



PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD

01 May 2019

Perth & Kinross Health & Social Care Partnership's Winter Plan

Report by Head of Health / Head of Adult Care (Report No. G/19/69)

PURPOSE OF REPORT

The purpose of this report is to provide progress on the Unscheduled Care, Winter Planning actions put in place for Perth & Kinross for the period 1 November 2018 to 31 March 2019.

1. RECOMMENDATION(S)

The IJB is requested to:

- Note the implementation and impact of the Tayside and local winter planning actions.
- Support NHS Tayside's aim to take a year round planning approach, which will sit within a 3-year USC operational plan, to meet times of increasing demand throughout the year, and not only for winter.

2. SITUATION/BACKGROUND / MAIN ISSUES

The Scottish Government issue annual guidance to NHS Boards and Local Integrated Partnerships to support Health & Social Care services to prepare for winter. The Scottish Government request that NHS Boards work with local Health & Social Care Partnerships to develop annual winter plans. The winter period is defined as 1 November 2018 to 31 March 2019.

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.

The Scottish Government provided resource to support Preparing for Winter 2018/19 to ensure that performance for emergency access, cancer, mental health, outpatient, inpatient/day case and delayed discharge is maintained. NHS Tayside's share of winter resource was £737,734. This resource was devolved to Tayside Unscheduled Care Board which has the responsibility for

developing and reviewing the collective activities within the Unscheduled Care Action Plan which is underpinned by the 6 essential actions for Unscheduled Care. This ensured that improvement actions within the winter plan were aligned with the USC plan, community resilience arrangements and public health plans to increase flu vaccine update.

The six essential actions are;

- Clinically focused management
- Capacity and Flow alignment
- Patient rather than bed management
- Medical and surgical processes are arranged for optimal care
- 7 day service
- Ensuring patients are cared for in their own home

A collaborative approach was taken by NHS Tayside, the Health & Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders.

As in previous years, the Scottish Government have asked Boards to lodge a draft of their winter review for 2018/19 to support winter planning preparations for 2019/20 early May 2019. NHS Tayside are proposing that in future years, the aim will be to move away from winter planning and that the unscheduled care plan sits within the 3 year Board Operational Plan, to meet times of increasing demand for winter and throughout the year. There is a recognition that year round work needs to be completed in relation to weekend discharging, partnership working and meeting demands at times of public holidays. It is also recognised that many illnesses have a seasonal basis and there is a need to look at innovative ways of balancing capacity and demand.

3. PROPOSALS

- 3.1 NHS Tayside's non recurring allocation for Winter Planning from the Scottish Government for Unscheduled Care for 2018/19 was £737,734. NHS Tayside USC Board allocated £113,100 to Perth & Kinross Health & Social Care Partnership. Monthly reports were provided to the USC Board on spend to date, projected spend and progress.

A draft Tayside interim evaluation of the impact of the winter plan is to be submitted to NHS Tayside Board on 30 April 2019. The interim evaluation will also provide assurance on the use of the Scottish Government's winter resource allocation.



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The Tayside Unscheduled Care Board assessed and approved bids and allocation of resources for:

- Additional funding for care at home placements across Tayside which allowed discharge of people to the care of community teams. The system was also responsive enough to reallocate slippage to additional home care packages when the system required it.
- Supported an 'Assess to Admit' model with the core principal of realistic medicine that patients wish to be cared for in their own homes.
- Redesign the inpatient bed model through additional beds and service set up to meet patient needs. One of the main sources of investment was in the Acute Medicine for the Elderly Assessment Unit in Ninewells. The AME test of change was run on a frailty model where people were assessed with the majority being able to be discharged home safely within 72 hours. The outcome of this test of change is that this model will be to develop an AME unit within PRI as well as Ninewells as a priority within the operational plan.
- Provide funding to improve service resilience for extra out of hours general practice (GP) sessions.
- Improve the prevention and management of influenza like illness through investment in near patient testing equipment for the first time. It is recognised that the rapid diagnosis of flu meant that patients were able to receive appropriate medication within 20 minutes of a swab being taken leading to many people being able to be discharged home with appropriate medication rather than hospital admission.
- A targeted campaign to significantly increase flu vaccine which resulted in an increase in the percentage of staff taking the opportunity to have the vaccine to 54% this year compared to 18% 2 years ago.
- Increased the support available from the psychiatric liaison service to increase assessment within acute admissions units.
- Increased senior clinical decision makers, including senior nurses over the public holiday period.

3.2 The interim evaluation plan also highlighted significant improvements in the number of waits for a bed, boarding in inappropriate locations, delayed discharges in PRI and the number of cancelled elective procedures due to bed capacity.

3.3 The Perth & Kinross Health & Social Care Partnership established a local shortlife working group in August 2018 to help prepare and plan for winter. This included reviewing and updating local business continuity plans, 4x4 vehicle availability and emergency contacts and escalation processes.

The following local initiatives were funded over the Winter Period.

3.4 *Extended AHP Working to ensure continued consistent assessment and discharge in hospital settings over a 7 day period (allocation £20,000).*

Additional hours were offered to current AHP (Occupational Therapy and physiotherapy) staff to cover weekend working. A weekend rota was put in place for those staff that volunteered. There was difficulty recruiting to weekend working this year to cover full 7 day working however the majority of weekends were covered either by an OT or a physio.

The evidence to support the impact upon patient experience, capacity and flow and length of stay of 7 day AHP services is significant. This includes national evidence as well as local tests of change within a variety of settings by AHPs. AHP 7 day working provides more effective and co-ordinated discharge planning; continuity of care; discharge available at weekends; improved rehabilitation delivery; reduced hospital stay and increased activity levels. Data is currently being collated by Physiotherapy and OT staff to evidence improvements. The NHS Tayside operational plan will explore 7 day working as a principle all year round.

3.5 *Increased capacity in Medicine for the Elderly Tay Ward to support any surge capacity and improve flow (allocation £55,700)*

The ward capacity was increased from 14 to 18 beds on the 14 December with a further increase in beds to 20 on 4 January 2019. This additional increase was in response to an increasing waiting list for Tay rehabilitation beds and an assessment of the whole system flow across NHS Tayside and its partners.

Additional staff resource was provided by the nurse bank utilising short term contracts and block booking of agency to provide registered nurse cover. The opening of a further 2 beds in January resulted in additional funding requirements of £31,300, bringing the total allocation to £87,000.

The ward has remained at 100% capacity throughout the winter period. The Tay ward rehab model is being reviewed as part of the Community Hospital review.

3.5 *Testing the concept of a respiratory telehealth pathway in Northwest Perthshire (allocation £8,000)*

The intention of the test of change was to identify whether telehealthcare home monitoring support with appropriate community support would support COPD patients to self manage in their own home and detect deterioration so that the appropriate interventions are put in place to avoid hospital admission.

The home monitoring equipment was ordered from Docobo and has just been delivered. A shortlife working group has been established with representation from health, social care, SAS and specialist GP. The group are currently developing the model and pathways to commence the test of change. This test of change will now align with the development of a specialist community respiratory pathway for Perth & Kinross.

3.6 *Enhancing social care support to target same day discharge from A&E and, Acute Medical Unit (allocation £14,000)*

The Partnership commissioned a pilot over the winter period with the Royal Voluntary Service, one of Britain's largest volunteering charities, to provide a Home from Hospital Service for older people returning home after illness, surgery or an accident. Volunteers provide practical and emotional support to people to help them get back on their feet, regain their independence and reduce the chance of readmission.

The pilot commenced on 3 January 2019 to 9 April 2019 commencing in PRI but then extending to community hospitals in March. Two RVS discharge co-ordinators were based in the discharge team in PRI working jointly with the discharge hub to identify patients who met RVS's criteria for support. The co-ordinators met with patients / families on admission to hospital and planned for discharge, creating a supporting your recovery plan. The co-ordinators liaised with volunteers in the community to arrange discharge support such as:

- Transport
- Medical collection in the community
- Safe home checks
- Welcome home food packs
- Cold lunches
- Prompting of medication
- Interim (short term) support in the community to allow Care at Home services to restart
- Visits to reduce isolation and loneliness
- 'Move it or Lose it' exercise class and training provided to staff and inpatients.

Forty two patients were supported on discharge from hospital from January to early March 2019. There was positive feedback from PRI staff with one comment being:

"I have referred several patients to this service and found it invaluable. With one patient it definitely made the difference between him staying in hospital longer or returning home when he was ready, with the RVS providing the support he needed. He lived in a rural area and had no family nearby".

Due to the success of the project, discussions have been underway with the Chair of the Unscheduled Care Board around funding this project longer term from Summer this year from Winter Planning monies. There will also be a review of the current Service Level Agreement held with RVS to revisit service capacity.

3.7 *Additional social care interim placements (allocation £15,000).*

Thirteen patients were supported in an interim placement to support capacity and flow and reduce delayed discharges.

3.8 Additional social care funding

Due to an unexpected Winter Plan underspend across Tayside, HSCP's were asked if they could use additional monies for social care support. £10,000 was available to encourage HART staff to work additional hours. However, this was of limited success, with only £4,600 of the money being used. The main reason this was not successful is that it was of limited interest to staff. .

	Planned £	Actual £
Medicine for the Elderly Tay Ward	55,700	87,000
Extended AHP 7 Day Working	20,000	7,500
Social Care Interim Placements	15,000	13,500
Enhanced Social Support	14,400	14,400
Respiratory Health	8,000	8,000
Additional Social Care	0	4,600
Total	113,100	135,000

4. CONCLUSION

NHS Tayside in partnership with the 3 H&SC Partnership's are currently completing the full Winter 'Wash Up' review in order to report into the Scottish Government the outcome of the 2018/19 winter planning arrangements. This review will be completed by early May. Once completed the review report will provide further detail on what went well, what could have gone better, and key lessons learned to consider for future years.

Author(s)

Name	Designation	Contact Details
Amanda Taylor Paul Henderson	Locality Manager North Strategic Lead OPUSC	01738 459526 01738 476723

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.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	No
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	No
Risk	No
Other assessments (enter here from para 3.3)	No
Consultation	
External	No
Internal	No
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	No
Corporate Governance	No
Directions	
Communication	
Communications Plan	No

1. Strategic Implications

1.1 Strategic Commissioning Plan

Winter Planning should be taken as a 'business as usual approach' in future and not just during the winter period managed under the auspices of Unscheduled Care. Unscheduled Care across Tayside will focus on early intervention and prevention maintaining a whole system approach to planning as well as informing and responding to system pressures. This will ensure best use of facilities, people and resources.

2. Resource Implications

2.1 Financial

The Scottish Government devolve non recurring resource NHS Boards on an annual basis for winter planning. NHS Tayside USC Board in collaboration with Health & Social Care Partners and other key stakeholders allocate non recurring funding to support improvement actions to support capacity and flow across the whole system at times of increasing demand.

2.2 Workforce

Ensuring the right level and skills of staff during public holidays and peak leave periods will help increase flow and patient experience.

3. Assessments

3.1 Equality Impact Assessment

Not Applicable.

3.2 Risk

Not Applicable

Risk Description:

Current Rating of Likelihood

Current Rating of Consequences

Actual control level and main control tools

Target control level

Tolerance control level

3.3 Other assessments

As part of NHS Tayside's Unscheduled Care Board.

4. Consultation – Patient/Service User first priority

4.1 External

N/A

4.2 Internal

As part of NHS Tayside's internal engagement plan.

4.3 Impact of Recommendation

N/A

5. Legal and Governance

5.1 N/A

5.2 Governance is through the NHS Tayside's USC Board.

6. Directions

N/A

7. Communication

As part of NHS Tayside's communication plan.

8. BACKGROUND PAPERS/REFERENCES

N/A

9. APPENDICES

N/A