AGENDA ITEM NO 12

REPORT NO IJB 10/20

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 26 FEBRUARY 2020

WINTER PLANNING 2019-2020

REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

This report is to update IJB members on winter planning in Angus

1. RECOMMENDATION

It is recommended that the Integration Joint Board notes the content of this report.

2. BACKGROUND

The Tayside winter plan was approved by Angus IJB on 30 October 2019 (report no 65/19). The Winter Plan is based on the 2020 Vision for Health & Social Care and describes a health and social care system which is centred on:

- Integrated health and social care services.
- A focus on prevention, anticipation and supported self-management.
- Day case treatment as the norm where hospital treatment is required, and cannot be provided in a community setting.
- Care being provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- Ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Winter Plan focuses on key areas to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population. The National Unscheduled Care Programme Six Essential Actions for Improving Unscheduled Care are:

- Clinically focussed and empowered hospital management
- Patient rather than bed management/operational performance
- Capacity & Flow (emergency and elective) re-alignment
- Medical and surgical processes aligned for optimal care
- Seven day services appropriately targeted to reduce variation in weekend and out of hours working
- Ensuring patients are optimally care for in their own homes or a homely setting.

Much of the above in Tayside has been achieved through whole system working and the development of care and communication

3. CURRENT POSITION

Key areas of activity by Angus HSCP to support the winter plan have included:

- Discharge checklist reviewed. Test of change in North localities and Care Homes underway
- Range of interventions which were applied last winter were applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision)
- A Day of Care Audit in POA was undertaken to capture meaningful information about availability and alternatives to admission, as well as considering barriers and challenges to timely discharge
- Improved focus on Anticipatory Care Planning (ACPs) and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs
- Enhanced Community Support (ECS) continues to work effectively. A sharing and learning event has taken place to review ECS across Angus and provide an opportunity to share good practice and inform future developments
- Additional care management investment has been provided to support Discharge Co-ordinator Team role
- Senior Nurse for Palliative and End of Life Care (PEOLC) has worked alongside staff in community hospitals and care homes to improve care and have developed a PEOLC improvement plan. The plan for PEOLC includes all areas where people are cared for and supported
- Additional capacity has been developed in the Enablement and Response Team and an innovative approach to support care at home, provide preventative enablement and respond to short term care needs continues to grow.
- Personal Care Services are 7 days and we have worked with providers to strengthen co-ordination /matching processes
- We have continued to promote the National Power of Attorney Campaign across Angus.
- A test of change with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells
- The Discharge Team is involved in a Test of Change to develop a Tayside Integrated Discharge Hub
- Proactive review of all non-complex patient delays by Health & Social Care Partnership senior staff
- A pilot has commenced with the introduction of three intermediate care beds in the North East locality. Evaluation underway
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination. Funding has been put in place to support vaccination for staff working with all Angus care providers.
- Delays in timely discharge are monitored daily by Service Leaders.
- AHSCP website to includes information on travel appointments during severe weather and prospective cancellation of clinics, MIIU opening times and arrangements for community pharmacies, dentists etc.
- Funding received from the Scottish Government Technology Enabled Care Programme to undertake a project entitled ‘Check TEC Out’ which enables people to test a range of telecare equipment for up to 4 weeks, before purchasing themselves. Initial test of change successful and additional improvement funding received to test expansion of range ‘on offer’
- AHSCP is participating in the iHub Living and Dying Well with Frailty Collaborative. Working with 21 other HSCPs we aim to improve earlier identification, anticipatory care planning and shared decision-making, and support a multidisciplinary approach so that people living with frailty get the support they need, at the right time and at the right place
- The Integrated Overnight Service in Angus (IONA), where MIIU staff and the out of hours GPs to provide a multi-disciplinary approach to overnight care, offers a more flexible service by seeing patients at home
- Primary Care and the GP OOH service working closely with key partners ie NHS 24, SAS and the acute services to ensure robust planning and working to manage patients successfully in the community

Our continued efforts to support the overall winter plan for Tayside have contributed to the overall success that has been the subject of a congratulatory letter from the Cabinet Secretary for Health and Sport (attached as appendix)

4. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report.

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Appendix: Letter from the Cabinet Secretary for Health and Sport