

**14<sup>th</sup> October 2021, 14.00**

## **Midlothian Health & Social Care Partnership Winter Plan 2021/22**

**Item number: 5.7**

### **Executive summary**

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The purpose of this report is to update the Integration Joint Board on Midlothian Health & Social Care Partnership's (HSCP) winter planning. Health and Social Care Services come under increased pressure over the winter months due to a greater incidence of ill-health and the impact of adverse weather conditions. Services will also be grappling with the ongoing COVID-19 pandemic this winter in addition to the usual increased pressures.

This report outlines the work being undertaken locally to prepare for winter pressures. The overarching Winter Plan is joined up to cover a wide range of areas – reducing delayed discharges, preventing admissions, increasing service capacity, gritting priority areas, implementing the flu and Covid booster programme, and resilience planning for severe weather, ongoing COVID-19 measures, and staff absences. There is also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public.

A Winter Executive Management Group has been mobilised to meet weekly, in tandem with an operational manager group. Performance management is a key part of this process, with the use of a winter dashboard to track key performance indicators and progress against winter plans.

#### **Board members are asked to:**

1. Note this Winter 2021/22 report
  2. Approve the approach to winter planning
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# Midlothian Integration Joint Board

## Midlothian Health & Social Care Partnership Winter Plan 2021/22

### 1 Purpose

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- 1.1 The purpose of this report is to provide Midlothian Health & Social Care Partnership's Winter Plan 2021/22 and outline plans in coping with increased pressure through effective forward planning and the provision of additional capacity in key services.

### 2 Recommendations

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- 2.1 As a result of this report what are Members being asked to:-
- Take assurance that Winter Plan is in place
  - Approve the approach to winter planning

### 3 Background and main report

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- 3.1 Every year, NHS Boards are required to write plans to ensure resilience over winter in response to the well-documented additional pressures experienced in hospitals and community-based services during the winter due to increased ill-health and the impacts of adverse weather. This year, there is additional pressure from the ongoing COVID-19 pandemic on top of the usual winter pressures.
- 3.2 Although the winter period is specifically January-March, the Health & Social Care Partnership looks at winter as the 6-month period from October-March to account for planning, recruitment, and increased pressures before January.
- 3.3 In addition to the Partnership's contribution to NHS Lothian's Winter Plan, Midlothian Health & Social Care Partnership is creating a local Winter Plan for 2021/22 that covers a wide range of focus areas. This includes the following key areas:
- Resilience – We will ensure our services are prepared for increased winter pressures, both in increased demand and reduced capacity due to staff absences, severe weather, etc.
  - Patient Flow – We will maximise patient flow by increasing capacity in and streamlining intermediate care services, to reduce delayed discharges and hospital length of stay, and provide care as close to home as possible.

- Infection Control – We will ensure services are delivered safely and encourage maximum vaccination uptake in staff and patients.
- Impact & Inequalities – We will recognise and mitigate the negative impacts of winter and ongoing Covid on more vulnerable groups
- Communications – We will put a robust communications plan in place for both the public and staff so important and urgent messaging is shared with the right people at the right time.
- Workforce Mental Health & Wellbeing – We will support the mental health and wellbeing of our workforce.
- Monitoring and Escalation – We will put robust monitoring and escalation systems in place to review progress against the winter plans.

3.4 To support these key priorities, Midlothian HSCP is undertaking several winter initiatives which are outlined in more detail in the full plan but summarised below:

- NHS Lothian winter funding was prioritised for the Community Respiratory Team to increase capacity to prevent admissions and facilitate earlier discharges for patients with respiratory conditions (excluding asthma)
- The Integration Joint Board and NHS Lothian Gold Command were supportive of funding an additional 20 Healthcare Support Workers to increase carer capacity in the Home First teams to reduce delayed discharges and length of stay in hospital for patients, providing more care to patients at home.
- Additional funding is available from the British Red Cross for a Local Area Coordinator who would work with the Home First team, and the Frailty Local Area Coordinator, to provide support for patients upon discharge from hospital to free up carer capacity and also provide crisis prevention in the form of aids and adaptations, falls alarm, transport, regular check-ins, and reducing social isolation.
- The HSCP is re-assigning internal resources by seconding an Occupational Therapist to work alongside the Frailty GP to undertake an intensive review of patients with moderate and severe frailty attending A&E, in order to reduce A&E attendances, and hospital admissions and readmissions.
- The HSCP is undertaking a review of the top five potentially preventable admissions to the Royal Infirmary of Edinburgh, working with clinical and operational staff to put plans in place to reduce these admissions where clinically appropriate and offer local alternatives to care.
- In addition to the above, all services have submitted winter resilience and capacity maximisation plans.

3.5 The Winter Plan in its entirety is attached in Appendix I. This includes:

- High level action log
- Proposed winter initiatives and service-level plans

- Winter EMT membership
  - Key performance indicators
  - Winter Readiness Self-Assessment submitted to NHS Lothian
- 3.6 The Winter Executive Management Group will meet weekly to track progress against the winter plans and performance against key indicators. This can be stepped up in frequency as required throughout the winter period and additional check-ins and/or rapid rundowns established as needed.
- 3.7 Performance management and data will be a key part of these meetings. Agreed key performance indicators will be shared and monitored to pre-empt issues and track progress against plans. It is expected that winter plans will impact Midlothian's hospital activity and therefore these KPIs are focused on patient flow. A winter dashboard is being developed to provide timely metrics against agreed targets.

## **4 Policy Implications**

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- 4.1 Winter planning takes account of national guidance on safely reintroducing services and preparing for winter. It also closely links with Midlothian Council and NHS Lothian planning to ensure a joined up and consistent approach is taken.

## **5 Directions**

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- 5.1 This plan will support the work of a number of the Directions, including Directions related to Inpatients and Accident & Emergency, Older People, Midlothian Community Hospital, Community Health Services, Care at Home, Unpaid Carers and Public Health.

## **6 Equalities Implications**

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- 6.1 Although there are no direct implications for equality groups arising from this report, some people may have been particularly affected indirectly by the pandemic and will be affected by winter.
- 6.2 Work will continue through the Care for People group to support people in the Midlothian community throughout the winter period. A focused short life working group has also been mobilised to address isolation and loneliness for older people during the winter period.
- 6.3 Integrated Impact Assessments will be carried out where necessary for any service changes.

## **7 Resource Implications**

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- 7.1 The winter funding process changed for the 21/22 financial year. In previous years bids were submitted to the unscheduled care group for consideration, however the new process was to allocate funding to areas, on a recurring basis, based on previous successful bids. The result of this was that Midlothian were allocated

£74,000 to prioritise winter plans locally. This resource was prioritised for the Community Respiratory Team to increase capacity to prevent admissions and facilitate earlier discharges for patients with respiratory conditions (excluding asthma).

- 7.2 Further support was sought from the Integration Joint Board, with support from NHS Lothian Gold Command, to fund an additional 20 Healthcare Support Workers with appropriate administrative support. The cost of this proposal was £756,000 per annum (these costs will be spread over two financial years). The rationale of the investment was to increase carer capacity in the Home First teams to reduce delayed discharges and length of stay in hospital for patients.
- 7.3 Additional funding of £40,000 from British Red Cross was agreed to fund a Local Area Coordinator to work alongside the Discharge to Assess team, to provide support for patients upon discharge from hospital.
- 7.4 Additional winter initiatives are funded from existing HSCP resources. Key winter initiatives are the intensive review of people with moderate and severe frailty attending A&E (this will be undertaken by the frailty GP and an OT seconded through reassignment of internal resources to support this test of change) and reviewing the top 5 Potentially Preventable Admissions.
- 7.5 There is work ongoing at a corporate level within NHS Lothian to identify appropriate funding streams for the vaccination programme. It is anticipated that the additional costs driven by the enhanced flu programme will be funded from the Covid allocation and the core base vaccination programme will need to be funded by the HSCP, as it has been in previous years.

## 8 Risk

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- 8.1 There is a potential risk of another wave of COVID-19 happening concurrently with flu and other increased winter pressures.
- 8.2 The risk of not preparing as well as possible for winter is that the hospital system is unable to cope with the volume of attendances and unplanned admissions. It is important that resilience plans are in place for local services and staff to continue to function at full capacity. This includes maximising flu vaccinations, preparing for adverse weather, anticipating local lockdowns, and ensuring contingency plans are in place for staffing shortages that occur despite forward planning.
- 8.3 Midlothian Health & Social Care Partnership must ensure that it is able to protect staff and service users from COVID-19 as far as is possible. However, it must also ensure that it is able to return to providing the full range of services to address the broader health and care needs of the population. Crucially, this must include the resumption of prevention and early intervention activities.

## 9 Involving people

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- 9.1 Planning has taken place across services with a range of key Health & Social Care Partnership managers. Staff-side representatives will be involved throughout the winter planning process. It is key that the Winter Plan continues to be monitored and adapted with input from key stakeholders to ensure it encompasses many perspectives and takes a joined-up approach.

## 10 Background Papers

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10.1 nil

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<b>DATE</b>	30/09/2021

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### Appendices:

Appendix I: Midlothian Health & Social Care Partnership Winter Plan 2020/21