



Item No: 16

Meeting Date: Wednesday 20th November 2019

Glasgow City Integration Joint Board

Report By: Susanne Millar, Interim Chief Officer

Contact: Stephen Fitzpatrick, Assistant Chief Officer (Older People and South Operations)

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WINTER PLANNING 2019/20 AND DELAYED DISCHARGES

Purpose of Report:

To update the IJB on the winter planning arrangements for 2019/20 and current delayed discharge performance.

Background/Engagement:

Guidance has been issued by Scottish Government to Health Boards and IJBs on winter planning arrangements for 2019/20. The draft GG&C plan was submitted by 23 September as requested and the final plan at the end of October 2019. The HSCP has contributed to the development of the plan for Greater Glasgow & Clyde, as have other HSCPs, and work is in hand to implement the arrangements outlined in the plan. Actions are also in hand to reduce delayed discharges. Further work is also underway led by all six HSCPs on developing a system wide commissioning plan for unscheduled care as part of the wider *Moving Forward Together* programme, progress on which will be reported to the IJB in due course.

Recommendations:

The Integration Joint Board is asked to:

- a) note the winter planning guidance attached (Appendix 1);
- b) note the Greater Glasgow & Clyde plan (https://www.nhsggc.org.uk/media/256392/item-12-paper-no-19_50-winter-plan-2019-20.pdf) and the arrangements in hand to implement the actions in the plan; and,
- c) note the HSCP's actions to support improved performance of delayed discharges.

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Relevance to Integration Joint Board Strategic Plan:

Unscheduled care and winter planning are a key element of the HSCP's Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Relates to a number of outcomes, including supporting people to live independently and at home or in a homely setting in their community (outcome 2), keeping people who require to use health and social care services safe from harm (outcome 7) and the efficient and effective use of resources in the provision of health and social care services.
Personnel:	The implementation of the winter plan might have personnel implications in that staff rotas and leave might be affected should additional capacity be needed over the winter period.
Carers:	Closely linked to supporting the HSCP's draft carer's strategy.
Provider Organisations:	Care home providers across Intermediate Care and purchased services with potential for increased provision. Close working with provider organisations to deliver anticipatory programmes to reduce demand on unscheduled care activity
Equalities:	In preparing the winter plan the equalities implications will need to be 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.
Fairer Scotland Compliance:	None
Financial:	The financial implications of the winter plan for the HSCP will need to be assessed in the light of the resources made available by the Scottish Government. The Scottish Government has made available an additional £2.138m to support winter planning arrangements.
Legal:	None
Economic Impact:	None
Sustainability:	None

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Sustainable Procurement and Article 19:	None
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Risk Implications:	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 need to be made to minimise the potential risks over the winter period.
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Implications for Glasgow City Council:	Failure to plan for the impact of the potential increased demand for health and social care services provided by the NHS during the winter period may create additional demand for social care services provided by the Council during that period.
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Implications for NHS Greater Glasgow & Clyde:	Failure to plan for the impact of the potential increased demand for health and social care services during the winter period may impact significantly on the accessibility and performance of NHS services during that time.
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Direction Required to Council, Health Board or Both	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 IJB on winter planning arrangements for 2019/20, and current delayed discharge performance.

2. Background

2.1 The Scottish Government issued guidance in September 2019 on the winter planning requirements for 2019/20 (copy attached at Appendix 1). The purpose of the guidance is to build on experience from previous winters and to ensure that the health and social care system is prepared for the additional pressures that arise during the winter period. Plans are to be prepared in conjunction with the NHS Board, acute services and other HSCPs.

2.2 The draft plan was submitted on 23 September and the final plan was published by the end of October 2019 as required. The plan is available at: https://www.nhsggc.org.uk/media/256392/item-12-paper-no-19_50-winter-plan-2019-20.pdf. Plans are to be accompanied by a joint letter from Health Board Chief Executives, IJB Chief Officers and both Chairs to Scottish Government, confirming that they are collectively satisfied plans are fit for purpose.

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2.3 Specific priorities in the plan are:

- delivery of the 95% emergency access target;
- delivery of elective waiting time targets;
- mitigating the risks presented by increased emergency presentations and admissions; and,
- managing delayed discharges.

2.4 On delayed discharges the HSCP has put in place an action plan including additional resources to improve current performance.

3. Greater Glasgow & Clyde Draft Winter Plan 2019/20

3.1 The GG&C winter plan as submitted to the Scottish Government is attached (https://www.nhsggc.org.uk/media/256392/item-12-paper-no-19_50-winter-plan-2019-20.pdf). The plan is a result of collaborative working between HSCPs, the acute division and the NHS Board to learn the lessons from previous winters and take a whole systems approach to managing the additional demands that arise over the winter months.

3.2 The plan contains a number of actions to either mitigate demand on the acute hospital system and / or support people better in the community. These include:

- proactive flu immunisation campaign both to staff and the general public to encourage increased uptake, including capitalising on the role of community pharmacies;
- proactive public awareness campaign on what services to access for what over the holiday period and alternatives to accident and emergency such as minor injuries;
- implementation of the re-direction protocol in emergency departments to advise patients on appropriate services;
- 7 day working to support improving weekend discharges and discharges earlier in the day;
- introducing “hot clinics” for quick access for GPs for specific conditions such as abdominal pain;
- actions to improve communication between GPs and secondary care clinicians e.g. consultant connect for GP to consultant advice; and,
- additional winter beds.

3.3 The Scottish Government has made available an additional £2.138m to support winter planning arrangements. The details of how these additional resources and existing resources will be deployed are currently being finalised.

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4. Glasgow City HSCP Actions

4.1 In addition to the GG&C wide programme of work outlined in the winter plan attached, the HSCP is taking forward a number of specific actions. These additional actions include:

- the need to maintain and improve our current performance on delayed discharges (see below);
- provision of additional intermediate care capacity to support increased discharges at weekends and potential additional surge in demand for acute hospital care;
- additional transport support from the Red Cross to support discharge process;
- reducing avoidable admissions to hospital, by increasing community respiratory service provision including weekend cover;
- ensuring community nursing and other services staffing levels are sufficient over periods of peak activity; and
- working with care homes to introduce anticipatory care plans to support reducing hospital admissions.

4.2 Work is underway to finalise these and other actions and the estimated impacts.

5. Delayed Discharges

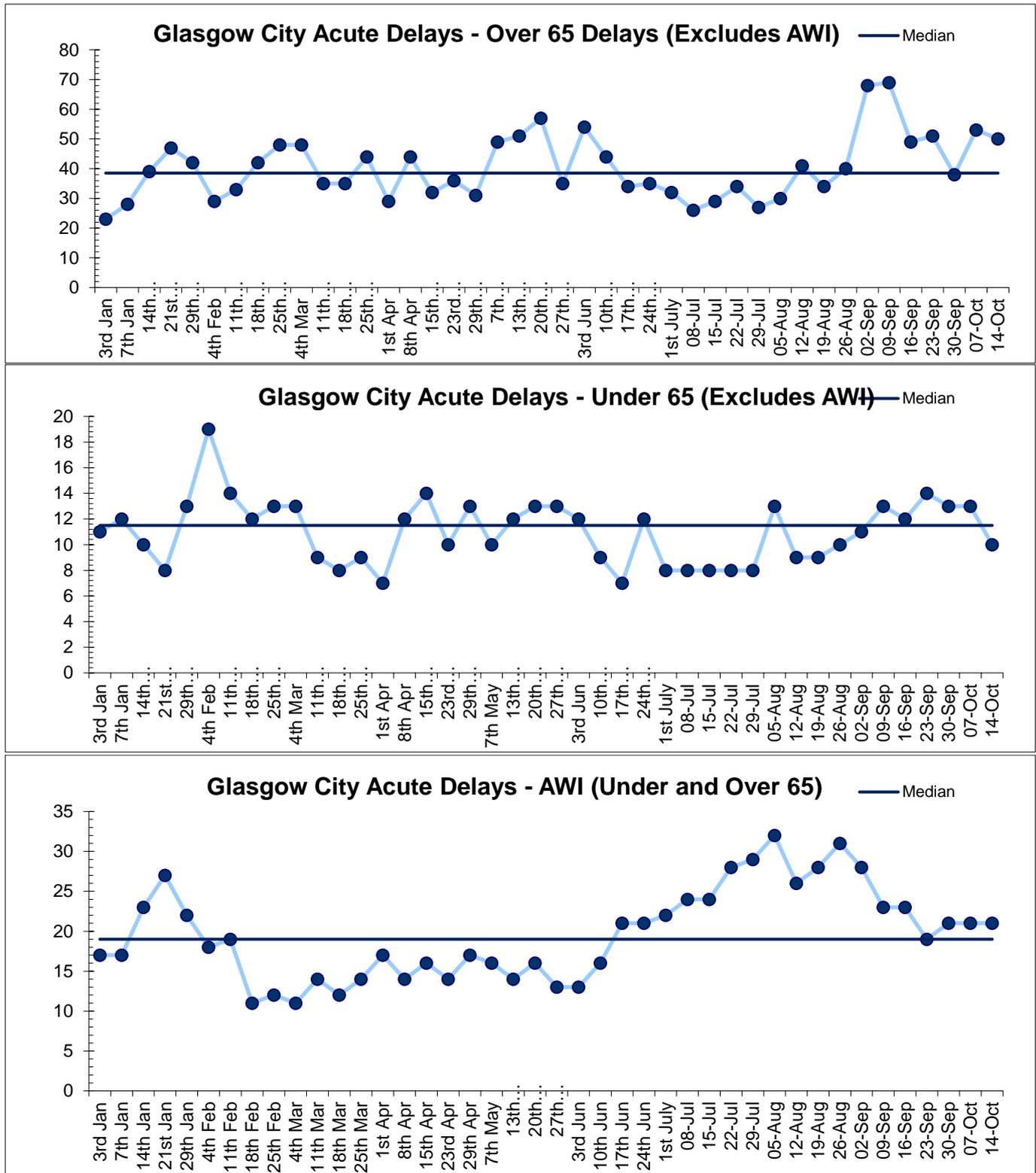
5.1 The IJB received a report on delays at its [March 2019](#) meeting on performance to date and actions being taken by the HSCP at that time. That report highlighted the concern that performance had deteriorated since 2018/19 and the impact this was having on an already stretched acute system. Delayed discharges and the associated acute bed days occupied by delays are routinely reported to the IJB Finance, Audit and Scrutiny Committee via the quarterly performance reports. There are three specific indicators that are the focus of routine performance monitoring:

- adults aged 65 and over;
- adults under 65; and
- adults with incapacity.

5.2 The updated position for each patient group showing performance to date in 2019/20 is illustrated in figure 1 below.

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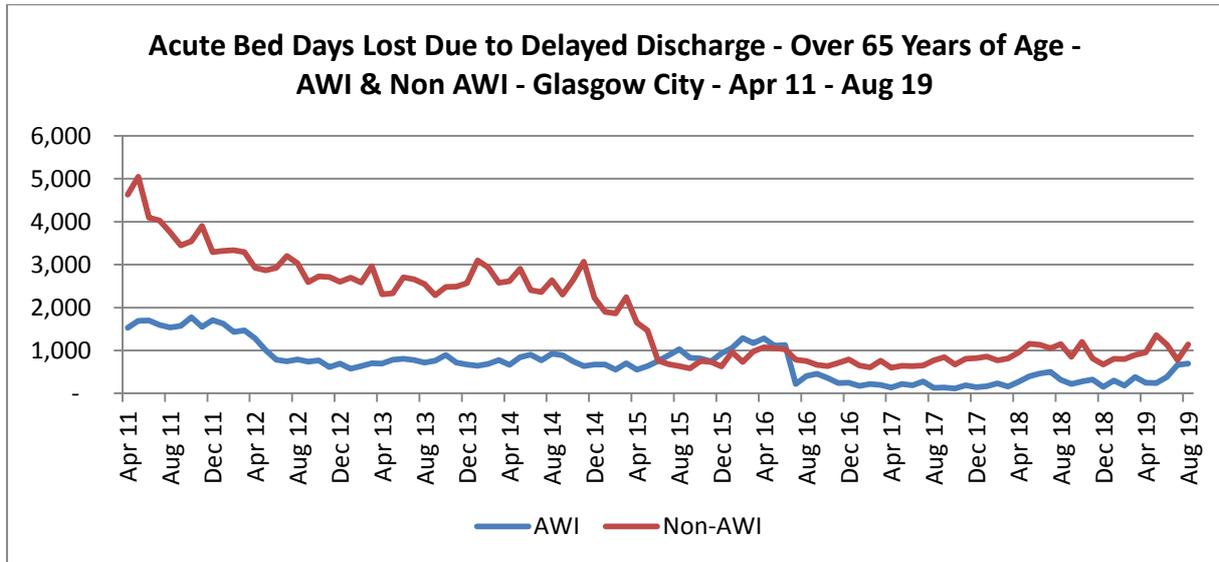
Figure 1 – Delayed discharges 65+, under 65 and AWI January 2019 to current



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The impact on the acute hospital system is illustrated in the bed days lost shown in figure 2 below.

Figure 2 – Acute hospital bed days lost due to delays April 2011 to September 2019



5.3 As highlighted in the March IJB report the HSCP’s performance mirrors a national trend as referenced in the Scottish Government guidance on winter planning attached. Glasgow City HSCP’s performance continues to compare favourably with other HSCPs nationally (see figure 3 below), and GG&C’s performance compares well other health boards – delays in GG&C account for 3.1% of acute beds overall (see 4 figure below) – compared to 8.5% nationally.

Figure 3 – Delayed discharges per 1,000 population aged over 75 by HSCP – April 2018 to March 2019

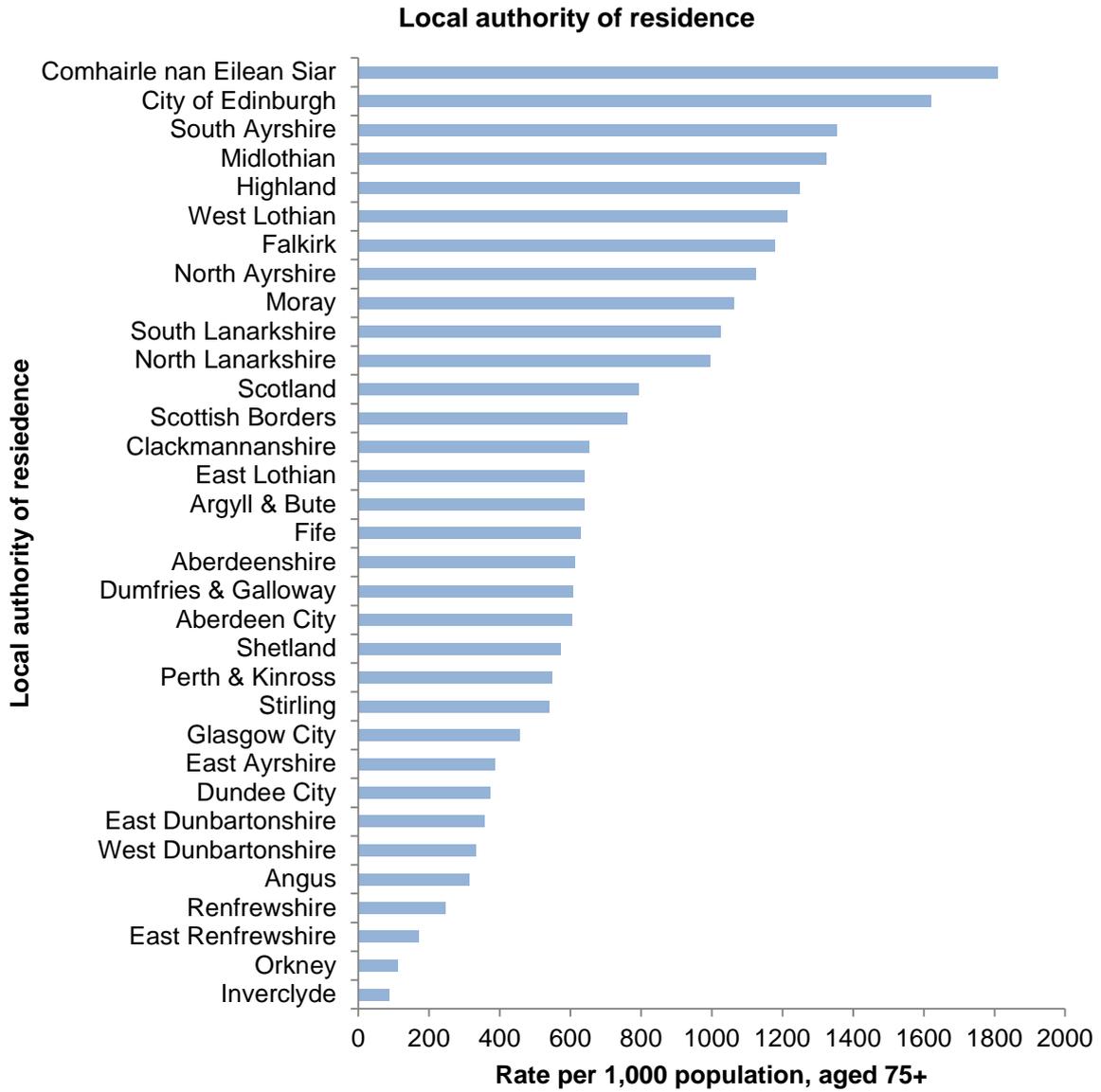
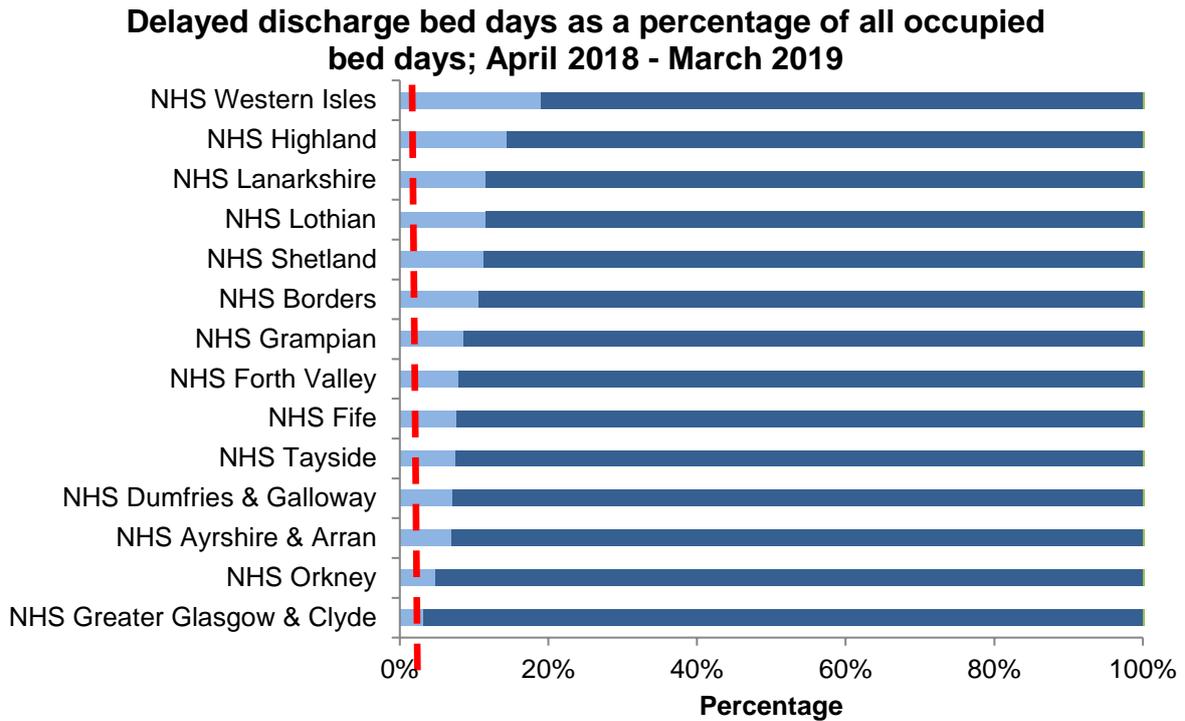


Figure 4 – delays as a percentage of acute beds – 2018/19



5.4 The HSCP has in place a detailed action plan designed to improve current performance elements of which have yet to fully impact (e.g. additional staff being recruited). The key aspects of the plan include:

- increased capacity in specialist AWI beds from 54 to 60;
- a continuing programme of improvement in relation to AWI focusing on the area of the process the HSCP has a led on such as the timeous completion of reports, local authority guardianship applications etc.;
- a continuing programme of improvement in relation to intermediate care with a focus on reducing average length of stay;
- additional capacity recruited to the HSCP hospital social work team;
- for under 65s, a named Adult Service Manager in each locality to hold accountability and ensure progress with complex adult delays daily;
- improved links with complex wards to improve early referral and effective communication;
- the sharing of estimated day of discharge information to a give early indication of potential future discharges; and,
- a management focus on everyday activities, including:
 - a reduction in same day (as fit for discharge) referrals from Acute – which automatically generate delays;
 - more assiduous prioritisation of delays by HSCP community staff – these are marginal, as most cases are held by the hospital-facing Home Is Best team; and,

- improved communication arrangements between ward staff and the Home Is Best team around individual patients i.e. single points of contact, more effective networks.

5.5 The HSCP's action plan is routinely monitored to ensure the actions are having the desired effect. Further updates will be included in the quarterly monitoring reports to the IJB Finance, Audit and Scrutiny Committee.

6. Recommendations

6.1 The Integration Joint Board is asked to:

- a) note the winter planning guidance attached (Appendix 1);
- b) note the GG&C plan (https://www.nhsggc.org.uk/media/256392/item-12-paper-no-19_50-winter-plan-2019-20.pdf) and the arrangements in hand to implement the actions in the plan; and,
- c) note the HSCP's actions to improve performance of delayed discharges.

Director-General Health & Social Care and
Chief Executive NHSScotland
Malcolm Wright



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To: Chief Executives and Chief Officers

Cc: Chair of Health Board and HSPCs
Unscheduled Care Executive Lead

4 September 2019

Dear Jane

Preparing for Winter 2019/20

There is significant engagement required with NHS Boards and Health & Social Care Partnerships to plan the actions that are needed to ensure that quality of care, patient safety and access to services are maintained over the winter period.

Of particular importance will be the implementation of actions that sustain the delivery of; the 95% Emergency Access Target and the National Waiting Times Plan, while mitigating the risks presented by increased emergency presentations and admissions, with inclement weather and seasonal flu within an already challenged system. I am seeking assurance from you that you are making plans to prepare the whole system for the anticipated additional demands of winter across 2019/20.

Latest management information shows delayed discharges on an upward trend and running over 10% above the level last year, which itself was significantly above the level in 2017/18. Should this trend continue it would equate to 300 fewer beds available compared with two years ago. It is vital that this trend is reversed and that the position across Scotland returns to at least the level of 2017/18. Support will be made available to those health and social care partnerships that face the most significant challenge.

This year there is a particular focus on delivering elective waiting time trajectories. In the event that winter pressures result in actions that impact negatively on your elective trajectories as agreed in your Annual Operational Plan please can you inform the Scottish Government Access Support team who can seek to support and facilitate a solution. We would expect any cancellations are done in a measured way in line with your Health Boards escalation procedure and in a manner that causes least disruption to elective throughput.

Your Health Board and Integration Joint Board will receive an allocation of **£1,047,046** which should be specifically targeted to deliver a key focus on;

- **Reducing attendances** wherever possible by managing care closer to home, preferably at home.
With services focussed on assessment and care closer to home. e.g.
 - Managing long term conditions to avoid unnecessary exacerbation
 - Step up facilities for assessment, reablement and rehabilitation



- Minor illness, injury and ambulatory care services
- Prof to prof referral services
- Redirection and effective sign-posting to minimise unnecessary activity in ED
- Supporting Out of Hours services to minimise pressure on them and to avoid closures of OOH centres, maintain home visits by OOH.
- **Managing / Avoiding admission** wherever possible
 - With services developed to provide care at home across 7 days, e.g.
 - Rapid response teams
 - Hospital at home services or virtual community wards
 - Specialty review at rapid access clinics
 - Simple and single point of access for social care
 - Assess to admit
 - Improving opportunities to speed up admission for those patients who most require hospital care.
- **Reducing Length of Stay**
 - Reduction in delayed discharges
 - Reduction in cause of delays highlighted in Day of Care Surveys
 - Discharge to assess
 - Access to intermediate care services
 - Provide rehabilitation at home or in the community rather than hospital
- **Focus on flow through acute care**
 - Local improvement trajectories for weekend discharge rates to be agreed by the end of November.
 - Earlier in the day discharges, against local improvement trajectories.
 - Safe-guarding of the minor flow stream by allocating sufficient protected capacity to enable 100% compliance to be achieved.
 - Improving flow through ED across both admitted and non-admitted pathways to reduce time in department and optimise flow.
- **Workforce**
 - It is essential that the appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.
 - This will require sufficient senior medical and other clinical staff cover to facilitate decision-making, social work teams to undertake assessments and pharmacists to prepare timely discharge medications.
 - In addition, adequate festive staffing cover across acute, primary and social care setting, including:
 - Pharmacists (acute and community)
 - AHPs
 - Social care staff
 - Senior decision makers
 - Porters
 - NHS24 and SAS to maintain flow across Health & Social Care boundaries

Health & Social Care Partnerships are asked to consider measures to incentivise independent and voluntary sector providers to arrange immediate packages of care, during the whole festive period.

An immediate allocation will be provided to Health Boards in the first instance. The funding is specific to winter and should not be used to off-set spending on day to day routine activity. NHS 24 and the Scottish Ambulance Service will also receive an allocation as part of this year's overall winter funding commitment and we expect you to work with them to optimise integration service provision, maintain flow and reduce delay in the patient journey.

Winter plans should include detail of the priorities outlined in this letter and should demonstrate clear alignment between hospital and social care. Draft plans should be lodged with the Scottish Government at [Winter Planning Team Mailbox@gov.scot](mailto:Winter.Planning.Team.Mailbox@gov.scot) by no later than 23 September and final plans published by the end October.

Health Boards will be expected to evidence that System Watch has been used to develop detailed demand and capacity projections to inform their planning assumptions. Plans should take account of the potential impact of seasonal flu, and should specifically address plans for the management of demand on services, and the impact to staffing. The plan will provide details of any immunisation programmes, for both the public and staff groups. Health Boards are expected to have agreements in place with local authorities around gritting and other weather related priorities to minimise adverse impact on services.

The Chief Medical Officer issued a letter to Health Boards on the 26 August setting out the arrangements for the 2019/20 seasonal flu vaccination programme. Healthcare workers have a professional responsibility to protect the patients they care for. We strongly recommend all health and social care staff consider the flu vaccine part of infection control procedures, and are vaccinated to prevent transmission of the virus to patients and colleagues.

When final plans are published I expect Health Board Chief Executives, IJB Chief Officers and both Chairs to submit a joint letter to John Connaghan, Director for Performance and Delivery, confirming that plans have been reviewed and that they are collectively satisfied these plans are fit for purpose.

The Scottish Government will continue to engage with you over the coming months and throughout winter. There will be an opportunity to discuss winter planning at the national unscheduled care event on 3rd October and at Chair's and Chief Executive meetings.

In previous winters, my predecessor hosted daily resilience meetings with Chief Executives during times of significant pressure. If similar periods of pressures occur I would expect daily meetings may be put in place if required.

Recent feedback from local systems suggests that winter planning should focus on the additional impacts, challenges and resources that will be required to sustain all year round planning arrangements. It is anticipated that winter planning will be included in the Annual Operating Plans process going forward to reflect all year round plans that can account for challenges of seasonal variation. Further details on this approach will follow shortly.

Kind regards



Malcolm Wright
Chief Executive NHS Scotland and Director General Health & Social Care