to delivering a sustained improvement during 2017/18
   - Delivering the 4 hour target at 90% level across all sites and to agree and implement trajectories to move towards the 95% level
   - Redesigning the service across hospital, care home and community settings to reduce inappropriate use of hospital services, with a view to reducing demand by 10% this year
   - Delivering a 10% reduction in unscheduled bed days through the implementation of the Unscheduled are Programme to reduce admissions and to ensure the timely discharge of patients from hospital.

6. This year's winter planning arrangements build on the Unscheduled Care Programme Board governance structure introduced in 2016 to deliver a systematic review of Unscheduled Care across NHS GG&C. Whilst the initial focus of work undertaken by the Unscheduled Care Programme centred on patient flow within the acute hospital setting, moving forward this work will be complemented by a further agenda designed to address demand for acute care by strengthening ambulatory pathways and support in the community.

7. The recommendations of the Unscheduled Care Board are the basis for the 2017/18 Winter Plan to be taken forward in partnership between the Acute Division and the HSCPs. In addition the Winter Plan will provide assurance of mitigation plans for specific challenges that are anticipated in the run up to and after the Festive season.

8. A review of Unscheduled Care governance arrangements has strengthened the structures for partnership working between acute hospitals and HSCPs. The new structures, effective as of August 2017, ensure integrated working at a strategic and operational level between the Acute Division of the Board and HSCPs. At Sector level, the Delivery groups will be co-chaired by Acute and HSCP Directors strengthening integrated working on a geographic basis.

Figure 1: Revised 2017/18 UCC Governance Structure



Review of Winter Planning Arrangements

9. Section 2 of the Scottish Government guidance outlines 12 areas described as key to effective winter planning. This section reviews our local actions during 2016/17 and highlights any lessons learned that will be taken forward into winter and unscheduled care planning for 2017/18.

Business Continuity Plans

10. Although the HSCP tested and updated business continuity plans for winter 2016/17 we were fortunate that we did not need to implement these arrangements, since we did not experience severe weather or flu/norovirus outbreaks locally. Across NHSGGC and ERC business continuity plans were reviewed during the summer months following the Manchester bombing and temporary move to critical alert.

Escalation Plans

11. For a number of years HSCP senior management have maintained a winter on call rota. Managers on duty will have access to key partner and service contact details and form part of wider whole NHSGGC system escalation process. These arrangements will be updated as necessary as part of the new sector planning arrangements.

12. In addition we introduced operational huddles in 2016/17 which brought together all our inreach staff and key operational mangers along with the Safe and Supported programme co-ordinator for brief update and action planning sessions. We stepped up the frequency of these meetings in response to acute pressures and in advance of key holiday dates. These enabled us to both respond quickly to pressures and anticipate issues. This proved a successful initiative and will continue as required in 2017/18.

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

13. During Winter 2016/17 and beyond the HSCP introduced a number of additional tests of change as part of our safe and supported programme. These tests are reviewed below.

14. Hospital Connector Post - The aim of this test was to base an HSCP health care professional in the Acute Assessment Unit working as part of the team to prevent downstream admission, prevent readmission and facilitate discharge. A HSCP Senior Physiotherapist was appointed into the role. The post holder worked work closely with the Acute team, sharing relevant HSCP information about East Renfrewshire patients attending the unit and the services on offer within East Renfrewshire to support discharge and avoid admission. This was well received and the post holder attends huddle and team meetings and is on call for queries from the unit staff. The post holder's role extended to identifying admissions and potential for early discharge across the Queen Elizabeth University Hospital Site.

15. Home from Hospital Community Connector - The initial scope of this test of change was to be delivered through volunteers meeting patients while still in hospital prior to discharge, therefore aiding quicker discharge of patients that hospital staff were hesitant to discharge because there would be no one to meet at home. This did not take place over the winter period due to a number of factors relating to NHS protocols on involving volunteers. The worker and volunteers have therefore supported older people who have returned home from hospital with community connections and activities to reduce social isolation and enhance wellbeing. From August – March 2017 the project has received 48 referrals with 43 people supported by 1 or 2 visits or signposting to relevant supports and 5 people opting for 6 week support. The project has undertaken NHS volunteer training is now to go onto the wards we will test this over winter 2017/18 and review thereafter.

16. Medicines Management- The aim of this test was to help support Patients who would not otherwise receive a medication review to manage their medicines in their home. By improving compliance and medicines management, the aim is to reduce hospital admissions for avoidable medication related issues. Over the winter outset of this project the Pharmacy technician received 828 referrals (Nov 2016 - March 2017). The postholder is also able to link at the timing of medications and alter where possible to reduce the need for additional care input. She also identifies people who are socially isolated and refers to other supports. This role has been recognised in the new national pharmacy strategy document - Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (page 37). The role has been extended to include patients identified as having compliance issues with their medication.

Strategies for additional surge capacity across Health and Social Care Services

17. The HSCP considered a number of strategies for additional surge capacity including working with care at home providers to predict additional capacity. Whilst this was not required over the winter period work with providers has continued as part of discussions about our care at home contract and redesign work. In preparation for winter 2017/18 whole systems surge capacity conversations have commenced and will be finalised in the sector planning groups.

18. The HSCP introduced a test of change as part of the Safe and Supported programme to reduce pressures on Primary Care. This focused on a significant cohort of 'patients' who seek recurring and regular support from GPs, for what are often issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and financial issues). The test was introduced to 9 practices throughout the area (Clarkston 1, Clarkston 2, Eastwoodmains, Elmwood, Glenniffer, Levern, MacLean, Mearns and Williamwood). RAMH employs workers for a total of 70 hours each week deployed between the 9 practices. Each practice has a dedicated, named worker. The service in each practice is becoming established, and feedback gathered from referrers and participants is positive. Scottish Government has recently announced the roll out of this initiative across Scotland and it would seem appropriate that the HSCP continue to fund this service until national funding becomes available.

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

19. The Unscheduled Care Report (May 2017) details the analysis of demand across NHS GG&C. This analysis will be updated to inform the finalised Winter Plan.

20. In addition to the work in acute care local actions the HSCP proposed a series of actions to support better management of older people and chronic disease in the community. Joint palliative care work with local hospices and training activity with care homes has progressed but workforce issues have impacted on the ability of Advanced Nurse Practitioners to support clients requiring a higher level of clinical care but not hospital admission.

Workforce capacity plans and rotas for winter / festive period

21. Health and Community Care Service Managers ensured that planned leave and duty rotas were effectively managed to ensure an adequate workforce capacity during the festive period, and immediately following holiday periods. This will be reviewed as part of the Sector Delivery Group activity.

Discharges at weekends and bank holidays

22. The Community Nursing service, Telecare responder and Homecare service community teams 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, supported safe and effective hospital discharges during weekends and holidays. In addition HSCP staff worked to identify residents on admission hospital and proactively plan for their discharge prior to and over weekend and bank holiday periods. Recruitment of new nursing staff has helped mitigate the issue of a morning and evening service gap for community nursing.

The risk of patients being delayed on their pathway is minimised

23. 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. It will be a core element of the Sector Delivery Groups' responsibilities.

24. Over winter the HSCP coordinated information from our in reach and community services about hospital admissions to support early planning for discharge. Working with the NHSGGC information team we have developed a data base for our hospital coordinator and safe and supported manger which gives details of all hospital admissions for people aged 65+. The data base is updated each night and supports early identification and pro-active planning to get people home.

Communication plans

25. The HSCP links with NHSGGC and Council communication colleagues to promote winter media campaigns, advice and information.

Preparing effectively for norovirus

26. Infection Control colleagues lead on this area of work. The HSCP works with the Independent Sector Integration Lead and the established Providers Forum to share information and identify any issues that require to be escalated.

Delivering Seasonal Flu Vaccination to Public and Staff

27. The HSCP undertook peer immunisation for nursing staff and offering immunisation to home care and social work staff. Across NHSGGC take up of the seasonal flu virus will be a focus for 2017/18.

FINANCE AND EFFICIENCY

28. The HSCP received additional funding to support winter and delayed discharge planning during 2106/17. The following table shows the expenditure for 2106/17 and committed budget for 2107/18.

Safe and Supported/Delayed Discharge Budget	**16/17 Outturn**	**2017/18 Budget**
GP link workers	33,333	66,667
Pharmacy Medicine Management Technicians	42,247	70,000
Care Home Access Out of Hours	86,261	100,000
Step Down/Up Beds	70,000	70,000
Patient Information		5,000
Hospital Connectors	18,101	54,000
Home Care - 48hr Access	17,907	40,000
Voluntary Action Community Connector	30,000	30,000
Additional Staffing	156,026	155,000
	435,875	**590,667**

CONSULTATION

29. The work has built on considerable consultation and engagement over previous years.

PARTNERSHIP WORKING

30. The new approach to Unscheduled Care and Winter Planning strengthens whole system partnership working.

IMPLICATIONS OF THE PROPOSALS

Policy

31. This report sets out the local response to Scottish Government guidance *Preparing for Winter.*

Staffing

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

CONCLUSIONS

33. This paper gives and overview of the revised system wide Winter Planning/unscheduled care arrangements for Greater Glasgow and Clyde. It highlights the lessons learned from 2106/17 that will be taken forward into winter and unscheduled care planning for 2017/18.

RECOMMENDATIONS

34. The IJB is asked to note the revised system wide unscheduled care/winter planning arrangements and comment on the review of the Winter Plan 2016/17.

REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, HSCP: Julie Murray

Candy Millard, Head of Strategic Planning
candy.millard@eastrenfrewshire.gov.uk
0141 451 0749

13 September 2017

BACKGROUND PAPERS

Scottish Government: Preparing for Winter 2017/18
http://www.sehd.scot.nhs.uk/dl/DL(2017)19.pdf