

REPORT

 Item No:

SUBJECT:	Winter Planning Arrangements 2018/19
TO:	IJB Sub Committee
Lead Officer for Report:	Interim Chief Officer
Author(s) of Report	Interim Chief Officer Interim Head of Health
DATE:	07.02.19

1. PURPOSE OF REPORT

This paper is coming to the Sub-Committee

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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This paper will provide the Sub-Committee with an overview of the winter planning arrangements put in place to ensure services are prepared for the coming winter months.

2. ROUTE TO THE SUB-COMMITTEE

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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This paper has been reviewed by the Core Senior Leadership Team.

3. RECOMMENDATIONS

3.1 The Sub-Committee is asked to:

- Note the contents of the report
- Request further updates on progress.

4. BACKGROUND/SUMMARY OF KEY ISSUES
4.1 Background

4.1.1 At the September meeting of the Sub-Committee, a paper was presented outlining the Lanarkshire approach for winter.

4.1.2 The overall process is coordinated by the pan-Lanarkshire Winter Planning Group, including representation from Acute services; North & South Lanarkshire H&SCP's; NHS Resilience Officer; Salus (Occupational Health, Safety and Return to Work service); NHSL Infection Control; North & South Lanarkshire Council Resilience officers; Scottish Ambulance Service and NHS24.

- 4.1.3 The Scottish Government, via a letter from the Cabinet Secretary, requested a copy of the draft Lanarkshire plan by 30th September 2018, alongside the usual self-assessment checklist. The plan included a range of actions from Health and Social Care North Lanarkshire, with progress against these detailed in appendix 1.
- 4.1.4 The finalised plan reflected the findings of the significant review of winter 2017/18 undertaken earlier this year. Lessons learned from that process were built into the plan for 18/19 with a view to improving resilience throughout the peak winter period.

4.2 Progress and Performance to date

- 4.2.1 Progress against the identified winter planning actions is set out in appendix 1 of the report.
- 4.2.2 Following significant learning from 2017/18, the partnership has put in a range of additional operational measures as follows:
- **Fortnightly coordinating group** – An operational management group, including representatives from all Locality areas, has been formed to coordinate all actions within the winter plan
 - **Daily management rota** – A daily rota is in place to ensure there is a single contact point for any emerging issues. The individual also participates in the daily whole-system conference calls with the acute sites
 - **Twice-weekly Social Work calls** – One of the key areas of learning from 2017/18 was the benefit of a weekly conference call to ensure strong oversight of all complex assessment delays in the system. This has been extended to twice-weekly calls as a test of change for winter 18/19
 - **Updated delayed discharge reporting** – Following the move of delayed discharge reporting to the Trakcare system, automated daily reports for all sites (acute sites and off-site beds) are now produced and shared with key managers, providing greater understanding of the system
 - **Scrutiny on off-site beds** – The key emerging lesson for the partnership from the winter pressures in 2017/18 was the importance of maintaining strong flow in the off-site facilities to create step-down capacity for the acute sites. New processes are in place to ensure management oversight of all facilities, which has had a significant positive impact to date.

4.3 AWI Test of Change

- 4.3.1 It is recognised that people remaining longer than necessary in acute hospital care is generally not considered to be in their best interests either in respect of their health or their wellbeing. In circumstances that a person is assessed as lacking capacity and cannot return home it is proposed to commence a test of change from February to March 2019, promoting alternatives to acute care.
- 4.3.2 In line with new developing models across a number of other areas in Scotland, it is proposed that a small number of nursing home beds are procured by NHS Lanarkshire to support individuals to reside in a more homely setting while formal guardianship arrangements are pursued.
- 4.3.3 The test of change proposes that beds are procured in 4 Nursing Homes across Lanarkshire to support in the region of 8-12 patients to be supported into a more homely setting during the Guardianship process. The optimum period for the Guardianship process is around 13wks, highlighting the far from ideal current arrangements which can see frail older people remaining in hospital for around 100 days by the time the process is concluded. Medical cover would be via the existing GP contracts supporting the Care Homes and discussions are ongoing with the Lanarkshire Medical Committee to finalise this.
- 4.3.4 The partnership has been in discussion with the Mental Welfare Commission and has offered the opportunity for their involvement in the evaluation of the test of change.

4.3.5 At the end of the test of change, a full evaluation of the process will be undertaken. Any individuals remaining in the Nursing Homes beyond the end of March will continue to be supported until the conclusion of the legal process.

5. CONCLUSIONS

5.1 The partnership has made strong progress against its winter planning actions, as detailed in appendix 1.

5.2 Delayed Discharge and other system performance metrics remain much improved from 2017/18, though weather conditions and flu rates have been kinder.

5.3 The arrangements outlined in appendix 1 will continue through to the end of March, where a full evaluation will be conducted.

6. IMPLICATIONS

6.1 NATIONAL OUTCOMES

This work has implications for all nine national outcomes

6.2 ASSOCIATED MEASURE(S)

A performance plan will be created to monitor progress against the winter plan, which will be monitored and reviewed at the pan-Lanarkshire winter planning group.

6.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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6.4 PEOPLE

The H&SCP workforce plan sets out the implications of the implementation of the commissioning intentions.

6.5 INEQUALITIES

EQIA Completed:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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An EQIA will be completed as part of the process of finalising the plan.

7. BACKGROUND PAPERS

8. APPENDICES

Appendix 1: H&SCNL Winter Plan Actions



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie on telephone number 01698 858 143

Appendix 1: Health and Social Care North Lanarkshire Winter Plan 2018/19

What	Lead	By When / Duration	Input quantum	Expected Outcome	RAG
GP Enhanced Service (South hosted) - Additional GP Practice opening over the two four-day holiday weekends	Craig Cunningham	26/12/18 – 2/1/19 And 5 and 12/1 19			complete
Occupational Therapy at Front Door (Cost included in South) - Increasing OT presence in ED depts in the 2 North acute sites	Janice McClymont	Dec 18 – Mar 19	The plan is to have additional staff at all 3 hospitals and also in each locality to assist in both admission avoidance and early discharge. The service will run over 7 days	To provide OT front door capacity at the three hospital sites and additional support around equipment needs largely at weekends. Additional staff will also be available in each locality. It is also proposed to maximise 'Discharge to assess' opportunities where possible.	Green
Dietetics - Dietetic input in the emergency receiving units on each of the three acute sites	Maureen Lees	Dec 18 – Mar 19	- 3wte B5 and 3wte B3	Early intervention to respiratory patients identified as nutritionally compromised following screening within 24hrs of admission, shortening length of stays	Green
Community Nursing - Additional DN capacity in mornings, early evenings and weekends to support discharges and maintain people in community - Additional flu vac support to free up GP Practice time to focus on LTC management	Trudi Marshall	Dec 18 – Mar 19	- 14hrs B5 per week per Locality for additional capacity - 14hrs B5 and 7hrs B2 per week per Locality for flu support	Additional Nursing capacity for discharges and supporting people in community	Green
Equipment Store - Additional drivers and technicians, covering weekends and extended opening throughout January and February 2018	Hugh Holt	Jan 19 – Feb 19	4 staff on Saturdays and Sundays throughout Jan/Feb	Increased capacity, particularly on high demand areas like beds	Green
Communications - Links with local campaigns in NHSL and NLC	Marysia Waters Stephen Penman	Dec 18 – Mar 19	Corporate comms campaigns	Increased understanding of how to access service	Green
SALUS	Kay Japp	Oct 18 – Dec 18	Additional flu clinics		complete

What	Lead	By When / Duration	Input quantum	Expected Outcome	RAG
- Additional flu clinics for staff					
GP Out of Hours (South hosted) - To provide additional OOH capacity: Pharmacy, Drivers, Support staff in HUB, Clinical support worker, Nurse Practitioner, Car Hire, GP's, and CPN hours	Marianne Hayward	Dec 18 – Mar 19	To provide additional OOH Capacity: Pharmacy, Drivers, Support staff in HUB, Clinical support worker, Nurse Practitioners, Car Hire, GP's and CPN Hours Currently rated amber as despite improving position following updated financial offer to GPs, more unfilled sessions than ideal. However, situation has improved to support two sites over the key periods.	Reduced reliance in hospital attendance and in-hours GMS. There continues to be a higher than desirable number of unfilled shifts.	Green
Additional Social Work - Additional Social Worker, Home Support Manager and Home Support Worker capacity - particular focus on weekend working and additional capacity in the peak January/early Feb	Bobby Miller	Jan 19 – Mar 19	Additional £15k in each Locality and Hospital team to support overtime in SW and Home Support	Increased discharge capacity over peak demand times	Green
Paediatrics + OOH - Additional B5 Nurse to provide additional capacity within wards 19 and 20 - Additional hours for Paediatric OOH (tbc)	Jim Murray	Dec 18– Mar 19	Additional 1wte B5 post throughout Dec - Mar	Additional ward capacity	Green
Physiotherapy - Additional B5 hours to support Localities and discharge arrangements - In reach to off-site facilities to improve throughput - Pilot around discharge to assess (1.5wte B6)	Claire Rae	Dec 18 – Mar 19	Additional 1wte B5	Reducing Physiotherapy waiting times, creating capacity for Locality rehab	Green
Additional 4x4 transport - 7 vehicles for Homecare - 2 vehicles for Merrystone - 6 vehicles for DN	Raymond Taylor	Nov 18 – Mar 19	Cars to be procured via NLC. NHS staff will require to undertake a brief assessment		Green
D2A Band 7 posts	Owen Watters	Dec 18 – Mar 19	- 2wte B7 from Dec - Mar	Earlier identification of potential D2A cases reducing bed days	Amber

What	Lead	By When / Duration	Input quantum	Expected Outcome	RAG
- Additional B7 post for UHM and UHW to identify potential D2A cases much earlier in the care journey				Interviews for posts taken place and commenced early Feb	
B7 for Off-site beds - Additional B7 post working to the Integrated Discharge Manager throughout the winter period to ensure greater focus and scrutiny on off-site beds	Owen Watters	Dec 18 – Mar 19	- 1wte B7 from Dec - Mar	Increased throughput in off-site facilities and increased step down capacity for acute sites Interview for post taken place and commenced early Feb	Amber
AWI Test of Change - Spot purchased NHS beds in 2-3 Nursing Homes in NHS Lanarkshire to support individuals going through the Guardianship process to do so in a more homely environment	Ross McGuffie	Feb 19 – Mar 19	- 4-5 Care Home placements based on current number of Guardianship applications on the two acute sites	Increased capacity in acute sites Improved outcomes for individuals	Green