
To: Renfrewshire Integration Joint Board

On: 20 November 2015

Report by: Chief Officer

Heading: Renfrewshire HSCP - Winter Plan 2015/16

1. Summary

- 1.1. Health Boards have received guidance from the Scottish Government to support planning and preparation for Winter 2015/16. Health Boards must be satisfied that potential disruption to NHS services, patients and carers is minimised. The final winter plan for the NHSGGC Board area was to be signed off by the end of October.
- 1.2. Health and Social Care Partnerships in NHS Greater Glasgow and Clyde have produced winter plans to support the NHSGGC Board plan. The plan for Renfrewshire has been produced by the Health and Social Care Partnership in collaboration with acute services and Renfrewshire Council. A final draft is attached at Appendix 1.

2. Recommendations

- 2.1. The IJB is asked to note Renfrewshire HSCP's draft Winter Plan 2015/16.

3. Background

- 3.1. Guidance to prepare for winter 2015/16 was issued by the Scottish Government in August 2015 – "National Unscheduled Care Programme: Preparing for Winter 2015/16 – DL (2015) 20". Health Boards were asked to focus on integration, improving delayed discharges and the six essential actions identified to improve unscheduled care across Scotland.
- 3.2. Renfrewshire HSCP's plan focuses on safe and effective hospital admission and discharge, workforce capacity and planning, services at

weekend and bank holidays, communication between all parts of the system and flu vaccination. There are detailed plans to develop a shared dashboard of key indicators with Acute Services to identify triggers which will require escalation. We will share on-call rotas between hospital and community services, and we will support care homes to prevent unnecessary hospital admissions. Our plan also includes improved communication to GPs about the pathways into the range of hospital and alternative services.

- 3.3 Progress with the plan, and regular review of available data will be made by the HSCP management team. The plan has been shared with the Council's civil contingency team and with acute and NHSGGC Health Board colleagues.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** - None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

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Renfrewshire HSCP - Winter Plan

1. Introduction

Health and Social Care Partnerships (HSCPs) have a critical role in the wider service system which enables the delivery of effective unscheduled care. It has been agreed through the NHS Greater Glasgow and Clyde (GGC) whole system planning group that each HSCP will produce an operational unscheduled care plan with a particular focus on the winter period. These plans will cover:

- The community service aspects of the 6 essential actions (Appendix 1)
- Delayed discharge
- Measures to reduce admissions and attendances
- Delivery of key service features including single point of access, Care Home support and Anticipatory Care
- Continuity and resilience
- Developing an agreed set of indicators to monitor performance
- Planning with GPs for the two long bank holidays

This Winter Plan identifies and addresses the local issues across the primary care and community services for which Renfrewshire Health and Social Care Partnership is responsible, to support the NHSGG&C whole system planning as detailed above. Many of the actions identified are required all year round – additional bank holidays, increased staff absence and additional demand over the festive period and into January will add to year round pressures.

2. Planning Arrangements

The Renfrewshire Development Programme (RDP) has provided a focus for change and efficiency improvements through four main projects: Older adults and chest pain assessment units, anticipatory care planning and out of hours community in reach.

The programme connects different services across primary, community and acute care to develop more effective working arrangements, improving handover between services, increasing the speed of access to required services and reducing bed days and lengths of stay. Evaluation is underway, but early learning will inform this plan. It is anticipated that the main projects will continue throughout the winter period.

This plan has been developed in partnership with service planners and operational managers at the Royal Alexandra Hospital (RAH). It will be reviewed and monitored on an ongoing basis by the HSCP Senior Leadership Group.

3. Renfrewshire Actions Against the Scottish Government Key Themes

Scottish Government Key Themes	Renfrewshire Actions
Safe and Effective Admission and Discharge	<u>Avoiding Admission</u> Three Renfrewshire Development Programme (RDP) projects will continue throughout the winter period. In particular, the older adults' assessment unit supported by the in reach Community Out of Hours (OOH) Service and the chest pain assessment unit will be supported to prevent unnecessary admissions. We will identify those care homes which have high levels of hospital admission and offer additional support to them. In particular, we will use our pharmacy team, our care home liaison nurses, community Rehabilitation and Enablement Services (RES) and our older adults liaison nurse to target those care homes. We will continue to remind GPs about the need to update the Key Information Summary (KIS). Our district nurses (DNs) will support the national campaigns offering advice to patients with chronic conditions. We will continue to encourage DN and RES staff to use clinical portal to access KIS and other relevant information to support care planning and discharge planning. We will share information about community pharmacy services and times with Homecare staff and with the local Accident and Emergency (A&E) department. Other services to prevent admission (including Third Sector). <u>Safe Discharge</u> We will continue our existing good practice re discharge planning and avoiding lost bed days supported by a comprehensive social and health care response. The discharge lounge at the RAH is currently operational Monday to Friday. We will explore with acute colleagues the potential for extending this to the weekend, to optimise the community services currently available 7 days/week.

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	We will use Darnley Court as a step-down facility for AWI patients, freeing up capacity in acute inpatient beds. We will continue to participate in the daily huddle meetings at the RAH (and extend this participation to include mental health and addictions). We will formalise and share the key messages/outputs of these meetings on a need to know basis to promote whole system working. <u>Mental Health</u> i) <u>Adult Inpatients</u> The admission and discharge data for inpatient hospitals has been assessed over the last 5 years through the Mental Health Bed Management system. The bed management systems and bed managers provide daily reports on bed occupancy and availability. These reports also report on any projected ward closures should this be necessary in exceptional circumstances e.g. Norovirus, influenza. Annual leave will be managed across the winter and festive period to ensure sufficient staffing to manage demand. The pattern of admissions and discharges over the winter period is similar to the pattern throughout the rest of the year. No special arrangements need to be put in place relating to psychiatric admissions and discharges. ii) <u>Community Services</u> Intensive Home Treatment Team will provide 24 hour 7 day week provision for Mental Health Services which will assess patients for admission and discharge. These services will be in place over the festive period. The services include social care support. The Intensive Home Treatment Team will provide public holiday cover during the festive period. Community Mental health teams will operate throughout the festive period with skeleton staff during public holidays to facilitate discharge and prevent admission The services above receive referrals from Primary Care, Liaison Psychiatry and secondary Acute services. iii) <u>Out of Hours Arrangements</u>

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	Mental Health Services in Greater Glasgow and Clyde provide Out of Hours services which receive referrals from the GP OOH service which triages calls from NHS 24. These services will be in place over the festive period. It is not anticipated that there would be an unusual pattern of referrals to psychiatry based on previous year's information. iv) <u>Acute Hospital Liaison</u> Liaison Psychiatry Services are provided 7 days a week to Royal Alexandra Hospital by Psychiatric Liaison Nurse services and Intensive Home Treatment Team for deliberate self-harm over weekends and public holidays. This is in addition to direct referrals to the on-call psychiatry staff in psychiatric hospitals which is available to Acute services.
Workforce Capacity Plans and Rotas	All services will plan an enhanced level of cover and annual leave over the festive period, bearing in mind additional pressures and the potential for increased sickness absence. In addition, there is in place review and attendance plans to monitor absence. In the event of staff shortages access is available to the nurse bank. In exceptional circumstances community psychiatric nursing staff may be requested to work in inpatient services. Services will work with trade unions to agree a level of manageable leave. Service managers will be asked to confirm the process in their own area. Most services only allocate annual leave on a weekly basis as demand and capacity are reviewed. The Care at Home service has already highlighted a capacity issue, particularly in commissioned services. The Head of Adult Services is reviewing contracts and leading discussion with these providers to look at increasing capacity. It is likely that this will have a cost implication. We will seek assurances from the nurse bank that steps are being taken to increase capacity and ensure there is equal coverage across the Greater Glasgow and Clyde area. We have reviewed the adverse weather policies of our two host organisations to ensure consistency, and we will circulate them to all staff, emphasising the need for uniform application. Decisions about service changes due to adverse weather will be cascaded in a managed way from the Chief Officer and the heads of service. There is now access to four wheeled drive vehicles and some vehicles will be fitted with winter

Scottish Government Key Themes	Renfrewshire Actions
	types. We will share HSCP and acute on call arrangements. In psychiatry, arrangements to ensure that senior staff are on-call and available over the festive period are in place. The on-call information will be held at each hospital and the centralised telephone service.
Whole System Activity Plans – post Festive surge	A joint meeting of the acute and community service managers is planned for the end of October. Key staff from the HSCP will be involved in the daily huddle meetings (including mental health and additions) and will cascade relevant information to other health and social care professionals.
Strategies for Additional Winter Beds and Surge Capacity	We will explore (across the system) how to most effectively use the beds at Darnley Court, Ward 36 and residential care homes. This will include simplifying the care pathway where possible and creative ways of supplying nursing, Allied Health Professionals (AHP) and medical cover (both money and people) within available resources.
Risk of Patients being delayed on their Pathway is Minimised	The availability of community staff over a 7 day period will ensure patients will transfer to the most appropriate care timeously according to individual care pathway.
Discharges at Weekends and Bank Holidays	We will continue to work with acute colleagues to make better use of the homecare weekend hours (currently under-utilised) to assist weekend discharges. We will also explore the potential for extending the days that the discharge lounge is available for (currently only Monday to Friday). We have identified the need for the Adult Services Referral Team (ASeRT) service to be available for the extra Social Work bank holiday. This will have a financial implication. We are currently exploring the cost and practicalities of extending hospital social work services to cover the two extended bank holiday periods and in the early evenings.
Escalation Plans tested with Partners	We will agree a core set of indicators to be shared by acute colleagues as an early alert system. These indicators will alert primary, community and social care services of activity surges.
Business Continuity Plans tested with Partners	We are completing an exercise to review and update current business continuity plans in health and social care services. All services will have a robust business continuity plan by the end of

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	October 2015, using a consistent template. Our Clinical Director will remind GPs about need to have robust business continuity plans, as he visits practices. The HSCP is involved in regular Council-led civil contingency meetings.
Preparing Effectively for Norovirus	We recognise that Norovirus has the potential to affect both access to beds and availability of staff. We will follow infection control guidelines. We will ensure business continuity planning takes account of this, as it is known risk every year.
Delivering Seasons Flu Vaccination to Public and Staff	We will encourage all frontline staff to take up the offer of flu vaccination, recognising the different processes for health and social care staff. We will review the contract for commissioned home care to ensure that this staff group is offered vaccination. We will support GPs and community nurses to encourage high uptake of vaccination among vulnerable groups of patients, particularly the housebound, those in nursing/care homes and those in receipt of home care services.
Communication to Staff and Primary Care	We will use team brief and staff newsletters to share this plan with all staff. We will also widely circulate the Council's Severe Winter Weather Response Guide 2015/16. We will use the planned meeting in November with the 29 Integration Liaison GPs and the GP Forum on 24th November to emphasise the need for robust business continuity planning and winter planning. We will also prepare a single communication for GPs/primary care with details of services available and times over the festive period. We are exploring a system of using group text messaging to communicate simultaneously with large staff groups. The availability and access to Mental Health Services is included in the Greater Glasgow & Clyde Board's public communication information issued for the festive period. We will develop, with acute colleagues, a briefing for GPs to make clear the routes into and services available at the RAH. This will include the times services are available, and will remind GPs of the advantages of admission early in the day.

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Effective Analysis to Plan for and Monitor Winter Capacity, Activity, Pressures and Performance	Key indicators: - Bed days lost due to delayed discharge - Bed days lost due to delayed discharge (AWI) - Emergency admissions 75+ - Uptake of flu vaccinations (staff) - Uptake of flu vaccinations (GP population) - Referrals to services which prevent admission. We will work with acute colleagues to agree a suite of indicators discussed at daily huddle meetings, which can be circulated through the HSCP to influence referral patterns, and respond when acute services and other inpatient sites under pressure. In the event of exceptional circumstances such as a flu pandemic/novovirus/extreme weather conditions then there would be additional costs associated with staff cover including overtime and other costs.

6 Essential Actions to Improving Unscheduled Care Performance

