



# Item No: 23

Meeting Date: Friday 9 December 2016

## Glasgow City Integration Joint Board

Report By: Alex MacKenzie, Chief Officer Operations

Contact: Hamish Battye

Tel: 0141 427 8300

### WINTER PLANNING 2016/17

<b>Purpose of Report:</b>	To update the Integration Joint Board on implementation of the Partnership's winter plan for 2016/17.
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note progress on implementation of the Partnership's winter plan for 2016/17 and receive further progress reports as appropriate.
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#### Implications for Integration Joint Board:

<b>Financial:</b>	The financial implications of the winter plan have been assessed, including the resources required by the Partnership to support the actions in the plan.
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<b>Personnel:</b>	The implementation of the winter plan might have personnel implications in that staff rotas and leave may be affected should additional capacity be needed over the winter period.
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Sustainable Procurement</b>	None
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<b>and Article 19:</b>		
<b>Equalities:</b>	In preparing the winter plan the equalities implications have been taken into account particularly to ensure adequate access is available to a range of services to support people over the festive period and the winter as a whole.	
<b>Risk Implications:</b>	There are risks that the IJB's performance in certain areas e.g. delayed discharges might be adversely affected depending on the additional pressures in the system over the winter period. All efforts will be made to minimise the potential risks over the winter period.	
<b>Implications for Glasgow City Council:</b>	Additional capacity within step up / step down beds might need to be purchased as part of the winter plan. This is yet to be confirmed.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None	
<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

## 1. Purpose

- 1.1 The purpose of this report is to update the Integration Joint Board on progress in implementation of the Partnership's winter plan for 2016/17.

## 2. Background

- 2.1 The Partnership's winter plan for 2016/17 was presented and approved at the Integration Joint Board held on 31 October 2016. The final plan is available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35979&p=0>. The purpose of the Plan is to ensure that the health and social care system throughout the City is prepared for the additional pressures that usually arise over the winter period. Each Partnership in Greater Glasgow & Clyde has prepared a winter plan in conjunction with NHS Board and acute hospital services.

## 3. Progress to date

- 3.1 A detailed action plan has been put in place to ensure implementation of the winter plan, with progress overseen by the Health and Social Care Partnership Delayed Discharges meeting which meets on a fortnightly basis. Reporting and escalation arrangements have also been agreed with acute hospital services and the NHS Board.

3.2 A set of metrics have been agreed designed to provide operational data on performance of the health and social care system on a weekly basis. The data for the last two weeks of October is attached at Appendix 1 and shows that:

- accident and emergency weekly attendances increased over this period;
- total social work referrals in the North East are on the increase;
- while total delays overall reduced by 2, there were increases in the North East; and,
- in intermediate care there were small increases in occupancy and in those staying over 28 days.

#### **4. Recommendation**

4.1 The Integration Joint Board is asked to:

- a) note the progress in implementing the Partnership's winter plan for 2016/17, and receive further progress reports as appropriate.

A&E WEEKLY ATTENDANCE / ADMISSIONS GRI	23-Oct-16	30-Oct-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
GRI A&E Attendances	1,743	1,837	↑	Increased	1,837	Begins 9 Nov		
GRI Admissions via A&E	583	545	↓	Decreased	545	Begins 9 Nov		
GRI Assessment Unit Attendances	380	380	↔	No Change	380	Begins 9 Nov		
GRI Assessment Unit Admissions	233	233	↔	No Change	233	Begins 9 Nov		
GRI Total Admissions (A&E + Assessment Unit)	816	778	↓	Decreased	778	Begins 9 Nov		
GRI Total Discharges (Inpatient + Assessment Unit)	900	943	↑	Increased	943	Begins 9 Nov		
A&E WEEKLY ATTENDANCE / ADMISSIONS QEUH	23-Oct-16	30-Oct-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
QEUH A&E Attendances	1,752	1,862	↑	Increased	1,862	Begins 9 Nov		
QEUH Admissions via A&E	611	595	↓	Decreased	595	Begins 9 Nov		
QEUH Assessment Unit Attendances	355	515	↑	Increased	515	Begins 9 Nov		
QEUH Assessment Unit Admissions	201	335	↑	Increased	335	Begins 9 Nov		
QEUH Total Admissions (A&E + Assessment Unit)	812	930	↑	Increased	930	Begins 9 Nov		
QEUH Total Discharges (Inpatient + Assessment Unit)	1,085	1,176	↑	Increased	1,176	Begins 9 Nov		
LENGTH OF STAY GENERAL / GERIATRIC	23-Oct-16	30-Oct-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
GRI Average LOS General Medicine	2.2	2.3	↑	Increased	2.3	Begins 9 Nov		
GRI Average LOS Geriatric Medicine	16.1	14.2	↓	Decreased	14.2	Begins 9 Nov		
QEUH Average LOS General Medicine	6.3	6.1	↓	Decreased	6.1	Begins 9 Nov		
QEUH Average LOS Geriatric Medicine	13.7	16.9	↑	Increased	16.9	Begins 9 Nov		
SOCIAL WORK REFERRALS	WE30-10	WE 6-11	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
NE Total Social Work Referrals	20	21	↑	Increased	21	Begins 9 Nov		
NW Total Social Work Referrals	28	26	↓	Decreased	26	Begins 9 Nov		
S Total Social Work Referrals	29	21	↓	Decreased	21	Begins 9 Nov		
City Total Social Work Referrals	77	68	↓	Decreased	68	Begins 9 Nov		
TOTAL DELAYS ON EDISON	31-Oct-16	07-Nov-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
Total Delays on Edison	105	101	↓	Decreased	101	103	Minus 2	09/11/2015
PATIENTS OVER 65 (exc: AWI)	31-Oct-16	07-Nov-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
North East	8	13	↑	Increased	13	10	Plus 3	09/11/2015
North West	20	20	↔	No Change	20	18	Plus 2	09/11/2015
South	16	10	↓	Decreased	10	18	Minus 8	09/11/2015
Total	44	43	↓	Decreased	43	46	Minus 3	09/11/2015
PATIENTS OVER 65 (exc: MH/LD/AWI)	31-Oct-16	07-Nov-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
North East	3	6	↑	Increased	6	7	Minus 1	09/11/2015
North West	13	13	↔	No Change	13	10	Plus 3	09/11/2015
South	7	3	↓	Decreased	3	9	Minus 6	09/11/2015
Total	23	22	↓	Decreased	22	26	Minus 4	09/11/2015

MENTAL HEALTH OVER 65 (exc: LD)	31-Oct-16	07-Nov-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
North East	7	9	↑	Increased	9	5	Plus 4	09/11/2015
North West	11	10	↓	Decreased	10	9	Plus 1	09/11/2015
South	10	8	↓	Decreased	8	12	Minus 4	09/11/2015
Total	28	27	↓	Decreased	27	26	Plus 1	09/11/2015
MENTAL HEALTH UNDER 65 (exc: LD)	31-Oct-16	07-Nov-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
North East	3	3	↔	No Change	3	0	Plus 3	09/11/2015
North West	5	5	↔	No Change	5	1	Plus 4	09/11/2015
South	5	5	↔	No Change	5	3	Plus 2	09/11/2015
Total	13	13	↔	No Change	13	4	Plus 9	09/11/2015
LD PATIENTS UNDER & OVER 65	31-Oct-16	07-Nov-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
Under 65	6	6	↔	No Change	6	7	Minus 1	09/11/2015
Over 65	0	0	↔	No Change	0	1	Minus 1	09/11/2015
Total	6	6	↔	No Change	6	8	Minus 2	09/11/2015
INTERMEDIATE CARE	WE 30 Oct	WE 6 Nov	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
Occupancy	93%	95%	↑	Increased	95%	85%		
Number of patients delayed due to lack of IC availability	4	6	↑	Increased	6	Not recorded*		
Number of patients staying Over 28 Days	9	13	↑	Increased	13	Different Calc**		
Number of patients ready for discharge from IC but delayed	pending	pending	↔	No Change	pending			
CORDIA	23-Oct-16	30-Oct-16	Movement	Comment	This Week	2015 Comparison	Number Variance	Date
New referrals for Care	pending	pending	↔	No Change	pending			

\* Patients coded 27A (awaiting place availability in an intermediate care facility). Code 27A only started recording from July 2016 onwards

\*\* Number of patients over 28 days is now calculated based on the number of patients discharged within the reporting week. In 2015, this was reported based on current and completed episodes