



Glasgow City Health & Social Care Partnership

Winter Plan

2016/17

October 2016

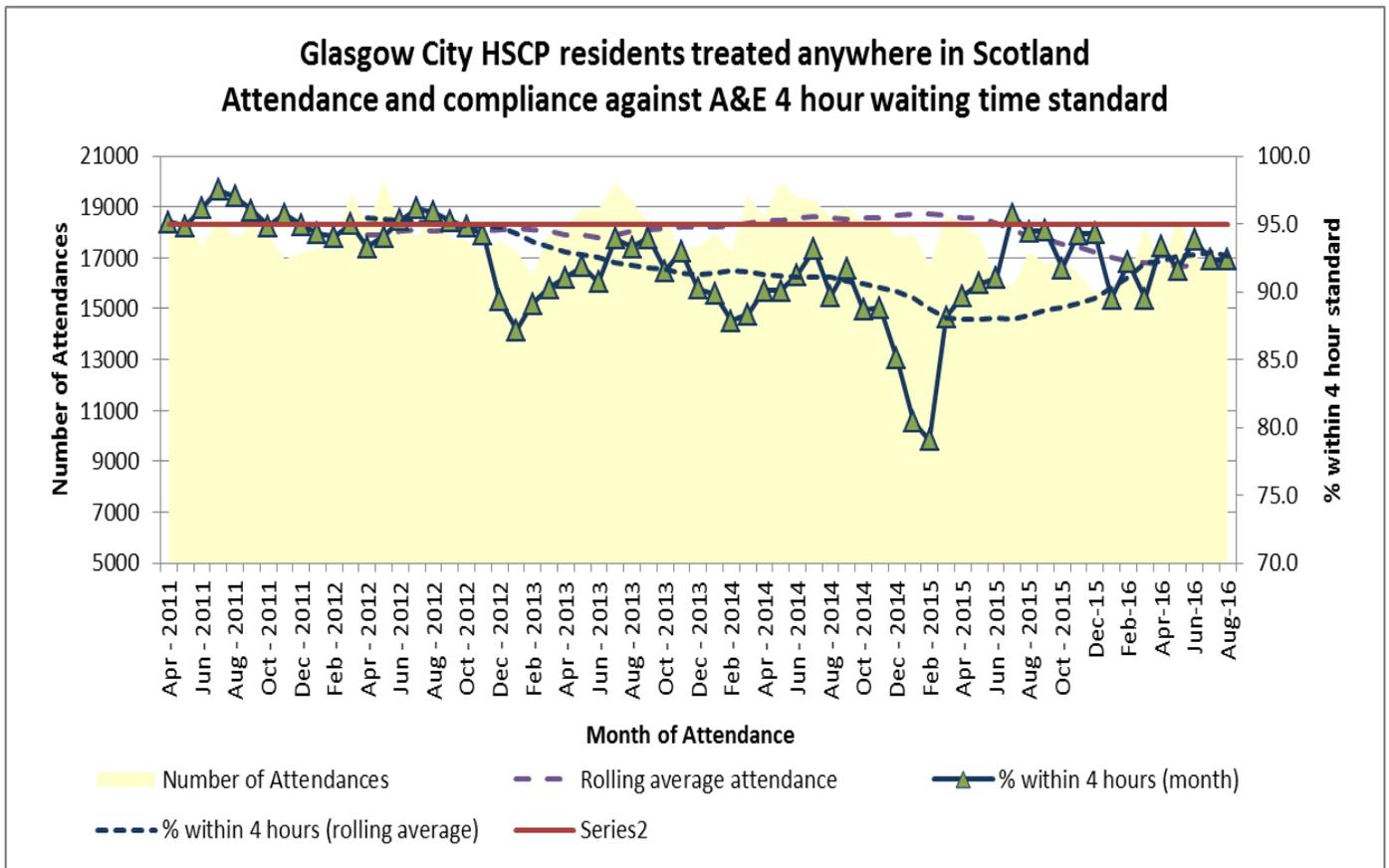
1. INTRODUCTION

- 1.1 This draft plan outlines Glasgow City Health & Social Care Partnership’s (HSCP) preparations for winter 2016/17 in order to minimise any potential disruption to the provision of health and social care services to patients, service users and carers.
- 1.2 The plan has been prepared in the context of national guidance from the Scottish Government on preparing for winter 2016/17 [DL (2016) 18]. The plan also forms part of the HSCP’s broader approach to unscheduled care.

2. UNSCHEDULED CARE CONTEXT

- 2.1 The health and social care system in Glasgow has faced considerable pressures in recent years. In particular there has been considerable pressure in delivering the national target to delivery care to 95% of accident and emergency attendees within four hours. The recent trends for Glasgow City residents are shown in figure 1 below.

Figure 1 – Accident & Emergency Attendees – 4 hour target – Glasgow City residents April 2011-October 2015 to July 2016



- 2.2 Further analysis of Glasgow City A&E attendances shows that since April 2012, with the exception of seasonal variations, there has been an overall gradual downward trend in attendances (see figure 2). The significant reduction around June 2015 is in line with the introduction of Acute Assessment Units in both GRI and QEUH. Glasgow City attendances at A&E have slightly increased since June 2015. 2015/16 saw the lowest level of emergency admissions rate per 1,000 head of population for people aged over 65 and 75 (see figures 3 and 4). This has increased slightly in 2016/17. There is a pattern of increased admissions for 75 years plus since May 2015, with the rate per 1000 population almost back to the 2014/15 level.

Figure 2 – Glasgow City A&E Attendances 2013/14 – 2016/17

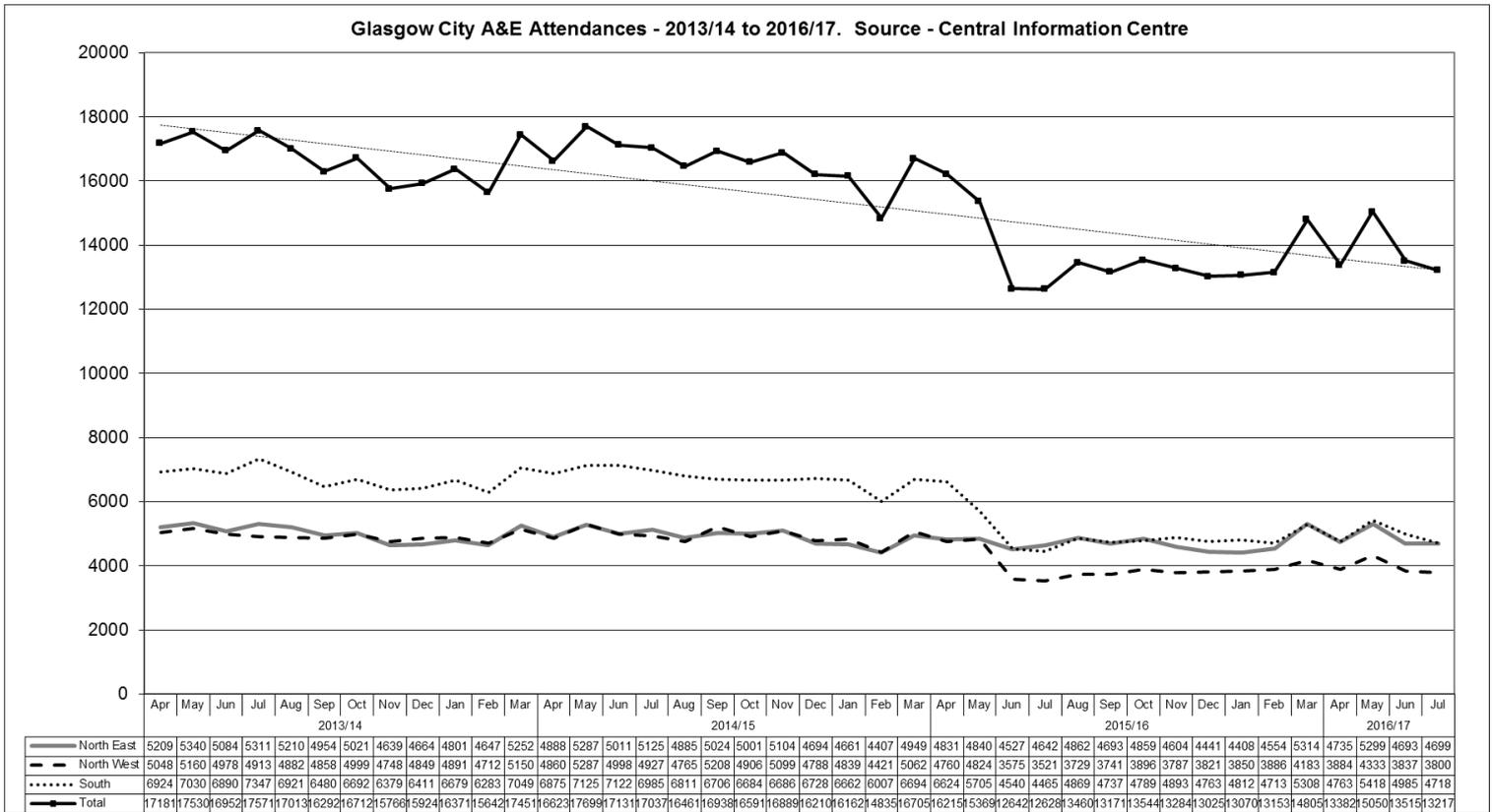


Figure 3 – Glasgow City Emergency Admissions Rate per 1,000 Population 65+ 2011/12 – 2016/17

Unplanned Acute Bed Days - Over 65 years - Comparison 2011/12, 2012/13, 2013/14, 2014/15, 2015/16 and 2016/17. Glasgow City. Source - Change Fund Report

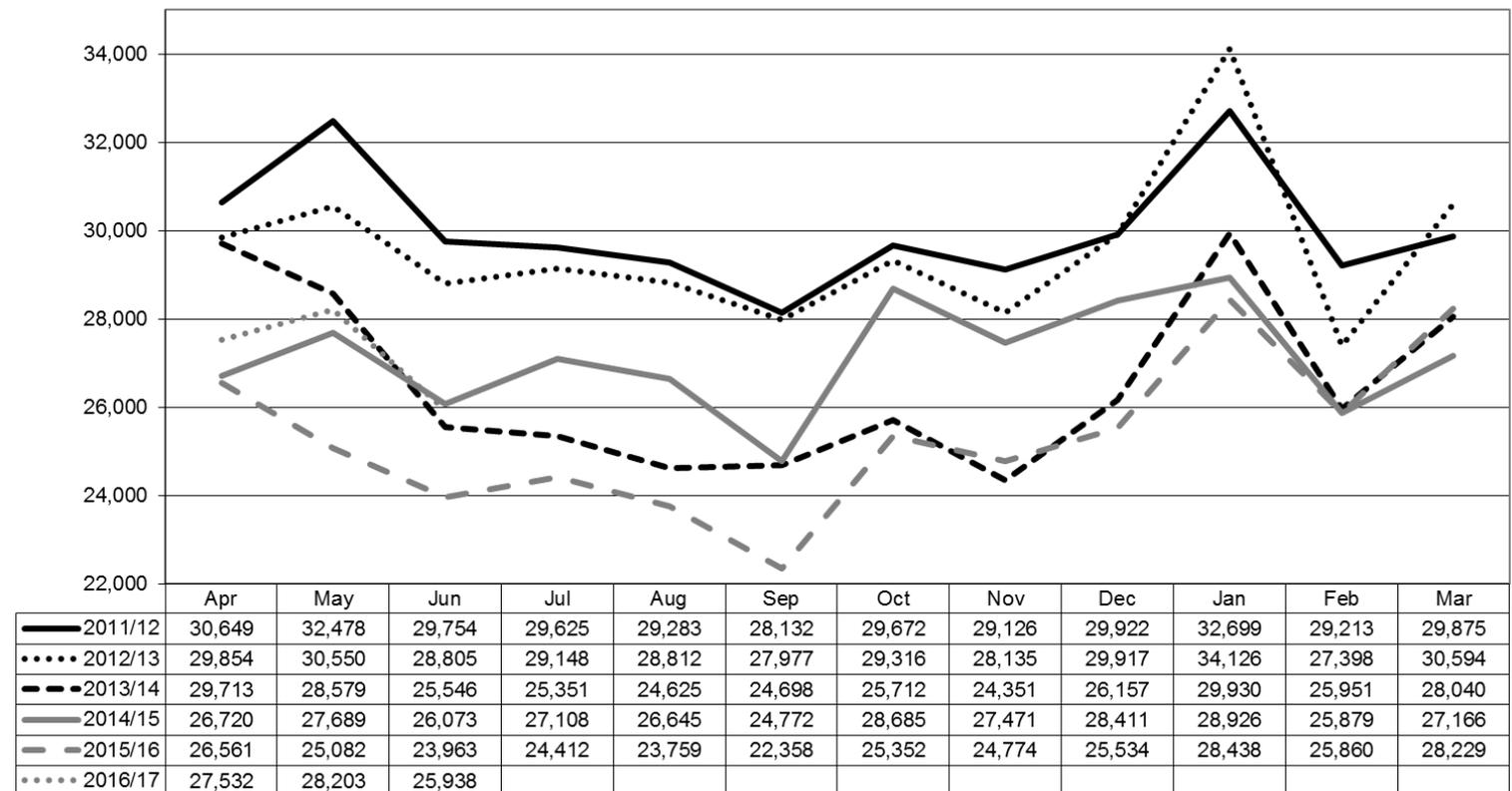
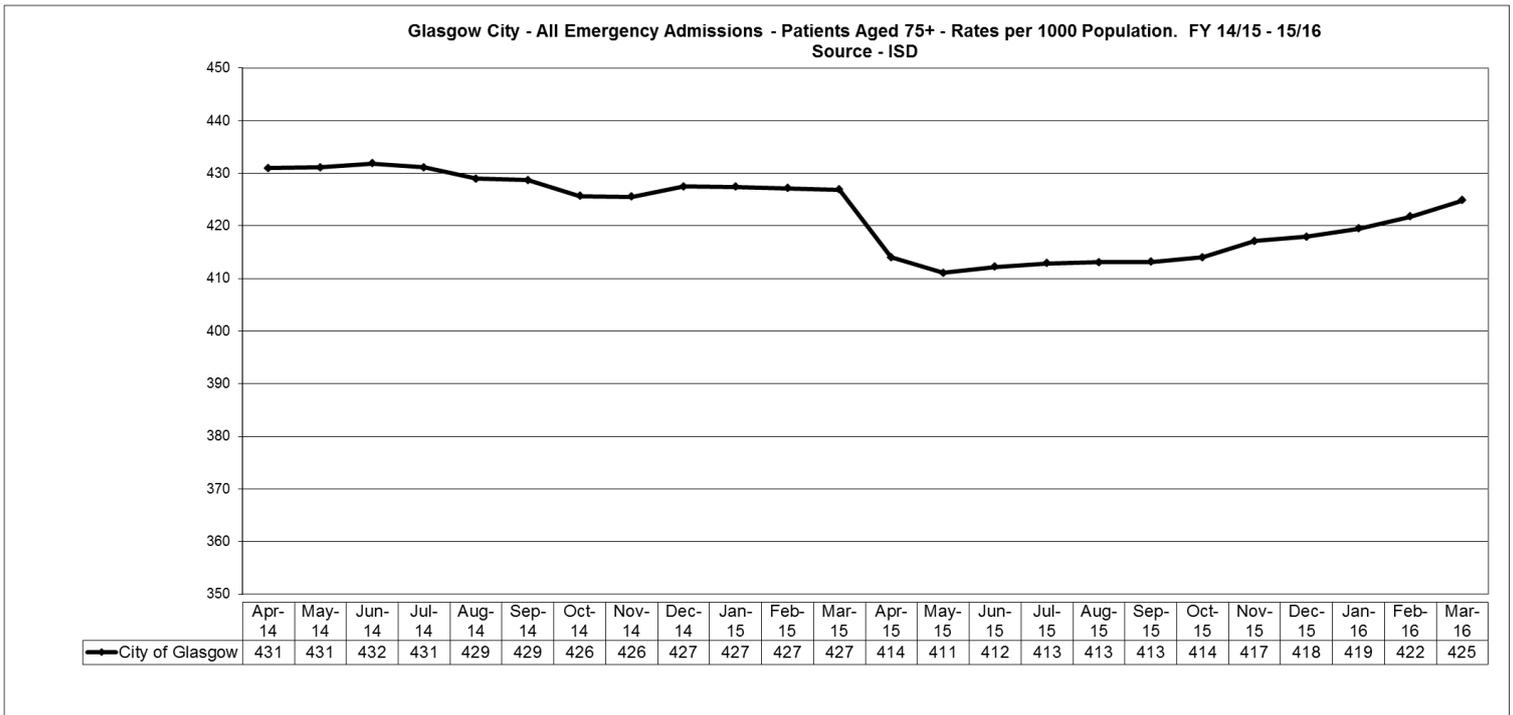


Figure 4 – Glasgow City emergency admissions rate per 1,000 of population 75+ - 2014/15



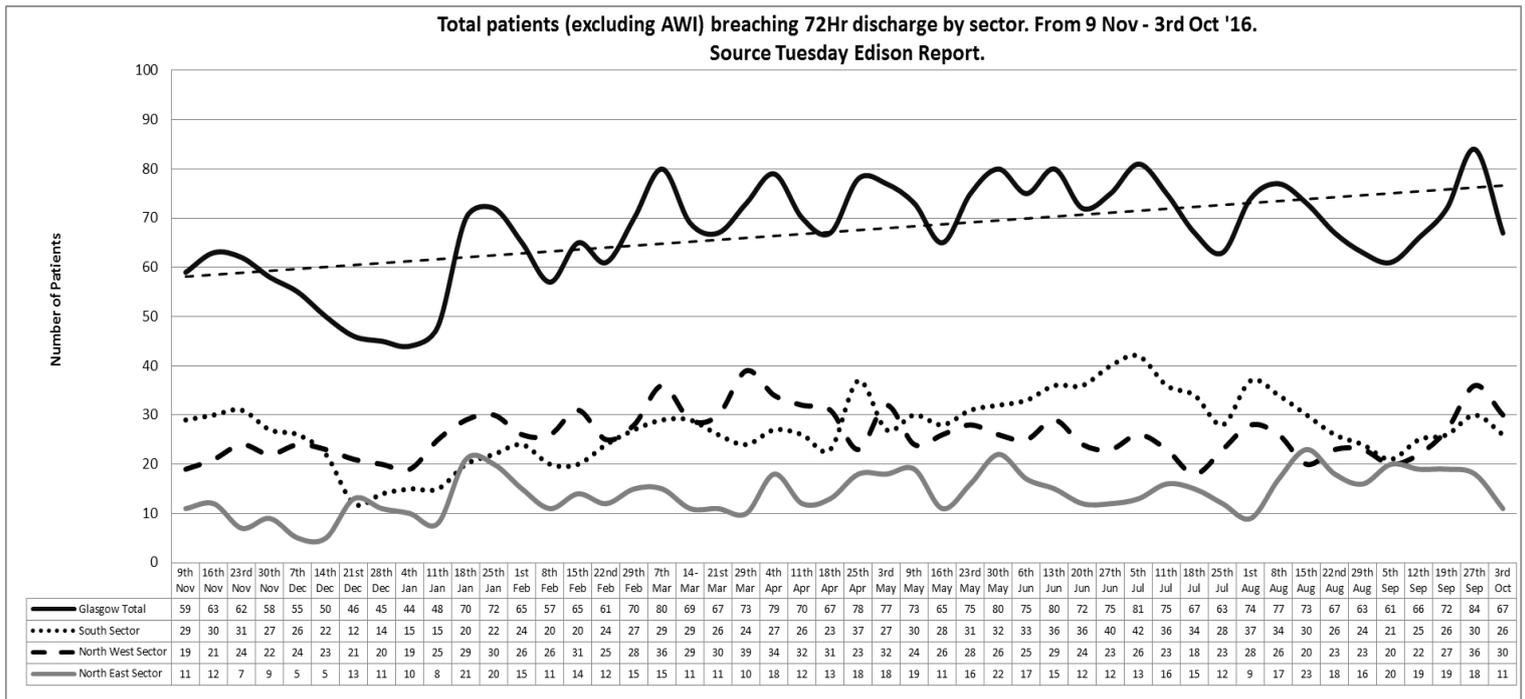
2.3 Further analysis shows that these attendances are influenced by deprivation with a greater rate of attendance from SIMD 1 areas as shown in table 1.

Table 1 – Glasgow City unplanned admissions by SIMD 2011/12-2016/17

| | 2009/10 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 (to June) |
|-------------------|---------|---------|---------|---------|---------|---------|-------------------|
| Quintile 1 | 9,771 | 8,607 | 8,871 | 8,808 | 9,252 | 10,020 | 2,444 |
| Quintile 2 | 7,292 | 8,439 | 8,228 | 7,757 | 7,096 | 7,363 | 2,049 |
| Quintile 3 | 4,742 | 5,341 | 5,438 | 4,912 | 4,844 | 5,134 | 1,336 |
| Quintile 4 | 2,954 | 3,494 | 3,637 | 3,459 | 3,345 | 3,670 | 955 |
| Quintile 5 | 1,443 | 1,440 | 1,466 | 1,366 | 1,700 | 1,704 | 476 |

2.4 There are a number of actions in our plan outlined below designed to prevent avoidable admissions to hospital. The trends in A&E attendance and emergency admissions will be closely monitored over the winter period to ensure we continue to deliver safe and effective patient care. In addition to work to mitigate avoidable attendances and admissions, the HSCP has a programme in place to continually improve discharge (outlined below). Delayed discharges have traditionally been a pressure and although significant reductions have been made – particularly in the over 65 age group - there has been a plateau in these overall numbers since January 2016. The HSCP is committed to maintaining a focus on this during the winter period (see figure 6).

Figure 6 – Glasgow City delayed discharges – number of patients breaching 72 hour target November '15 – Current



3. PREPARATIONS FOR WINTER 2016/17

- 3.1 This plan focuses on the HSCP’s actions to manage the potential additional pressures in the health and social care system, including adult mental health services that may arise over the winter period. As part of this process the HSCP will be working with partner agencies, including housing and the third sector to maximise their contribution over the winter period.
- 3.2 The plan also articulates the HSCP’s actions to contribute towards the mitigating of pressure on the acute hospital system in Glasgow City, and with a particular focus on actions under the twelve key themes (outlined below) in the Scottish Government’s winter planning guidance DL (2016) 18, including measures to avoid admissions and manage delayed discharges.
- 3.3 To manage the delivery of this plan, co-ordinate our activity and initiate appropriate HSCP responses when required, the HSCP has set up a winter planning group. The HSCP winter planning group will meet weekly and report to the Operations Executive Group, and the IJB.

4. CRITICAL AREAS – KEY ACTIONS

- 4.1 This section of the plan describes the measures being put in place by the HSCP in line with the twelve key themes described in the national winter planning guidance DL (2016) 18. In addition, the actions outlined below have taken into account the health and social care aspects of the *Six Essential Actions to Improving Unscheduled Care Performance*; the Scottish Government’s national programme to improve unscheduled care.

Business continuity plans tested with partners

- 4.2 We are currently working on an integrated HSCP business continuity plan. The current business continuity arrangements for each service area will remain in place until the new plan is implemented.
- 4.3 Primary care practitioners are also encouraged to have business continuity plans.

Escalation plans tested with partners

- 4.4 The HSCP will monitor performance of the health and social care system over the winter period, including the actions in this plan, through a robust set of arrangements that include:
- routine monitoring of delayed discharges;
 - regular meetings of the winter planning group to ensure implementation of this plan;
 - reports on winter planning performance to the weekly HSCP Executive Team;
 - regular review of locality performance at Locality Management Team meetings; and,
 - a rota of senior management cover over the winter period to ensure an appropriate management response when required.

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

- 4.5 This winter plan has a particular focus on preventing admission to hospital. Across all health and social care services in Glasgow City we have systems in place to predict or identify vulnerable patients at risk so that the necessary support can be given to avoid unnecessary admission to hospital, and help people remain in their own homes. Specific elements of this programme include:

Anticipatory Care Planning

- all GP completed anticipatory care plans uploaded onto the electronic information system, eKIS;
- all patients with palliative and end of life care needs will be invited to work with clinicians to develop an advanced care plan which contributes to an electronic palliative care summary being completed within eKIS;
- the continued roll out of the Glasgow Community Respiratory Service to support patients with COPD, and develop self-management strategies and Anticipatory Care Plans.
- completion of the roll out of anticipatory care plans for people in Intermediate Care beds; and,
- continued development of our wider programme to extend anticipatory care plans in collaboration with HSCP staff, the independent sector, housing, Cordia and others.

Admission Avoidance

Specific measures in place to prevent admission in addition to those above include:

- Community nursing teams working collaboratively with GPs and third sector providers (e.g. Marie Curie Cancer Care) to manage vulnerable housebound patients with nursing needs and those with palliative care needs. Those at greatest risk on the DN caseload are subject to frequent clinical monitoring and case review to ensure all measures are in place to avoid admission to hospital. If District Nurses

identify additional needs, they will check if other services are attending and if necessary will the contact relevant agency;

- the Rapid Response Link within community rehabilitation teams offer the same day access for patients referred by a GP and who are at risk of admission;
- the Older Adults Mental Health Team has an in-hours duty system in place to provide urgent advice and input as appropriate. Out of hours referrals are directed to the Crisis Team; and,
- Community Mental Health Crisis Services will provide 24 hour 7 day week provision which will assess patients for admission and discharge. These services will be in place over the festive period. The services covering the Glasgow City & Clyde area include social care support. The Crisis Teams will provide public holiday cover during the festive period.

Expediting Discharge from Hospital

- 4.6 The HSCP has established a Hospital Discharge Operations Group (HDOG) charged with improving hospital discharge performance and consistency across the three localities in Glasgow. This group will meet on a regular basis to accelerate the improvement programme, and ensure regular scrutiny of discharge performance and individual case management. We will aim to maintain our current performance (see figure 6 and the indicators in annex A) over the winter period with a particular focus on the city's two A&E departments.
- 4.7 The work programme includes the following actions:
- develop models of Intermediate Care to reduce delays in hospital for patients who are under 65s including patients with complex physical health care needs, mental health and homelessness;
 - deliver improved performance management for AWI patients delayed due to guardianship applications and correspondingly reduce the number of AWI delays;
 - improved hospital interface arrangements including:
 - aligned dedicated Social Work resource and practice into acute hospital Teams;
 - move to improved early referral of patients who are unable to return home from hospital;
 - develop model of Intermediate Care (complex/palliative) hospital discharge pathway in North Glasgow
 - implement an accommodation-based strategy that seeks to divert demand away from acute care at both admission and discharge ends of the system; and,
 - strategically manage care home placement allocations across the three localities to alleviate the areas of greatest pressure and maintain throughput in our intermediate care
- 4.8 Other actions to expedite acute hospital discharge include:
- the Glasgow Fast Track service, delivered in partnership with Marie Curie, supports people with palliative care needs to get out of hospital as quickly as possible. In addition, the NHSGGC contract with Marie Curie for Managed Care augments mainstream community nursing services for people with palliative care needs and avoids unscheduled admissions;
 - EquipU out of hours service for urgent referrals to avoid potential delays as a result of equipment issues;

- GPs will ensure that people are reminded to order and collect their medications, including repeat prescriptions, in advance of the festive period; and,
- in adult mental health Out of Hours services 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.

Strategies for additional winter beds and surge capacity

- 4.9 The HSCP has introduced an intermediate care model and capacity in the city. An intermediate care improvement plan is in place. A commissioning strategy is also being implemented with a view to establishing core and flexible arrangements. Over the winter period there is the potential to spot purchase additional intermediate care placements to relieve any surge in appropriate referrals from the acute system.
- 4.10 In mental health inpatients, the admission and discharge data has been assessed over the past five years, and daily reports on bed occupancy and availability are assessed. These reports also report on any projected ward closures should this be necessary in exceptional circumstances e.g. Norovirus, influenza etc. 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.

Whole system activity plans for winter: post-festive surge

- 4.11 The HSCP will contribute to the whole system activity planning and ensure representation in Board-wide winter planning arrangements. The HSCP Chief Officer links closely with acute and other HSCP Chief Officers to maintain a collective perspective on performance issues and escalation arrangements which require action. Acute situation reports (SITREPs) will be regularly reviewed at the HDOG, and shared across community services to monitor performance and inform appropriate actions that might be required.

Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

- 4.12 The HSCP will put in place a robust performance management system to underpin the arrangements described in vii above the key features of which will be to:
- monitor system and service performance / demand across the city and in localities;
 - inform our capacity planning and the need for any surge capacity; and,
 - report on performance against agreed targets / KPIs.
- 4.13 Attached at annex A is a set of metrics to be used as part of our performance regime which will be further developed and refined.

Workforce capacity plans & rotas for winter / festive period agreed by October

- 4.14 Service managers will be responsible for determining that planned leave and duty rotas are effectively managed to ensure an adequate workforce capacity over the holiday period. Community services such as district nursing will operate as normal

over the bank holiday weekends supported by out of hours services. Social work stand by will also be in place.

- 4.15 In mental health inpatients, staff leave is planned for the full festive period to ensure appropriate staff cover. 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.

Discharges at weekend & bank holiday

- 4.16 The HSCP will put in place a skeleton integrated response team, with access to home care, over the Monday and Tuesday of the two holiday weekends to respond to particular pressures that might arise, and with a view to easing pressure as services get back to normal after the holiday weekends.
- 4.17 The HSCP will work with acute hospitals to anticipate discharges that may require home care services during the two holiday weekends. There are well established arrangements with Cordia for cover over public holidays and this is well communicated to community teams.
- 4.18 Red Cross will be working throughout festive period, supporting admission avoidance from A&E from the main acute hospital sites in Glasgow including supporting transport of patients' discharge to home and to and from Intermediate Care.
- 4.19 Community rehabilitation teams will work every day other than Christmas Day and New Year's Day, and will support A&E admission avoidance and Intermediate care.
- 4.20 In mental health, Liaison Psychiatry Services are provided Monday to Friday to acute hospitals and Psychiatric Liaison Nurse services for deliberate self-harm over weekends and public holidays. The Deliberate Self Harm community psychiatric nursing service will receive referrals directly from acute medical wards over the public holiday and weekend for the festive period. This is in addition to direct referrals to the on-call psychiatry staff in psychiatric hospitals which is available to acute services.

The risk of patients being delayed on their pathway is minimised

- 4.21 Arrangements will be put in place to ensure that areas where there is a potential for delays are reduced, particularly in respect of the adults with incapacity. There is also ongoing work at the primary / secondary care interface within rehabilitation services to improve the sharing of information, and reduce the need for reassessment at points of transition that could lead to a delay in the patient's pathway.

Communication to Staff & Primary Care Colleagues

- 4.22 To ensure that all HSCP staff, primary care and partner agencies are kept informed, the HSCP will:
- ensure information and key messages are available to staff through communication briefs, specific newsletters and communications, team meetings and electronic links;
 - circulate information on available community services and clinics during the festive period, including pharmacy open times, to GP practices;

- collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP, Primary Care colleagues, acute and NHSGG&C Board;
- information regarding GP availability throughout the festive period will be provided through the NHSGG&C Winter Booklet. Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices;
- other arrangements to provide simple access to services include Social Care Direct for all GCC enquiries and service specific access points for NHS provision; and,
- public information which directs people to appropriate services will be made available to direct them to appropriate services through website links on the HSCP and Glasgow City Council.

Preparing effectively for norovirus

- 4.23 The NHSGGC Norovirus Escalation plan will be followed across all HSCP services including inpatient areas and care home settings. Staff will be reminded of the need to remain absent for 48 hours post last symptom of Diarrhoea and vomiting.

Delivering Seasonal Flu Vaccination to Public and Staff

- 4.24 All health and social work staff, including home care staff, will be reminded to encourage elderly and vulnerable people to attend their GP flu vaccination sessions. The Community Nursing service will vaccinate housebound patients on their current caseloads, and who give consent to receiving the flu vaccination.
- 4.25 Health staff are actively encouraged to be vaccinated and local peer vaccination sessions will be provided across the city.
- 4.26 Home care staff will be advised as to how they can receive the vaccination if they so choose.

5. CONCLUSION

- 5.1 This plan outlines the actions the HSCP is taking in preparation for winter 2016/17 in line with national guidance. The HSCP has robust monitoring and performance management arrangements in place to minimise any potential disruption to health and social care services, patients, service users and carers over the winter period. An action plan has also been developed identifying key leads for each action, reporting arrangements and key performance indicators. Regular reports and updates will be made to the Integration Joint Board.

**GLASGOW CITY HSCP WINTER PLANNING
PERFORMANCE MANAGEMENT FRAMEWORK
2016 WINTER PLANNING WEEKLY REPORT**

| Item | Frequency | Data-Source | Comment |
|--|-------------------------|--|---|
| A&E Data | | | |
| New A&E attendances for GRI / QEUH | Weekly | Emergency Care Weekly Winter Planning Report | Reflected by number change, up/down arrow and graph |
| Admissions via A&E for GRI / QEUH | Weekly | As Above | As Above |
| Assessment Unit attendances and admissions for GRI / QEUH | Weekly | As Above | As Above |
| Total admissions (A&E + Assessment Unit) / Total discharges (inpatient & assessment unit) for GRI / QEUH | Weekly | As Above | As Above |
| Hospital Data | | | |
| Average Length of Stay (ALOS) for General / Geriatric Medicine for GRI / QEUH | Weekly | As Above | As Above |
| Average Length of Stay (ALOS) for General / Geriatric Medicine (acute hospital comparison) | Weekly | As Above | As Above |
| Social Work referral numbers per sector & city total | Weekly | Social Work Services | As Above |
| Delayed Discharge Data | | | |
| Total number of patients on EDISON (snap-shot of patients, Glasgow HSCP only, all ages and specialities including MH / AWI / LD) | Weekly, every Monday AM | EDISON download | As above |
| Total number of patients on EDISON as above with 2015 comparison | As above | As above | As above |
| Total number of patients over 65 years old (excluding AWI) - sector split and city total | As above | As above | As above |
| Total number of patients over 65 years old (excluding AWI / MH / LD) | As above | As above | As above |
| Mental Health patients over 65 years old (includes AWI) - sector split and city total | As above | As above | As above |
| Mental Health patients under 65 years old (includes AWI) - sector split and city total | As above | As above | As above |

| Item | Frequency | Data-Source | Comment |
|---|-----------|---|--|
| LD patients under & over 65 | As above | As above | As above |
| Intermediate Care | | | |
| % Occupancy | Weekly | Intermediate Care Balanced Scorecard / Tracker Data | Reflected by number change, up/down arrow and graph |
| Number of patients staying longer than 28 Days | As above | As above | As above |
| Number of admissions / discharges | As above | As above | As above |
| Number of patients identified as delay code 27A (awaiting place availability in an Intermediate Care facility) [data available from 18th July 2016] | As above | As above | As above |
| Cordia Data | | | |
| Awaiting confirmation of data metrics | Pending | Pending | Pending |