



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	25 November 2020
Agenda Item	10
Title	Winter Plan 2020/21
<p>Summary</p> <p>This report updates the Integration Joint Board on Greater Glasgow and Clyde whole system and East Renfrewshire HSCP preparedness for winter. This is based on the work that has been progressing throughout the year to strengthen the resilience of our services within the context of Covid-19 and our joint work on unscheduled care planning and delivery.</p> <p>The report notes the significant contribution of the HSCP workforce over the last year to the multiple demands requiring immediate service response. It recognises that our system will continue to ask much from them over the winter period and that the complexity of the Covid-19 scenarios adds a further level of challenge and uncertainty.</p>	
Presented by	Candy Millard Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to note and comment on the content of the report</p>	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

25 November 2020

Report by Chief Officer

WINTER PLAN 2020/21

PURPOSE OF REPORT

1. The purpose of this report is to update the Integration Joint Board on Greater Glasgow and Clyde whole system and East Renfrewshire HSCP preparedness for winter. This is based on the work that has been progressing throughout the year to strengthen the resilience of our services within the context of Covid-19 and our joint work on unscheduled care planning and delivery.

RECOMMENDATION

2. The Integration Joint Board is asked to note and comment on the content of the report.

BACKGROUND

3. Planning for winter is a particularly important part of the Integration Joint Board's responsibilities. Each year Scottish Government issues updated guidance for Winter Planning with an expectation that a final Greater Glasgow and Clyde whole system approved Winter Plan will be submitted by end of October/early November. This year the complexity of the Covid-19 pandemic adds a further level of uncertainty to winter that will be a challenge to manage.
4. Our winter plan reflects considerable cross system working on unscheduled care that has accelerated since the start of the Covid-19 pandemic in the spring. Cross Greater Glasgow and Clyde governance arrangements established to respond to the immediate challenges of the lockdown have been used to identify opportunities for improvement in pathways and processes for urgent care. In addition our local East Renfrewshire HSCP winter planning draws on the work of our Recovery and Response, Unscheduled Care and Flu Planning groups.

REPORT

Winter Resilience

5. Both NHS and Council have business continuity arrangements in place, including separate plans for adverse weather. Business Continuity Plans and Business Impact Assessments, which detail critical services and their requirements for maintaining essential service delivery, are in place across the HSCP. Given the changing nature of the challenges facing services from the pandemic coupled with seasonal pressures expected this year, services are developing 6 month winter resilience plans which consider potential scenarios and risks for

the months ahead, and outline activities to ensure the delivery of safe and high quality services for the population during anticipated periods of heightened pressure.

6. The HSCP uses situation reports as a mechanism for escalation, feeding into both NHS and Council systems. Senior management have an on call rota and have access to key partner and service contact details in order to respond to local and NHS Greater Glasgow and Clyde system escalation.
7. Referrals are increasing as the winter approaches and we anticipate levels of demand will continue throughout the winter period. We are undertaking further recruitment to care at home and continue to work with providers to support resilience. However, whilst further recruitment is underway, levels of staffing are being affected by illness and self-isolation.
8. Based on our learning from the start of pandemic, when due to Covid-19 restrictions and impacts beds were not available when required, the HSCP will not pursue the option of block purchase of care home beds for intermediate care over the winter period. Staff have permission to purchase beds for intermediate care on an ad hoc basis if required. There is some additional capacity at Bonnyton House, which has now returned from its refurbished building, however this is also limited by Covid-19 restrictions.

Single Point of Access' for Urgent Care

9. NHS Greater Glasgow and Clyde's aspiration is to schedule as many urgent care appointments as possible by maximising the use of NHS Near Me and telephone appointments. We want to deliver care in the right place, and to minimise the number of people waiting in busy Emergency Departments. Almost 300,000 people self-referred and attended Emergency Departments last year across Greater Glasgow and Clyde, and from triage data we would expect around 35% of these patients will still need to attend Emergency Departments. For East Renfrewshire our figures are 16,471 attendances of which 5,040 were triaged into flows that would require Emergency Department attendance.
10. In addition to changes to improve the flow of patients through acute services sealing with emergency care, an Urgent Care Resource Hub (UCRH) and Local Response Hub model will be implemented across the 6 HSCPs within Greater Glasgow and Clyde by the end of January 2021. The objective of this model is to facilitate integrated, person-centred, sustainable, efficient and coordinated health and social care Out of Hours Services across the Greater Glasgow and Clyde area. The UCRH will continue to develop and enhance the way we work across the health and social care out of hours system by providing a single point of access to health and social care services for professionals working across the out of hours system. The UCRH will facilitate and coordinate a multiservice response when required during times of crisis and escalation.
11. Locally in East Renfrewshire our local response will be a combination of the social care services that operate out of hours: care at home, telecare responder and Bonnyton House. Intensive Services have on call management arrangements until 10pm every day. Out of hours district nursing services are currently hosted in Glasgow and Renfrewshire and we are exploring the demand and capacity implications of this being part of an integrated East Renfrewshire Local Response Hub.

Flu Immunisation Programme

12. Delivery of this year's seasonal Influenza Programme for people aged 65 and over is now into its sixth week and the response in terms of uptake (76%) is encouraging, given the significant changes required to deliver flu immunisation safely in the Covid-19 pandemic. Over 11,500 residents have been vaccinated in the 4 local vaccination centres established by HSCP staff. All registered patients 65 and over should now have received a letter, from the central booking system, with an offer of an appointment before the end of November.
13. Operational resourcing of these facilities has come from within HSCPs existing internal workforce with additional support through the nurse bank and community dentistry.
14. The Community Nursing Team are progressing well with the administration of vaccines to people who are unable to leave their homes to access vaccination at the clinics. Phase 1 of the programme vaccinating people on the District Nursing caseload has completed over 480 vaccinations. The Community Nursing Team are on phase 2 of their delivery programme offering vaccinations to housebound patients identified by GP practices. Over 160 vaccines have been administered to this group.
15. The '18 to 64 at risk' cohort is delivered by General Practice. The majority of GPs have commenced their vaccination clinics and report good uptake.
16. Peer to Peer Clinics commenced on Wednesday 7 October 2020. Care at home and front line staff frontline workers who have face-to-face contact with those who use our services have been actively encouraged to take up the offer of immunisation by our flu champions. To date over 360 staff have been immunised and further mop up clinics are planned.
17. Our learning from the work to date will inform future vaccination programmes.

Care Homes

18. The challenges faced this winter across the Care Home sector puts additional demands on the HSCP given the additional responsibilities assigned through the Chief Officer, Chief Nurse and Chief Social Work Officer. This includes supporting homes with testing, support for homes with outbreaks, support for complex clinical care and support where homes are unable to meet the care needs of residents. Increasing numbers of adult support and protection referrals are a concern. Recently two homes have been subject to large scale investigation which has significant resourcing implications both in terms of assessing the risks to each individual resident and putting in place comprehensive support plans to improve clinical care.
19. In order to mitigate risk additional Care Home Liaison Nurse support is being recruited and an additional OT is being added to the team. Our intention is that staff from both community nursing and Older Adults Mental Health are brought together to form a virtual care home team, with close links with our Adult Support and Protection Team.

CONSULTATION AND PARTNERSHIP WORKING

20. Staff Partnership are members of our HSCP Recovery and Flu Planning groups.

IMPLICATIONS OF THE PROPOSALS

Finance

21. Covid-19 related costs are tracked by the HSCP and a Flu cost tracker is in place. Costs associated with adverse weather will be documented separately if required.

Workforce

22. Throughout the pandemic period, workforce has been a critical concern, and we anticipate an increase in absence during the winter period in relation to Covid-19 with either staff becoming ill, isolating, or caring for relatives. Some of our staff are able to work remotely from home and managers work with staff to look for flexible solutions. The HSCP monitors absence on a daily basis in order to identify risk to services. However it is not possible to mitigate against all risks.
23. The Everyone Matters pulse survey responses showed high anxiety levels within staff (although results in relation to teams / organisation were very positive) and anecdotally we know that staff are tired and have been working at pace throughout the pandemic. We have a health and wellbeing group in place which actively looks at measures we put in place and how we support staff to maintain their resilience over the winter period.

Risk

24. The complexity of the Covid-19 scenarios adds a further level of uncertainty that will be a challenge to manage. In addition Covid-19 restrictions and impacts will affect service and staffing availability this year.

DIRECTIONS

25. There are no directions arising from this report.

CONCLUSIONS

26. The preparation and planning for winter within the context of the COVID-19 pandemic has required greater focus and cross-system working than previous years. Governance arrangements established in the spring to respond to the immediate challenges of the lockdown have been used for improvement in pathways and processes for urgent care.
27. The complexity of the Covid-19 scenarios adds a further level of uncertainty that will be a challenge to manage. In addition Covid-19 restrictions and impacts will affect service and staffing availability this year.

28. Finally, we would want to acknowledge the immense contribution of our workforce over the last year to the multiple demands requiring immediate service response and recognise that our system will continue to ask much from them over the winter period.

RECOMMENDATIONS

29. The Integration Joint Board is asked to note and comment on the content of the report.

REPORT AUTHOR AND PERSON TO CONTACT

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10 November 2020

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BACKGROUND PAPERS

None

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