



PERTH & KINROSS INTEGRATION JOINT BOARD

23 SEPTEMBER 2020

‘WINTER PLANNING’

Evelyn Devine, Head of Health (Report No. G/20/106)

PURPOSE OF REPORT

This report updates the Integrated Joint Board on the Health and Social Care Partnership's preparations for Winter 2020/21, which seek to ensure that there is sufficient capacity and resource in place to respond to specific winter pressures, while also being prepared for a potential second wave of COVID-19.

1. RECOMMENDATION

The Integrated Joint Board is asked to:

- Note the Health and Social Care Partnership's Winter Plans, which have been developed in collaboration with NHS Tayside and local GPs.

2. BACKGROUND

- 2.1 The Scottish Government issues annual guidance to NHS Boards and Health and Social Care Partnerships to support the planning of preparations for winter, with an expectation that joint plans be submitted by the end of October.
- 2.2 The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning and unscheduled care funding. In previous years, NHS Tayside received funding of between £1m to £1.5m. However, at time of writing the Scottish Government has still to confirm this year's allocation.
- 2.3 The NHS Tayside Winter Plan is being developed taking cognisance of learning from the initial response to Covid-19 and it is closely aligned to the Redesigning Urgent Care programme being delivered by Scottish Government.

- 2.4 Services have submitted Winter Planning funding proposals to allow them to respond to the predicted increase in demand.
- 2.5 A local Winter Planning Group has been established which will support planning, performance, risk management, resilience and operational management of HSCP services during the winter months, in respect of unscheduled care, Primary Care and Urgent Care. This group will respond in line with the new National direction for an Urgent Care System that will support Primary and Secondary Care and will impact on the way community services respond in future (Principles for Redesign of Urgent Care – Appendix One). This group will be accountable to the P&K HSCP Silver Command and escalated to P&K HSCP Gold Command. The group will also feed into the Integrated Management Team and NHS Tayside's Unscheduled Care Board through the Strategic Lead for Winter Planning and Urgent Care.
- 2.6 Winter Plans ensure that safe and effective care for people using services and effective levels of capacity and funding are in place to meet expected activity levels. However, this year is more challenging than previous years as there are four additional challenges which have great potential to exacerbate winter 2020/21 pressures on our health and social care system.
- A resurgence of COVID-19
 - Disruption to the health and social care systems
 - A backlog of Non Covid care
 - A possible influenza outbreak.
- 2.7 These factors need to be considered in the context of winter when our health and social care services are already typically working at full capacity, and the availability of staff and facilities may be reduced due to the winter health impact and winter weather disruptions.
- 2.8 In July, the Scottish Government commissioned NHS Boards and Health and Social Care Partnerships to provide the next iteration of their Remobilisation Plans which also needed to reflect how health and social care services were preparing for the winter season. This year's Winter Plan will therefore be underpinned by the Remobilisation Plan to ensure a whole-system focus.

3. PROPOSALS

Influenza

- 3.1 A key priority each year is to ensure that the seasonal flu programme is delivered upon. It helps to protect and alleviate pressures on the NHS. This will be more important than ever this year, in light of the COVID-19 pandemic.
- 3.2 NHS Tayside and the HSCP are working collaboratively with General Practices to deliver on the Influenza immunisation programme, starting in October 2020. This is an area of significant challenge, as those eligible for vaccination is being expanded on from previous years (the vaccination numbers have doubled). This is compounded by the constraints of personal protective equipment (PPE) and physical distancing.

Vaccine eligibility is extended this year in Scotland to the following groups:

- Social care workers who provide direct care,
- Household members of individuals who were shielding
- Those aged 55 and over (who are not already eligible)
- Those aged 50-54 if vaccine supplies allow.

- 3.3 As part of the new GP contract, from 2020/22, flu vaccinations will move from being delivered by GPs to being delivered by Health Boards and HSCPs. This will mean a need for a different model of delivery in Perth and Kinross, combining a mixture of GP premises and other premises such as school, community hospitals, gym/leisure centres across the area. Learning from this year's implementation will therefore be used to inform the delivery the 'Vaccination Transformation Programme (VTP)' in 2021/22.
- 3.4 The increased capacity requirement for Strategic Leadership, Project management support has been identified to support this work. Clinical Staff volunteers from the HSCP workforce are also being identified to support the delivery of vaccinations to this programme. This has generated a positive response from our committed workforce.

Unscheduled / Urgent Care

- 3.5 Health Boards alongside partners have been tasked by the Scottish Government to develop and implement two key priorities as part of the Redesign of Urgent Care. This is to ensure a consistent approach to urgent care pathways with the ultimate goal of developing a model across all urgent care that is 24/7, encompassing Emergency Departments, Minor Injuries Units, Primary Care, Scottish Ambulance Service and NHS 24.
- 3.6 There will be a national 'single point of access' to urgent care for people presenting to the Emergency Department. NHS Tayside are building on their current pathways and mechanisms which are in place to support the delivery of this ambition. The Medicine Division will establish a central flow navigation hub who will directly receive clinical referrals from NHS24 and offer rapid access to senior clinical decision makers
- 3.7 Patients assessed by Scottish Ambulance Service crews as requiring immediate resuscitation will be transferred via blue light ambulance to the regional resuscitation centre at Ninewells Emergency Department, with a radio call stand-by to facilitate preparation of a receiving team. For patients not requiring blue light transfer, professional to professional consultation with the navigation flow centre will guide the transfer to the most appropriate care setting.
- 3.8 Those patients requiring assessment for potential viral illness will be directed to one of two Rapid Assessment Centres which will be established for winter. Referrals will be accepted from regional GPs, NHS24 and Scottish Ambulance service via the Navigation Flow Hub. These centres will be located at Perth Royal Infirmary (PRI) and Ninewells and will provide enhanced diagnostics, place of care viral testing and senior clinical advice.

- 3.9 Patients across the Tayside region with a high clinical likelihood of Covid infection will be directed to the Ninewells Assessment Centre. The rapid assessment unit at PRI will provide care for patients from P&K who have a low clinical likelihood of Covid infection but require this to be excluded. This model will support an “Assess to Admit” strategy and ensure, as far as possible, patients can be cared for safely out with the acute hospital environment. (The proposed flow diagram is included as Appendix Two). At time of writing this report, NHST alongside partners are finalising plans for taking this forward locally.

Front Door and Integrated Evening / Overnight Service

- 3.10 Perth and Kinross HSCP has submitted a proposal to NHS Tayside's Unscheduled Care Board for funding to enhance capacity at the Front Door and the evening/overnight service. This will support the Front Door Model at PRI.
- 3.11 The Integrated Evening and Overnight Service will support a rapid turnaround of patients at the front door of PRI and in our localities where they will have a multi-disciplinary team (MDT) assessment identifying clinical and ongoing care requirements. The integrated team will be made up of Advanced Nurse Practitioner, Specialist Occupational Therapist, Community Nurses and Social Care Officers. The frailty team currently based in Ward 1 will also move further towards the front door of the hospital supporting the new Rapid Assessment Centre, assessing patients for frailty, agreeing a plan of care with the integrated community team in order to facilitate a safe transfer home to the community.
- 3.12 For the purposes of Winter this will allow us to test;
- additional capacity in the District Nursing (DN) evening service for rapid triage, assessment and support for deteriorating patients to prevent admissions during the evening period where appropriate
 - enhance overnight support for people where there has been an uncertainty around their ability to cope at home and who have an unexplained and sudden functional decline
 - offer advanced training to care providers and others on for example single handed care
 - support discharge planning and co-ordination by providing complex needs assessment and statutory support such as Adults with Incapacity Act (AWIA) as required for frail elderly patients with cognitive deterioration.

Enhancement to Hospital Discharge

- 3.13 The challenge of COVID has been unprecedented, placing significant demand on the Hospital Discharge Team (HDT) and community resource and services. Despite the challenges presented the HDT have worked hard to meet these targets and have successfully reduced delayed discharge numbers across Perth and Kinross during lockdown and maintained this level as restrictions ease.

- 3.14 The possibility of further outbreaks of COVID and the challenges that Winter brings, it is anticipated that frail, elderly patients with cognitive deterioration are likely to be an area of challenge for the Hospital Discharge Team. The addition of a Social Worker will support the flow through hospital for those with more complex assessment needs and statutory support such as Adults with Incapacity Act (AWIA) while ensuring that delays do not creep up again as they did over the last two winter seasons.
Specialist Community Respiratory Service

- 3.15 We are further strengthening our community services by providing a Specialist Community Respiratory Service. We have successfully recruited to the team and it is anticipated that this service will be in place by November 2020.
- 3.16 The Winter burden on the health care system is not only affected by increased incidence of infectious diseases, but also non-infectious conditions that increase in prevalence or are exacerbated during the winter months, such as asthma and COPD.
- 3.17 This team will have close working relationships with other services across the whole system to provide management, education and self-management skills to patients with chronic respiratory conditions in their own homes following COVID/Non COVID pathways and guidance. In order to facilitate, support and sustain self-management approaches for people living with respiratory conditions, smart technology in the form of an APP has been developed in partnership with a local Breatheasy Group. This APP supports patient specific condition education and information links to community services.

Enhanced Care Home Support

- 3.18 As part of the Perth and Kinross HSCP's Remobilisation Plan, and from learning gained during COVID-19, plans have been put in place to recruit additional capacity to enhance the support provided to care homes. This is in line with Scottish Government's National Guidance to NHS Boards and HSCP's to ensure appropriate clinical and care professionals take direct responsibility for the professional support required for each care home in each area. This will be particularly important over the Winter Period. This resource will support Advanced Nurse Practitioners (ANPs), DNs and Psychiatry of Old Age (POA) liaison nursing teams to offer enhanced support to care homes.

Mental Health and Wellbeing

- 3.19 Across Perth and Kinross we recognise the significant impact that COVID has had on people's mental health and wellbeing and it is anticipated that people's mental health deterioration will be exacerbated during the winter months. With this in mind, PKHSCP through their Remobilisation Plan has begun to work with Third Sector organisations to support them to deliver their services, to respond to additional demand and to look at other areas in Perth and Kinross where access is difficult, networks are dispersed and services lacking. It is planned that this additional support will be delivered by both Third Sector and statutory organisations and will enable individuals to access help and support easily and without barriers.

Surge Bed Capacity

- 3.20 NHS Tayside is proposing to ensure an additional 18 surge bed capacity for inpatient services in Ninewells and PRI. The bed model will have flexibility across both sites to deal with any additional pressures on the system. Further discussions are required in relation to local surge beds that could be included in the Perth and Kinross Remobilisation Plan.

4. FINANCE

Proposal	2020/21 Cost	Assumed Funding Source
Influenza	£ Not yet confirmed	Scottish Government via NHST Mobilisation Plan
Unscheduled / Urgent Care	£ Not yet Confirmed	Scottish Government via NHST Mobilisation Plan
Unscheduled / Urgent Care – Front Door	£50,000	NHST Winter Plan Funding via USCB
Evening and Overnight Service & Care at Home	£200,000	NHST Winter Plan Funding via USCB
Enhancement to Hospital Discharge	£15,000	NHST Winter Plan Funding via USCB
Specialist Community Respiratory Service	£100,000	Core PKHSCP Budget
Enhanced Care Home Support	£101,000	Scottish Government via PKHSCP Mobilisation Plan
Total	£466,000	

- 4.1 In line with Scottish Government guidance, the PKHSCP Remobilisation Plan set out high level estimates of the step up in winter costs anticipated including Flu Vaccination, potential winter surge bed capacity and other additional staffing needs. The table below sets out the most recent estimates of PKHSCP Winter Plan Costs.
- 4.2 For Flu Vaccination, work is ongoing across Tayside to develop plans and the associated costs are currently being estimated. Both local and Tayside wide costs are now anticipated to be included in the NHS Tayside Remobilisation Plan and funded directly by the Scottish Government.
- 4.3 Similarly the nationally driven redesign of Unscheduled and Urgent Care is being costed by NHS Tayside and again the Tayside wide costs are expected to be met through the NHS Tayside Remobilisation Plan direct by the Scottish Government.
- 4.4 The NHS Tayside Unscheduled Care Board has an oversight role in the development of winter plans across Tayside and against as assumed level of general winter funding anticipated to be received from the Scottish Government, has prioritised plans across Tayside. For PKHSCP funding has been allocated for the Evening and Overnight Service, Front Door, Care at Home and for Enhancement to Hospital Discharge.

- 4.5 The new Specialist Respiratory Service will play a key role over winter. This is substantively funded by PKHSCP as part of its 3 Year Invest to save Older Peoples Programme.
- 4.6 The PKHSCP Remobilisation Plan provides for increased staffing to provide additional support to Care Home and the cost is assumed to be covered by additional COVID funding to PKHSCP from the Scottish Government.
- 4.7 The funding landscape is complex and careful monitoring and close collaboration with NHST will be key in minimising financial risk.

4.8 Summary

Assumed Funding Source	2020/21 Cost
Scottish Government via NHST Mobilisation Plan	£ Not Known
Scottish Government via PKHSCP Mobilisation Plan	£101,000
NHST Winter Plan Funding via USCB	£265,000
Core PKHSCP	£100,000
Total	£466,000

5. CONCLUSION

The proposals set out in this report will support the Health and Social Care Partnership to better cope in the face of new winter pressures resulting from the COVID-19 pandemic and thereby help to protect and support the health of Perth and Kinross residents and the resilience of our staff and services.

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.