

SUBJECT: Winter Planning Arrangements 2022/23

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
--------------	-------------------------------------	-----------------	--------------------------	---------	--------------------------

To provide an update of, and seek approval for, the planning arrangements being put in place to ensure services are prepared for the coming winter months – with particular recognition of planning alongside the potential impacts of Covid 19, influenza, cost of living issues and other concurrent risks. Additionally, this is set against a background of an unprecedented pre-existing system wide pressures as a result of the ongoing challenge of recovering from and working with the ongoing impact of the Covid pandemic.

2. ROUTE TO THE BOARD

The report attached has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	-------------------------------------	----------	--------------------------	----------	--------------------------

Prepared following discussion and agreement within the winter planning group as well as the NHS Corporate Management Team and the Senior Management Teams of North and South H&SCPs. It will also be shared with the North and South Lanarkshire IJBs.

It should be noted that at time of writing, further guidance is still anticipated from Scottish Government on the planning and self-assessment for preparedness for winter following a national event on 19 October 2022.

Similarly, discussion is still ongoing at national and local level on available funding so manage the impact of Covid and ongoing pressures associated with both unscheduled and planned care.

There are also ongoing meetings with Scottish Government officials in relation to current pressures as well as preparing for winter planning.

3. SUMMARY OF KEY ISSUES

Planning for Winter 2022/213 commenced in July 2022 and, as in previous years, is a multi-agency approach across NHS Lanarkshire, the two H&SCPs/IJBs, North and South Lanarkshire Councils together with the respective supports, e.g. SAS, NHS 24 etc. Whilst the Plan is in a relatively completed state, the level of unpredictability in the NHS and care sectors as well as in the wider public system is such that this should be seen as a dynamic plan and highly likely to be subject to

change over the coming months. This has also been recognised from a Local Resilience Planning perspective and a specific piece of work is being undertaken by Martin Gordon, Head of Response, Resilience and Preparedness, to take account of the increasingly likely eventuality of a number of concurrent risks which may well align to create increased system pressure. These risks include, inter alia, further waves of Covid; increased prevalence of flu and other respiratory infections - both in relation to infectivity and impact; uptake and efficacy of vaccination programmes; workforce shortages in all sectors and grades across the health and care sector; potential industrial action; public health impact of cost of living crisis/fuel costs and subsequent demand on health and care services; increasing numbers of displaced Ukrainians/Asylum Seekers; inclement weather and available finances.

There is a range of specific work streams which have subsequently been established to take forward the respective work areas as below.

a) National Guidance/Correspondence

On 4 October 2022, guidance was issued by the Cabinet Secretary re expectations on those areas that winter plans would be expected to cover. The respective guidance is contained at Appendix 1 and Appendix 2.

It will be noted from much of the content of this report that many of the areas identified already feature as part of the winter planning process and are being reviewed/refined to ensure that they are as up to date as can be and resourced appropriately – staffing allowing. There was a further communication to Chief Executives/Chief Officers on 12 October – Appendix 3, again setting out a range of measures, many of which are already in play and feature as part of the winter plan.

On 17 October, further guidance complete with checklist was received from John Burns, Chief Operating Officer for NHS Scotland which is attached at Appendix 4. Appendix 5 is the checklist completed given the current position from an NHS Lanarkshire perspective. As identified above, this is a very dynamic position and the respective scoring will alter depending on developments throughout the period.

It will be noted that there are various references to funding throughout these documents and work is ongoing between the NHSL Director of Finance, the two Chief Financial Officers of the IJBs and Council Finance Directors to be clear re the monies which have already been committed to meet ongoing service pressures/respond to previous Government instruction and that which may be available to support any new proposals. Details of this are provided at paragraph 7 below.

b) Covid and Flu Vaccine Programme – Public

It has been estimated that approximately 300k people will be eligible for a covid vaccine and 380k for a flu vaccine as part of the Autumn/Winter Vaccination Programme for 2022. Work is well underway in pursuit of achieving an 80% uptake by December 2022 thereby maximising protection to the community and, in turn, to health and care services by reducing the risk of increased covid and flu related hospital admissions or other deterioration in health such that additional support is required. The programme is well underway with significant progress already made in the care home sector, >75s and now looking to move to the cohorts linked with those with illness that results in Immuno Suppression. Regular updates on the progress of the programme are shared with the Primary Care and Population Health Committee.

c) Covid and Flu Vaccine Programme – Health and Social Care Staff

Uptake by NHS and social care staff from both Council and independent and voluntary sectors in Lanarkshire thus far has been lower than predicted. This is consistent with the pattern being seen across the rest of the country and is thought to link to ‘vaccine fatigue’, difficulty in leaving the workplace and a perception that Covid is not now as dangerous as it once was. Action is being taken to try and increase uptake accordingly.

d) GP and Pharmacy Opening

As in previous years, a LES to support GPs opening on the fourth day of the weekend/public holidays, i.e. on 27 December and 3 January as well as the Saturdays through January will be offered this year. There will also be an extended public holiday pharmacy service available to ensure that people can both access prescriptions as well as being available for re-direction from NHS24/OOH/A&E and the Flow Navigation Centre where possible.

e) Local Unscheduled Care Planning with a view to mitigating impact of winter

Following discussion at CMT, there has been a number of sessions undertaken to identify those areas relating to unscheduled care where there may be scope to introduce early change such that there can be a beneficial impact on whole system capacity during the winter period. As well as a refocus on the ‘Six Essential Actions – 6EA’ there are a further six main areas which have been identified and work is ongoing in detailing the respective actions associated with these that might be achievable to support increased flow.

The areas identified are all consistent with the guidance described in (a) above and some feature specifically as areas highlighted below, namely

- Review of the current model and expansion of Hospital @ Home (H@H) service
- Development of Frailty pathways to support admission avoidance and early discharge which will inform a Frailty model for NHS L
- Development of a community based Urgent Care Service
- Development of Minors Service Hub
- Expansion of the scope of the Flow Navigation Centre (FNC)
- Development of Discharge Ward Model / Commissioned Beds

Both Chief Officers of the H&SCPs are also closely involved in the Unscheduled Care work stream. This is in recognition of the fact that around 94% of patients are discharged from hospital without delay and, accordingly, it is very important to whole system flow that services are delivered as efficiently as possible as well as designing the delivery of more services in a community context.

At the national Unscheduled Care Planning for Winter event on 19 October, 2022 it was agreed that the delivery of discharge planning by acute hospital staff was vital. In that light, the undernoted areas were highlighted as requiring to be implemented as part of the planning for winter.

- Ward Discharge Lead
- Multi Agency Team (convened and roles clear) am/pm (attendance checklist)
- White Board with PDD (every patient) (White Board Guidance)
- Discharge Plan Discussed with Patient Family (information given)
- Discharge/PDD Checklist Completed Daily (review tasks and amend through improvement)

- Establish base line data

Work is ongoing in embedding this across all hospital settings.

- f) Maximising Planned Date of Discharge, Discharge Without Delay and Home First**
 Lanarkshire has been identified as one of the four pathfinder sites for the ‘Discharge Without Delay’ programme. Additionally, the Home First model which has operated around UHH this financial year has been short listed for the forthcoming annual health awards. Similarly, work being undertaken by the Home Assessment Team in North Lanarkshire has also made significant improvements in the number of people able to be supported out the hospital with no/little delay.

Work is progressing to work with hospital ward staff/medics to try and maximise the use of ‘Planned Date of Discharge’ such that these examples can be moved much more into mainstream working and achieve maximum system wide benefit. It has to be noted however that staffing in the care sector – both in relation to care at home and care homes (statutory and independent sector) – is very challenging with significant competition from other employers such that despite major advertising campaigns, attracting and retaining care staff is very difficult. This is a key area of action for both H&SCPs and is being supported by both Councils.

- g) Maximisation of Flow Navigation Centre (FNC)**

As part of the planning for winter, it is intended to enhance the Flow Navigation Centre to maximise the number of people who can be diverted from A&E and managed in a different way. This will also include the use of ‘Consultant Connect’.

Together, these allow GPs to have the opportunity to discuss cases with an appropriate secondary care clinician with a view to ensuring as many patients as possible are managed in a ‘planned’ way.

- h) Staffing and Supporting Flow**

All departments are planning to ensure sufficient staffing to respond to the potential needs over the period. In addition to this, additional staff will be sought to cover a number of areas where it is recognised that maximising flow will be essential to maintaining safe systems off care.

- i) Surge/Bed Capacity**

Scope for additional surge capacity is limited, both in terms of staffing and accommodation, recognising other capital works ongoing on the UHM site which means the ward traditionally used for surge is not currently available. This position will however be kept under constant review such that if sufficient staffing is identified, then the respective beds can be mobilized and introduced to support overall hospital capacity.

Both H&SCPs will also utilise interim beds in care homes such that additional flow can be created in the absence of immediately available care at home of a care home of choice.

- j) Planned Care**

Work is ongoing in estimating the extent of planned care that will require to be stood down during the peak winter period, all the while seeking to minimise this such that the pace of recovery in meeting revised TTG targets can be maintained. In extremis, there may be a requirement to revisit attainment of the targets depending on the impact of winter on overall system flow.

k) Adverse Weather

A series of actions is open to the Board in managing adverse weather and these have been refined over many years of winter planning. These include effective joint working with both Councils and pre-identified voluntary organisations.

l) Overall Resilience Planning and Risks – e.g. Potential Industrial Action

As highlighted above, there is a likelihood of concurrent risks aligning to have a significant impact on the wider health and care services.

Perhaps key amongst these is the threat of industrial action and the impact both directly and indirectly. As well as potential industrial action by health and council staff, so too there is the indirect impact of industrial action in other sectors, e.g. education, transport and Royal Mail.

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. There will be two 'Winter Breach' events held this year. A regional event on 25 October 2022 and a local Lanarkshire LRP event on 26 October 2022. Learning from both of these events will be taken into account in reviewing the robustness of the planning to date.

It should also be noted that there is a well-developed escalation process in place for all parties to the plan and 'Gold Command' structures can be introduced when required. This allows for services to be stood down in a planned way in the result of service issues which result in not being able to deliver all services.

m) 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. Additional mortuary capacity identified for Covid is still in place and will continue to be available over the winter period.

n) Communications

Work is underway at both local and national levels on the public message in relation to each of the different pathways the public are being asked to follow during this year's winter months. As will be appreciated from the foregoing range of initiatives, there are many areas where the public will be asked to assist in managing the combined impact of winter and Covid and the Board, H&SCPs and Councils are actively involved in seeking to ensure the messages are appropriate, shared widely and understood.

The key themes will be to ask people to plan ahead, know the different options that are available to them to access urgent care and to encourage as many people as possible to access the service which is closest to them and least reliant on hospitals and GPs.

Communication staff from both Councils are also assisting in the advertising campaigns to maximise care staffing.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Mitigating against the pressures associated with additional demand and activity in winter is key to maintaining year round performance against all the respective strategic goals of both the Health Board and H&SCPs. In this particular year, it will also be essential to the wider sustainability of NHSL and its partners in managing the impact of Covid 19 and anticipated incidence of flu.

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Maintaining effective services at a time of high need.

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Monitoring of performance against the plan and its impact on the range of performance targets and wider Covid 19 information will be undertaken throughout the peak winter period.

7. FINANCIAL IMPLICATIONS

As described above, there has been a range of funding sources which have been identified and suggested as being able to support planning for winter. Many of these have already been utilised in undertaking work to meet Scottish Government directions, for example increasing the hourly rate of care staff. Accordingly, work is ongoing to identify those monies which may be available to support additional costs over the winter period.

Some of these costs are also associated with additional covid funding, e.g. cost of the vaccination service and again work is ongoing in agreeing the extent of funding which is available and scope to be used towards the respective actions requested. All of this is against a requirement to stay within year end brokerage limits.

Costs associated with each of the attendant parts of the plan are being finalised and work will continue during the coming weeks to confirm which funding is available and the extent to which the various parts of the plan can be met.

Further updates will be shared with the Board as the respective costs and budgets are confirmed.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Availability of staffing over the peak winter period has been identified as the major risk. This is obviously heightened by the fact that there is the scope for a series of major issues all to coincide concurrently.

Depending on further advice from Scottish Government as well as local 'command' arrangements, it may be necessary to re-prioritise some services, standing down some services which have recently started to recover such that other services can be provided.

There is also work ongoing in predicting the scale and potential impact of Covid and Flu on hospital admissions and associated care services. This will form part of the regular review of the plans and prioritisation of resources.

The respective areas are all included in the overall risk register and reviewed regularly.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes.

No

11. CONSULTATION AND ENGAGEMENT

A range of partners have been involved in the development of the arrangements.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

- a) note the planning arrangements which have been put in place to ensure services are prepared for the coming winter months and the associated costs associated with same; and
- b) note that work is ongoing with Scottish Government to confirm the financial arrangements.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

Soumen Sengupta, Chief Officer, South Lanarkshire Health & Social Care Partnership
Telephone: 01698 453700

Craig Cunningham, Head of Commissioning and Performance, South Lanarkshire H&SCP.
Telephone: 01698 453704

Draft - Work in Progress