

# Report

Report to:	<b>Social Work Resources Committee</b>
Date of Meeting:	<b>28 October, 2020</b>
Report by:	<b>Director, Health and Social Care</b>

Subject:	<b>Winter Plan 2020-2021</b>
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## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the Social Work Committee of the planning arrangements being put in place to ensure services are prepared for the coming winter months.

## 2. Recommendation(s)

2.1. The Social Work Committee is asked to note the following recommendation(s):-

- (1) that the planning arrangements being put in place to ensure services are prepared for the coming winter months be noted;
- (2) that the continued work in finalising the plan, which will be shared with respective bodies and submitted to Scottish Government by 31 October 2020, be noted.

## 3. Background

3.1. A winter planning group is established with involvement of acute services; North and South Lanarkshire Health and Social Care Partnerships (HSCPs); NHS Resilience Officer; SALUS (Occupational Health, Safety and Return to Work Service); NHSL Infection Control; North and South Lanarkshire Council Resilience Officers; Scottish Ambulance Service and NHS24. The communications team is also represented on the group to ensure consistent and organised communication plans with all other parts of the public sector in the lead up to winter.

3.2. Scottish Government requested evidence of the work ongoing in planning for winter 2020/21 as part of the report back on mobilisation plans by 31 July 2020. Feedback from Scottish Government was subsequently received on 31 August 2020 to confirm they were satisfied with the preparations to date and recognition of the work required to ensure all due consideration was being given to COVID-19 as part of the overall planning process.

3.3. Main Components of Winter Planning Associated with COVID-19

3.3.1 Flu Vaccine Programme – Public

It has been estimated that approximately 300k people across Lanarkshire will be eligible for a flu vaccine in 2020. Work has been undertaken to assess the time and associated staffing required to undertake this number of vaccines as well as the physical accommodation requirements to undertake same. Early discussions have been had with GP colleagues to assess how they/their staff may be able to assist in same and the respective implications. Similarly, a range of staff from other

disciplines, sectors are being asked to assist with this process. Councils are also helping in the identification of suitable accommodation.

### 3.3.2 Flu Vaccine Programme – Health and Social Care Staff

Approximately 8,000 social care staff from both Council and independent and voluntary sectors in Lanarkshire will be eligible for a flu vaccine. SALUS – the NHSL Occupational Health Service – will co-ordinate this, alongside the NHS staff vaccine flu campaign, working with staff and representatives of all sectors. Planning is well underway in this regard and again, councils are assisting in the identification of accommodation.

### 3.3.3 COVID Hub and Assessment Centre (Re-designing Unscheduled Care)

It is not known at this stage the exact make up of what COVID (or respiratory /unplanned urgent care) Hubs and assessment centres will be asked to manage. This will require further work at national, regional and local level and will also be dependent on some of the agreements with other Boards, for example, NHS 24. Whilst the detail is not known at this stage, early work has commenced in discussion with GPs/other clinical staff to understand what the service might look like and how maintaining 'red and green' flows for COVID/non COVID patients will be maintained throughout the winter period. This will require more detailed staff/workforce planning recognising that some of the staff who were able to assist in the first phase of COVID may not be able to assist in the same way in any second phase.

### 3.3.4 Urgent Care Flow Hub

There will also be an extended Emergency Receiving Centre model to support NHS24 to be able to manage people who would previously have gone straight to A&E to be seen in an unplanned way to come through the Urgent Care Flow Hub (ERC) in a planned way.

### 3.3.5 GP and Pharmacy Opening

Depending on what is agreed in relation to the COVID Hub and Assessment Centre above there may be the need to consider GP and pharmacy opening over the four day public holiday period. If this is to happen, it is likely that the proposed additional opening day would be on Monday 28 December 2020 and Monday 4 January 2021.

### 3.3.6 Planning for Winter and COVID (Preparing for a Challenging Winter – Academy of Medical Sciences)

The Winter Planning group has received the paper from the Academy of Medical Sciences (AMS) and has been using this to model a number of eventualities and associated planning of mitigating actions as part of the winter plan for 2020/21.

### 3.3.7 Planning for Additional Deaths

The resilience planning officers of North and South Lanarkshire are working alongside local undertakers to ensure there is sufficient 'pace' of funeral services – both burials and cremations – to support the eventuality of a significant excess of deaths over the winter period. The additional mortuary capacity identified for COVID is still in place and will continue to be available over the winter period.

### 3.3.8 Staffing

All departments are planning to ensure sufficient staffing to respond to the potential needs over the period, again borrowing on some of the eventualities laid out in the AMS paper described at 3.3.6 above.

### 3.3.9 Surge/Bed Capacity

Additional surge capacity identified for management of COVID is again being made available/retained as part of the planning for winter surge. A key component of the planning going forward is the modelling work being undertaken by a range of agencies in predicting inpatient/ITU/other capacity requirements depending on the numbers of patients and length of time associated with a second wave of COVID. This is in addition to any additional winter deaths. In this respect, it is envisaged that a good take up of flu vaccine across all relevant individuals will assist in reducing incidence of flu in the community and associated strain in hospital/ITU beds.

### 3.3.10 Adverse Weather

A series of mitigating measures are in place to assist in managing adverse weather and these have been refined over many years of winter planning.

### 3.3.11 Overall Resilience Planning

A review of the plan will be undertaken by the NHSL/NLC/SLC resilience planners to give objective opinion as to the range and extent of the mitigating factors introduced to reduce the impact of winter on the overall system.

- 3.4. This is an evolving plan and the associated risk/preparedness check list will be updated on a regular basis throughout the winter planning period. Any significant variation and or increased risk will be reported to the Corporate Management Team (CMT) of NHSL as well as the respective HSCP Senior Management Teams.

- ◆ reducing attendances
- ◆ managing/avoiding admission
- ◆ reducing length of stay
- ◆ focus on flow through acute care
- ◆ workforce

- 3.5. Detailed plans have been prepared for each of the Acute Hospital Sites, the Acute Access Directorate, and North and South HSCPs. It should be noted these are dynamic documents which are revised/updated to reflect staff availability, emerging issues etc. and are considered for any cross-cutting issues at the Winter Planning Group.

## 4. **Primary Care Out of Hours/NHS24**

- 4.1. A number of measures have been put in place to increase capacity and ensure that patients are seen and treated by the most appropriate service, in the most appropriate environment. Tests of successful initiatives undertaken in support of 'transforming urgent care' to support greater numbers of paediatric and mental health patients being seen out-with a hospital environment will be enhanced over the peak winter period.
- 4.2. A number of Advanced Nurse Practitioners (ANP) have also been appointed over the last year and these staff will also support provision of service across the period. Similarly, pharmacy staff will also augment the service over the peak winter period.
- 4.3. Notwithstanding the foregoing, the current Out of Hours (OOH) Service has been under significant pressure throughout the year with there being a need to move to contingency arrangements on a number of occasions. Work is ongoing in seeking to further enhance the number of ANPs and Pharmacists who are able to assist in staffing the OOH Service as well as seeking to recruit new GPs to also join the service. However, there may be occasions through the peak winter period where the

service would need to move to a contingency arrangement whereby the service will operate from a single site.

## **5. Acute Hospital Service**

- 5.1. The detail contained within Acute Services' plans has been informed by lessons learnt from past experience as well as the national guidance.
- 5.2. The three site plans also reflect the actions referred to above with particular reference to the wider involvement of HSCPs. This seeks to ensure 'joined up' approaches to a range of initiatives where optimum impact will be gained by ensuring shared action planning.
- 5.3. The plans also describe a range of initiatives aimed at maximising senior decision making at the front door; services to support early diagnosis and discharge; and wider coverage over weekends to ensure seven day flow. This will include additional AHP staffing to support assessment across the hospitals and, where possible, discharge/referral to alternative community supports.
- 5.4. It is anticipated that this will result in
  - ◆ an increase of 50% in the people signposted from A&E to more appropriate alternative services
  - ◆ an increase of 10% in the numbers of patients discharged over weekends
  - ◆ a reduction of 10% in the numbers of bed days lost associated with delayed discharge
  - ◆ an increase of 5% in the number of pre-noon discharges
- 5.5. All of the above is of assistance in 'pushing the curve' to the left, that is, earlier decision making in the patient journey; earlier understanding of patient need/access to services to support discharge and earlier time of day of discharge.
- 5.6. Significant work has also been undertaken in assessing the balance between elective and unscheduled care over the peak winter period with an increase in day cases being factored into the period post first two weeks in January. Clinically urgent and cancer patients will also continue to receive services during the peak period.
- 5.7. Staff in acute services are currently seeking to confirm all rota coverage arrangements over the peak winter periods and this will feature as part of the ongoing monitoring of risk throughout the winter period.
- 5.8. As part of this year's Access Directorate's plan, as well as the normal range of additional laboratory services to assist manage winter pressure, it is anticipated that there will be a significant increase in availability of Near Patient Testing for both COVID-19 and flu.

## **6. Vulnerable Patients**

- 6.1. There is increasing data available which would assist in identifying those patients who could be anticipated to arrive at OOH services, A&E departments or call 999 ambulances. Work has been begun to identify these patients and to ensure where possible, there is a shared care plan available to relevant areas.

## **7. Health and Social Care Partnerships**

- 7.1. Detailed plans have also been prepared for North and South HSCPs. These identify the additional capacity that will be available both in the community and to support acute sites as a result of the additional investment which has taken place in

community based services to avoid admissions and also to expedite safe discharge and thereby reduce the number of beds occupied by delayed patients.

7.2. Close working arrangements with the respective Discharge Hubs in each of the three DGHs will be a constant feature as part of the winter plan.

7.3. The South Lanarkshire HSCP is taking forward several workstreams that will support the winter plan:

7.3.1. Hospital Social Work Team

As approved at the preceding Social Work Committee, work to complete the recruitment to additional posts and to re-embed Social Work within the main hospital sites is progressing well and is expected to be fully operational before the peak of the winter period. This staffing resource will dovetail with current work to ensure the whole system is working to the patient's planned date of discharge to improve the early identification and discharge planning of patients who require social care supports.

7.3.2. Intermediate Care

At Canderavon, the capacity has been increased and intermediate care methodology has been refreshed to take account of the learning from delivering interim placements and ensuring flow at the temporary care facility that has now closed. Work is as underway to consider the how the Council's other care homes could also safely offer short -term placements.

7.3.3. Care homes

There are substantial liaison arrangements with the Care Home sector intended to support this sector over the pandemic. There are currently relatively high numbers of vacancies which should ensure capacity over Winter. However, the requirements for testing; isolation and restricted visits are influencing families decision making and impacting on ease of access to care homes. Officers are working with providers and their representative to maintain effect operational arrangements which support patient flow.

7.3.4. Care at Home

Access to care packages is critical to ensuring prompt discharge. The sector has responded positively throughout the pandemic period however, it is constantly operating up to and beyond the upper end of workforce and financial capacity. Work in ongoing to maintain throughput by effective screening, care management and efficient deployment of resources. Ongoing engagement with framework providers to address winter peaks in demand is also underway.

7.3.5. Assessment Capacity

As with previous winters, the Field Work and Care at Home teams will use winter planning funding to provide additional workforce cover at weekends and public holidays to support patient flow.

7.4. Similarly, there are plans to increase community nursing support to seek to provide more anticipatory care and/or assist in providing alternative care provision than traditional hospital based care.

**8. Scottish Ambulance Service/Council Transport Services**

8.1. The Scottish Ambulance Service has indicated their preparedness to respond to requests for additional ambulance transport provided advance notification is given of the nature and extent of that additional demand. It is intended to again utilise the Predictive Data Analysis Tool to predict demand implications for the Scottish

Ambulance Service. The Scottish Ambulance Service has also confirmed they will be able to provide dedicated discharge vehicle to support the three DGH sites. Moreover, plans have been established to give access to additional weekend support via the 'renal service' patient transport.

- 8.2. Action is also being taken to identify patients that for clinical reasons must attend hospital for treatment. An example of this would be a renal patient. Contingency plans have been prepared to respond to any difficulties experienced by those patients in travelling to hospital during the winter period. This will involve close liaison between the Scottish Ambulance Service and the respective Roads Departments of North and South Lanarkshire Councils.
- 8.3. Both Councils, as well as NHSL PSSD, have also established additional 4 x 4 capacity to assist in inclement weather conditions.

## **9. Communication Plan**

- 9.1. A Communication Plan is in development which will be directed at both staff, across all agencies, and the public. This will be undertaken in consultation with NHS24, national communications and Councils. A regional winter communications group is being established to pull resources and share best practice and messages.
- 9.2. This will build upon last year's award winning 'Meet the Expert' campaign which seeks to promote the range of services which people can access/self-present to without the need to attend their GP and/or A&E.
- 9.3. Information for the public on early preparedness for winter will be available and displayed in A&E departments, as well as wider circulation to the general public in the form of social media and coverage in national campaigns. This will also involve films being shown in the respective waiting areas/other public areas. Specific reference will be given to flu vaccine and management of Norovirus and the respective advice for patients, visitors and the public alike.
- 9.4. There is also a communication folder for managers and staff across agencies to ensure all are aware of the respective contacts, cover arrangements and how to access support.
- 9.5. There will be a dedicated page available on the NHS Lanarkshire website along with links to the web sites of North and South Lanarkshire Councils.

## **10. Reporting Arrangements**

- 10.1. All performance reports continue to be provided to the Performance and Audit Sub-Committee and the national integration measures are also reported at a national level.
- 10.2. Specifically for winter, there is an agreed escalation protocol which will be invoked dependent upon a range of indicators which 'gauge the pressure in the system' across acute and community services. This is similarly supported by national reporting arrangements.

## **11. Employee Implications**

- 11.1. Whilst each part of the plan recognises the need for additional staffing where appropriate, there is a recognition that for many areas, securing these staff will be problematic given the existing pressures in the system/difficulties in recruiting some designations/grades of staff. In many cases, staff required to implement new initiatives will mean staff been taken away from other areas - potentially without the

ability to backfill. This is also against a background of vacancy levels across the three main operational directorates.

11.1.1. In addition to this, work is in hand to identify all staff, both clinical and non-clinical, who could be asked to assist clinical areas in times of extremis. This will allow for the necessary 'induction' of such staff such that they are able to assist at relatively short notice.

11.2. Similarly, the communication to all staff in relation to the Adverse Weather Policy highlights that they are all considered essential and, as such, make every reasonable effort to get to their workplace in times of adverse weather.

## **12. Financial Implications**

12.1. The financial implications are currently being assessed.

12.2. The NHS Lanarkshire Director of Finance and the Chief Finance Officer are working together to ensure that between national monies provided, and those available from other sources, all can be brought to bear to ensure all agreed mitigating actions are available to local managers to assist in managing demand over the winter period.

## **13. Climate Change, Sustainability and Environmental Implications**

13.1. There are no climate change, sustainability or environmental implications associated with this report.

## **14. Other Implications**

14.1. Filling of staffing rotas over the peak winter period to cover each of the main areas highlighted above has been identified as a high risk.

14.2. Risk assessments have also been undertaken across each of the main areas. Winter planning testing is also going to be undertaken in a number of ways. Key among these will be the annual Winter Breach multi agency event designed to promote joint emergency preparedness and knowledge of organisational roles, responsibilities and capabilities to support individuals and communities across Lanarkshire in a time of emergency. Planning for this is currently underway, recognising the need this year for a remote/Teams basis for the event.

## **15. Equality Impact Assessment and Consultation Arrangements**

15.1. This does not introduce a new policy or strategy therefore no equality impact assessment was required.

15.2. The winter plan has been developed in full consultation with all relevant stakeholders and the Scottish Government.

## **16. Directions**

16.1.

<b>Direction to:</b>	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

**Val de Souza**  
**Director, Health and Social Care**

1 October 2020

**Link(s) to National Health and Wellbeing Outcomes**

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

**Previous References**

- ◆ reports to the IJB in December 2019

**List of Background Papers**

- ◆ none

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

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