

Scottish Borders Health and Social Care Partnership Integration Joint Board

19 July 2023

SURGE PLANNING

Report by Chris Myers



1. PURPOSE AND SUMMARY

The purpose of this report is:

- 1.1. To appraise IJB members on deteriorating local unscheduled care performance, and the increased associated risk.
- 1.2. To appraise IJB members on the work being undertaken on current acute hospital unscheduled care pressures, and the work being undertaken through the Urgent and Unscheduled Care Programme Board, and;
- 1.3. To seek the support of the Integration Joint Board to direct NHS Borders and the Scottish Borders Council to commence work imminently to develop a winter / surge plan, and to implement new policies to assist with the situation.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
 - a) Note the position relating to acute hospital unscheduled care pressure outlined within the report
 - b) Note the position relating to the Urgent and Unscheduled Care Programme Board
 - c) Recommend that the Integration Joint Board issues a direction to NHS Borders and the Scottish Borders Council to commence the Surge / Winter planning process, and to develop and implement the following policies: single assessment and home to assess; and to work towards strengthened engagement with the third sector, and communications which promote community supports.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our efficiency and effectiveness	Reducing poverty and inequalities
X	X	X		X	

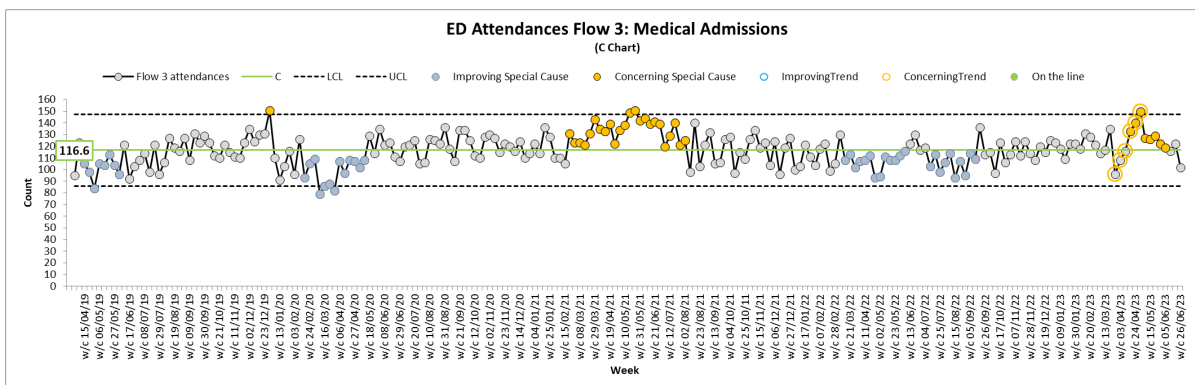
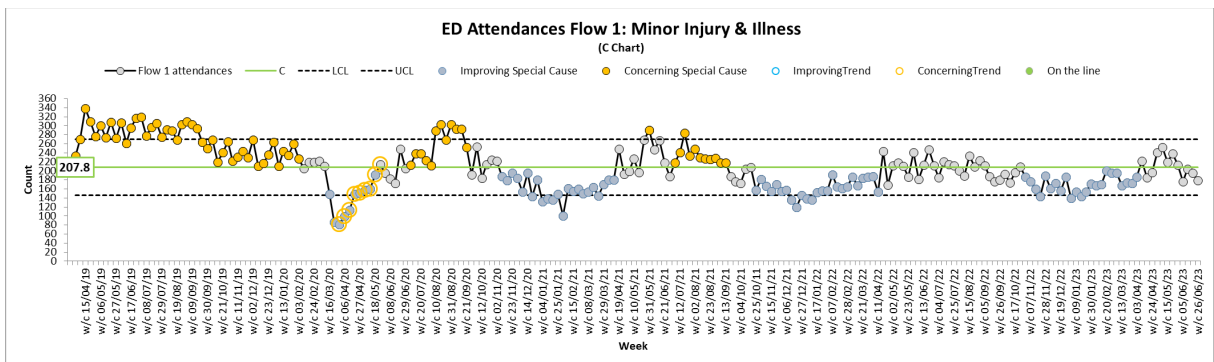
Alignment to our ways of working					
People at the heart of everything we do, and inclusive co-productive and fair	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Openness, honesty and responsibility
X	X	X	X	X	X

4. INTEGRATION JOINT BOARD DIRECTION

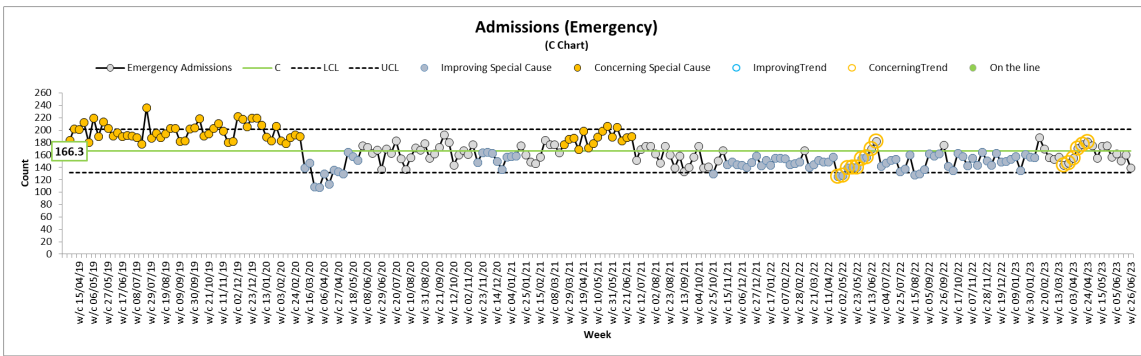
4.1. A Direction is required (enclosed in Appendix 1) to both NHS Borders and the Scottish Borders Council

5. BACKGROUND

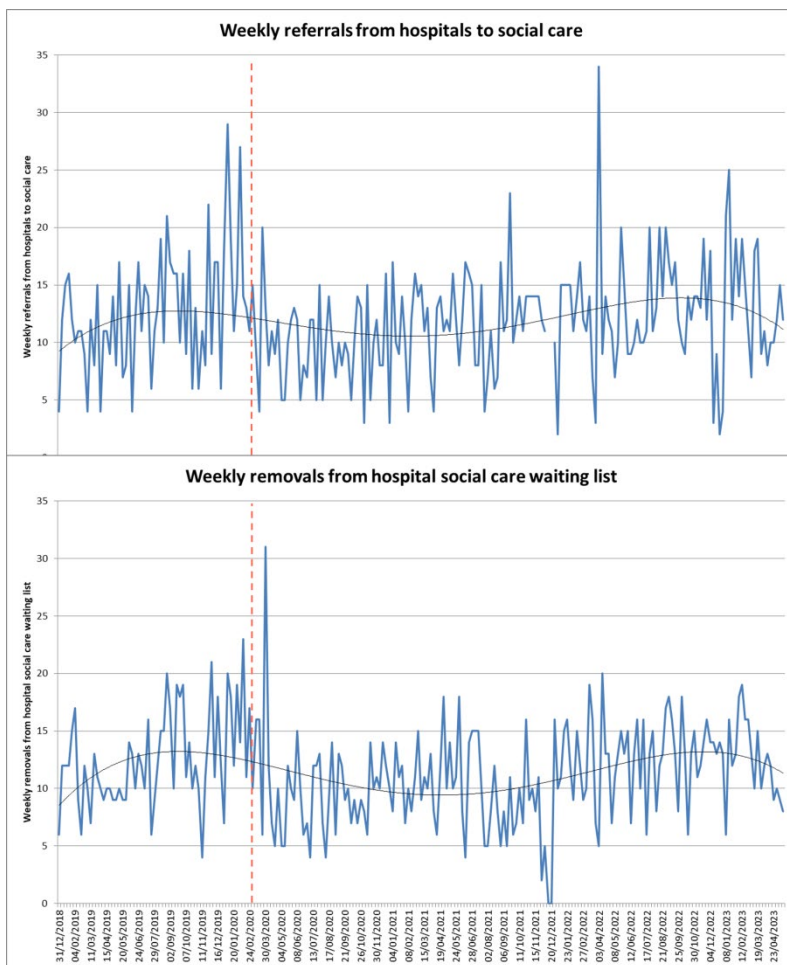
- 5.1. Over Winter each year, experience nationally shows an increase in length of stay associated to unscheduled care admissions to hospital. This is due to more admissions of people with respiratory diseases such as asthma and seasonal illnesses including flu, norovirus and covid, and the increased need of these individuals.
- 5.2. In line with areas across the UK, patients in the Scottish Borders accessing emergency care over Winter 2022/23 often faced long waits for care, as the HSCP and acute hospital worked to operate within challenging conditions.
- 5.3. Unfortunately the pressures over Winter now appear to be common throughout the year, with both an increased length of stay in hospital, increased demand for care, and increased numbers of people waiting for care (delayed discharges).
- 5.4. As noted in IJB performance reports, Emergency Department attendances are now broadly in line with pre-pandemic levels. However there has been a reduction in minor injury / illnesses attendances (flow 1), and an increase in acute medical attendances (flow 3). This represents an increased level of need for people who are admitted to hospital.



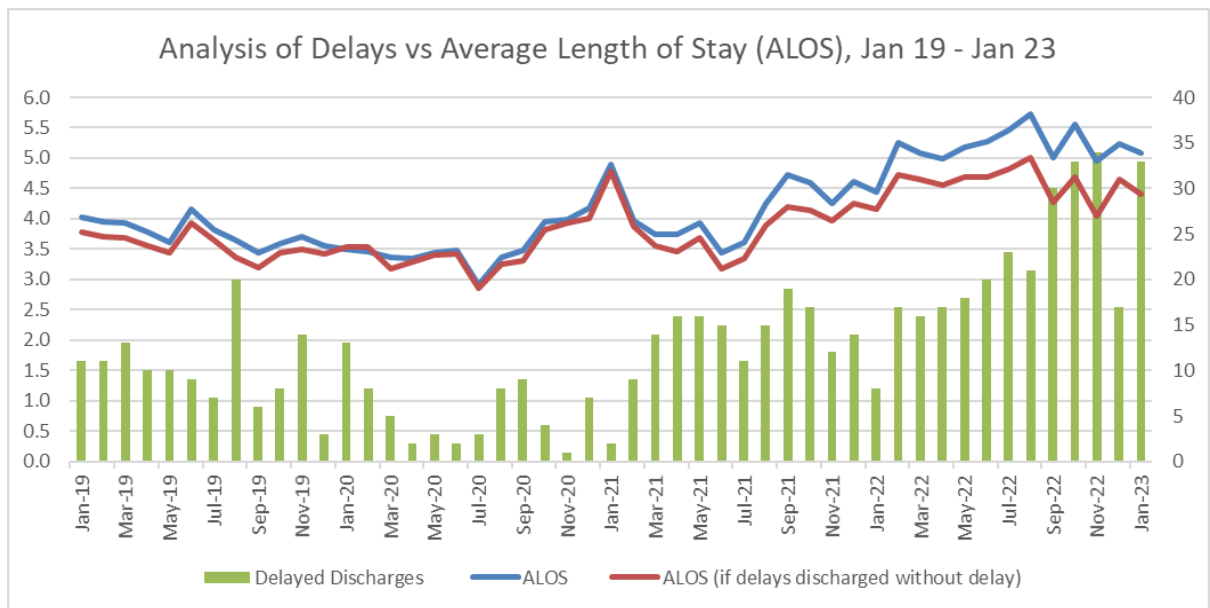
- 5.5. Despite an increase in attendances to pre-pandemic levels, emergency admissions are lower than pre-pandemic levels.



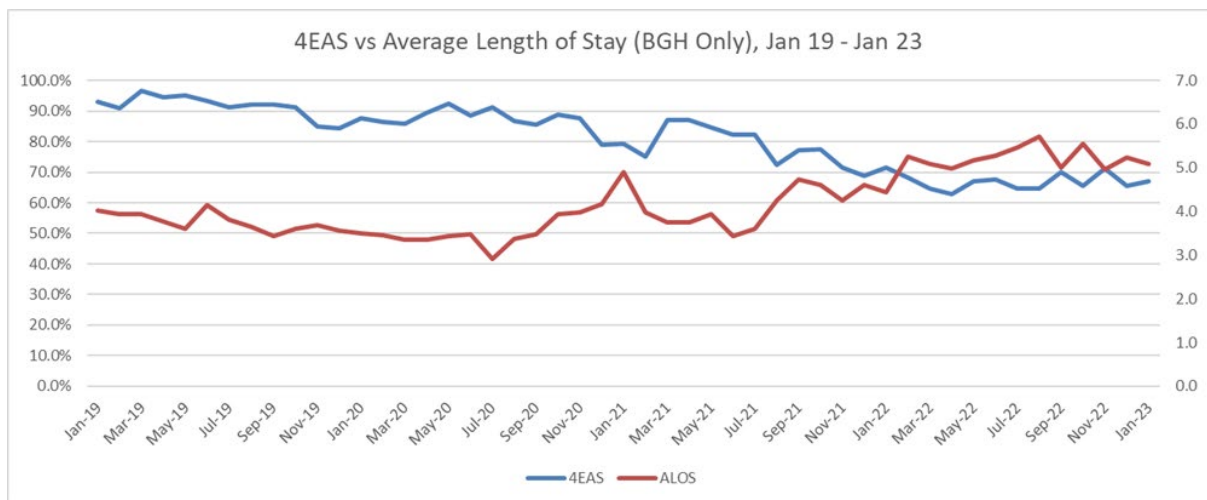
5.6. Those admitted to hospital tend to have a higher length of stay associated to treatment, and a corresponding increase in length of stay should they also be waiting for social care provision. Increased demand for social care has been met with increased removals from the social care waiting list, but removals have not kept up with increased demand, and have led to an increase in delayed discharges.



5.7. The figure below shows Occupied Bed Days (OBDs) for all patients who are in the Borders General Hospital and shows a corresponding increase in OBDs for both patients receiving treatment and delayed since pre-pandemic.



5.8. The Four-Hour Emergency Access Standard is an important safety indicator for the acute hospital, and an important indicator for the effectiveness of the wider system. Performance against the 4 hour Emergency Access Standard has reduced, which correlates inversely aligns to the increase in hospital occupancy.



5.9. Work is underway locally to reduce both length of stay and delayed discharges, both from a process and from a capacity perspective, with the additionality provided by the HSCP budget supporting this with extra social care capacity.

5.10. It is essential that the HSCP works to consider surge planning as part of its Business Continuity Planning to support forward planning based on identifying risks including potential surges in occupancy / demand throughout the year.

6. NATIONAL EXPECTATIONS

6.1. The Scottish Government have informed IJBs and NHS Boards that it is their expectation to deliver enhanced winter-readiness through surge planning and continuous improvement across services to ensure delivery of safe, high-quality and integrated care to people during periods of high demand.

6.2. It can be broadly expected that winter / surge plans achieve the following:

Increase	Decrease	Sustain
Capacity out with the acute hospital setting	Ambulatory turnaround time at A&E	Planned care through winter
Coordination of public communications	Crowding and waits at A&E	Services across Scotland through periods of surge
Care advice earlier, improve pathway flow	Delayed discharge	

7. LOCAL CONSIDERATIONS

7.1. In line with the expectations of the Scottish Government, the Scottish Borders Health and Social Care Critical Functions Framework outlines that the HSCP needs to:

- Protect individuals and areas at highest risk
- Prioritise measures to reduce risks and harm to individuals / hospital demand where possible
- Proactively identify actions to manage risk within our resource constraints

7.2. Within our local context, there are some key considerations that need to be considered:

Workforce

- Any bed-based model in a health setting will be a challenge to staff unless we quickly understand what we need from a non-registered perspective
- Based on workforce trajectories in the Borders, Registered General Nursing will see an increase in vacancies from October onwards, so further registered requirements for surge beds will only be achievable by reducing elective capacity and non-ward based registrants will not be achievable

Bed based options

- There is insufficient capacity for further surge wards across the NHS estate as these are all open

Finance

- Whilst not the primary constraint, it is important to note that financial resource is limited, and that the set aside unscheduled care budget is currently significantly overspent.

7.3. Work is required by the Health and Social Care Partnership to close surge capacity in advance of Winter, to allow for the potential to flex into this capacity over the Winter period.

- 7.4. The Winter plan will need to consider how we optimise pathways, get better value out of existing invested resource, reduce admissions and length of stay, increase community capacity, reduce acute hospital risk and provide better value.

8. URGENT AND UNSCHEDULED CARE PROGRAMME BOARD

- 8.1. There is extensive work being undertaken in the HSCP Urgent and Unscheduled Care Programme Board to improve processes and pathways for urgent and unscheduled care, and to build capacity in the right parts of our system. The workstreams are listed below:
- Pathways and community integration
 - Integrated Locality approach
 - Hospital at Home
 - Respiratory Virtual Ward
 - Acute hospital pathways
 - Borders Emergency Care Service options appraisal (Out of Hours General Practice)
 - Front door model – GP Expect pathways
 - Grip and control over bed capacity
 - Discharge and assessment redesign (aligned to Older People’s Pathways and Discharge Without Delay)
 - Integrated reablement service
 - Discharge process kaizen
 - Discharge without Delay / Delayed Discharge process
- 8.2. To bolster this and build winter resilience, the HSCP Joint Executive held an away day session in May 2023 and agreed that there should be further focus in the following areas, which will be added to the Urgent and Unscheduled Care Programme Board:
- Single assessment – to move to a policy where relevant health and social care professionals are able to undertake a social work assessment that is accepted and not then repeated
 - Home to assess – to move to a policy of discharging people home or to a homely setting to allow them to recover and support their re-enablement prior to assessing their needs
 - Strengthened engagement with the third sector – to ensure that we are maximising the opportunities in close working with the third sector relating to urgent and unscheduled care
 - Communications – promoting community supports (including but not exclusively local primary care services (Right Care, Right Time, Right Place), social prescribing, Self Care, What Matters Hubs, Self Directed Support, Carers Supports)
- 8.3. It is expected that winter preparedness is delivered through a winter / surge plan which sets out:
- An approach that is whole system
 - Inclusion of early intervention and prevention along with managing surge
 - Demand modelling and reporting
 - Capacity Management including surge response across delegated and set aside services
 - Delivering better value with available resources across the unscheduled care budget portfolio
 - Preparedness checklist for local systems

- Assurance framework
- Urgent and unscheduled care service improvements
- Implementation of lessons learned from 22/23

9. IMPACTS

Community Health and Wellbeing Outcomes

9.1. The surge plan will reduce admissions to hospital, length of stay and deconditioning in hospital settings, and promote independence for those people who need care out with the hospital setting. In turn, it is also expected that this will reduce the need and demand for social care from the hospital system.

9.2. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	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 well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

9.3. There are no costs envisaged attached to any of the recommendations contained in this report, however there is a chance that investment may be required.

9.4. It is expected that in the first instance the Health and Social Care Partnership work to deliver better value from the existing resource that has been invested, including if there is potential for better value to be delivered through redeployment of existing resource.

Equality, Human Rights and Fairer Scotland Duty

- 9.5. In line with the process below, it is expected that an IIA stage 1 will be undertaken to assess proportionality and relevance for Winter / Surge planning, and then if required, that stages 2 and 3 are undertaken.
- Stage 1 “Proportionality and relevance” is always required from when a piece of work commences.
 - Stage 2 “Gathering Views” evidences what data and consultation has taken place
 - Stage 3 “Findings and Recommendations” delivers the statement against the legal duties and the recommendations developed in response to what was heard during stage 2.

Legislative considerations

- 9.6. The principles of integration set out in the Public Bodies (Joint Working) (Scotland) Act 2014 included ensuring that available facilities, people and other resources are used most effectively and efficiently, in a way that anticipates the needs (and prevents them arising) of a population with increased level of need.
- 9.7. Integration Authorities are responsible for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as the “Set Aside” budget.
- 9.8. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.
- 9.9. Legislation permits that where a planned change is delivered resource will be able to be transferred between the Delegated Budget and the Set Aside budget for directed hospital services, via a Direction from the Integration Authority to the delivery partners. In the case of an increase in consumption, the Integration Authority will need to consider how to fund the additional capacity through the Strategic Plan. Similarly, where resource is released, the Integration Authority will be able to consider how to use this resource through the Strategic Plan.
- 9.10. This IJB has in previous years been considered by Audit Scotland as not being compliant with the Set Aside guidance. This paper is considered to meet these requirements.

Climate Change and Sustainability

- 9.11. There are no known climate change or sustainability impacts.

Risk and Mitigations

- 9.12. Unscheduled care surge pressures impact on IJB Strategic Risk 002: “If we fail to ensure the effective delivery of outcomes/delegated services within the available budgets then it could lead to poorer outcomes and an inability to deliver the Strategic Commissioning Plan / Strategic Framework.” Early and robust planning is expected to reduce this risk.

10. CONSULTATION

Communities consulted

10.1. The following groups have been consulted:

- IJB Strategic Planning Group – if supported by the Strategic Planning Group

Integration Joint Board / Health and Social Care Partnership Officers consulted

10.2. The IJB Board Secretary, the IJB Chief Financial Officer, the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.

10.3. In addition, consultation has occurred with our statutory operational partners at the:

- HSCP Joint Executive

Approved by:

Chris Myers, Chief Officer

Author(s)

Chris Myers, Chief Officer

Hazel Robertson, Chief Finance Officer

Background Papers: Scottish Government. Financial planning for large hospital services and hosted services: guidance. Available from: <https://www.gov.scot/publications/guidance-financial-planning-large-hospital-services-hosted-services/>

Previous Minute Reference: n/a

For more information on this report, contact us at Chris Myers, Chief Officer, via email

DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD

Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

Reference number	SBIJB-190723-2
Direction title	Surge planning
Direction to	Scottish Borders Council and NHS Borders
IJB Approval date	TBC – direction to be considered at IJB on 19 July 2023
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	Unscheduled care delegated and set aside services
Full text of the Direction	<p>To commence the surge planning process for Winter, including pre-emptive closure of surge capacity to support winter surge, and to develop and implement the following policies:</p> <ul style="list-style-type: none">- Single assessment and Home to Assess;- Strengthened engagement with the third sector in unscheduled care, and- Communications which promote community supports <p>It is expected that an Integrated Impact Assessment is developed and acted upon as part of the planning process, and that this is reported from the Urgent and Unscheduled Care Programme Board routinely to the HSCP Joint Executive, and to the IJB by escalation/exception.</p>
Timeframes	<p>To start by: With immediate effect</p> <p>To conclude by: December 2023</p>
Links to relevant SBIJB report(s)	July IJB papers: https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6536&Ver=4
Budget / finances allocated to carry out the detail	<p>It is expected that in the first instance the Health and Social Care Partnership work to deliver better value from the existing resource that has been invested, including if there is potential for better value to be delivered through redeployment of existing resource, including the transfer of resource between the Delegated Budget and the Set Aside budget for directed hospital services.</p> <p>There are no costs envisaged attached to this direction, however it is recognised that there is a chance that investment may be required. Any requirement for major investment will need to be escalated to the IJB for decision.</p>
Outcomes / Performance Measures	<p>It is expected that the proposal will impact positively on all nine National Health and Wellbeing Outcomes.</p> <p>In addition, the surge plan should help reduce admissions to hospital, length of stay and deconditioning in hospital settings, and promote independence for those people who need care out with the hospital setting. In turn, it is also expected that this will reduce the need and demand for social care from the hospital system, and the number of delayed discharges.</p>
Date Direction will be reviewed	Progress to be reported to the Integration Joint Board in November 2023, and by exception / escalation by the HSCP Joint Executive