

INTEGRATED WINTER PLAN 2016/17

Aim

- 1.1 To present the Integrated Winter Plan 2016/17 to the Integrated Joint Board.

Background

- 2.1 Health and Social Care Services are required on an annual basis to produce a Winter Plan which outlines potential risks and contingency planning relevant to the winter season, with a particular focus on the festive period.
- 2.2 The Scottish Government has issued detailed guidance to the NHS, Local Authorities and Integrated Joint Boards on what should be included in their winter plans. The Health Board has responsibility to submit final plans by 31st October.
- 2.3 This year, the expectation is that the Winter Plan is developed as an integrated plan across health and social care services and that approval is through local governance structures that ensure sign-off from all parties.
- 2.3 The Winter Plan is an overarching plan which includes other relevant plans, which may be required over the winter period, for example severe weather plans, pandemic influenza plans and infection control policies and protocol, and encompasses service development work on integration, improving delayed discharges, 6 Essential Actions for Unscheduled Care and Transforming Urgent Care. The plan spans all health services, including mental health, primary and community services and child health, as well as hospital and social care services.
- 2.4 The overall aim of the planning process is to ensure that the Health Board and Local Authority prepares for winter pressures so as to be able to respond and deliver effectively to continue to deliver high quality care, as well as national and local standards.

Summary

- 3.1 This year's draft winter plan has been developed following detailed analysis of the activity and demand data for the last 3 years. This analysis indicates that the most challenging period is between December and March. There is very little variation in numbers presenting with minor injuries and illnesses and in overall admissions to the BGH or community hospitals. The length of time that patients were delayed in their discharge from hospital was a significant pressure in the last 2 years. The greatest areas of activity increase are in the management of older people with acute illnesses.
- 3.2 As in previous years, the Winter Plan has been developed around existing actions that are known to have been effective and planned activities that can realistically be expected to deliver changes before the commencement of the winter period.
- 3.3 In 2015/16, service planning was generally effective in managing increases in demand over the winter period. There were a number of areas where arrangements

were highly effective, including the planning around management of activity within the primary care out-of-hours service and the Emergency Department.

- 3.4 There were a number of areas where the measures within the winter plan were not delivered as intended. The rate of morning and weekend discharges did not improve; community hospital length of stay did not reduce, and delayed discharge occupied beddays increased compared to the previous year. Focused action to address these areas in time for this winter are in progress.
- 3.5 The main areas of development within this year's Winter Plan, compared to previous years are in
 - 3.5.1 Additional work to reduce admissions to hospital through the more effective use of anticipatory care planning
 - 3.5.2 The remodelling of the medical and surgical inpatient areas in the BGH in order to reduce delays in patients moving to the appropriate ward environment and to create a dedicated elective admission area for people receiving planned surgical procedures. These actions are expected to reduce length of stay within the BGH and avoid cancellations of procedures due to demand for unscheduled inpatient capacity
 - 3.5.3 The development of services to enable patients to be discharged from hospital when clinically fit, and to ensure people are supported to return to their home environment. These include the establishment of a transitional care facility to allow people to receive ongoing reablement, assessment and care outwith the acute hospital prior to returning home; and a matching unit for homecare to ensure rapid and more effective allocation of homecare hours
 - 3.5.4 An increased focus on the individual management of patients who are delayed or who have been in hospital for prolonged periods.
- 3.6 Based on this work, it is anticipated that there will be a requirement for a reduced number of surge beds to support increased demand over the winter period. It is proposed to maintain 10 surge beds in 2016/17, all of which will be within the medical unit in the BGH, where the inpatient demand will be most acute. In addition, we plan to keep the 10-bedded Ward 16 open at weekends. This is a reduction from a maximum of 23 planned surge beds last year. There will be contingencies for accessing additional beds.
- 3.7 A more robust and integrated governance structure for the Winter period has been established. A fortnightly Winter Planning Group, comprising relevant services, is responsible for the operational delivery of the plan. An Integrated Winter Planning Board, chaired by the Chief Officer, who has operational responsibility for Mental Health and Community Care, will oversee delivery and effective implementation of the Winter Plan. The plan will be reviewed and signed off by both the Health Board and Scottish Borders Council through appropriate governance processes.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the Winter Plan for information as this will be formally approved by Borders Health Board on 27th October.

Policy/Strategy Implications	Request from the Scottish Government that all Health Boards produce a Whole System Winter Plan signed off by the Health Board.
Consultation	The Winter Plan has been prepared by and in conjunction with stakeholders. The plan has been reviewed by NHS Borders Clinical Executive Operational Group and Strategy and Performance Committee, SBC Corporate Management Team and the Integrated Joint Board
Risk Assessment	Completed. All risks currently managed.
Compliance with requirements on Equality and Diversity	Equality and Diversity Scoping template completed. This indicates that there are no equality and diversity impacts of the Winter Plan. The Winter Plan provides enhanced and additional services to maintain access to and delivery of health services. This benefits all people within Scottish Borders.
Resource/Staffing Implications	Resource and staffing implications are addressed within the Winter Plan.

Approved by

Name	Designation	Name	Designation
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