Edinburgh Integration Joint Board

REPORT

Preparations for Winter 2023/24

Edinburgh Integration Joint Board

16 November 2023

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on preparations that are being made for Winter 2023/24 including plans for enhancing service capacity. In August 2023 NHSS, Scottish Government and COSLA set out the Winter Resilience priorities as seen in section 5 to guide local partnership and systems planning and preparation. Winter planning seeks to address specific operational pressures experienced through winter. In tandem with this, the Partnership will maximise system capacity and flow through their change management programme. The Partnership has completed a Winter Preparedness Self-Assessment as part of the planning process undertaken each year within the Lothian Health and Care system (LHCS). This was approved by NHS Lothian Corporate Management Team (CMT) in September, noting major risks to the system (Appendix 1).

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Note the progress with the planning and preparations for Winter 2023/24. 2. Note the major risks highlighted from the Whole System Winter Self-Assessment and winter planning paper. 3. Note the allocation of winter funding.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been circulated to any governance committees prior to presentation to the EIJB.

Main Report

Background

2. Winter preparedness planning plays a key role in ensuring NHS Health Boards and Health and Social Care Partnerships are ready to meet the additional challenges likely to be faced over the winter months, and this is still being challenged this year by the cost of living impacts and the legacy of the COVID-19 pandemic which is still being felt across the whole system through increasing demand and workforce pressures.

3. EHSCP Winter Planning Group leads on the planning, monitoring, and evaluation of winter resilience initiatives aimed to support the surge in demand during winter. It has multi-agency and pan Lothian-system representation, including acute, community, winter vaccination, unpaid carers, the 3rd sector, resilience/ severe weather and communication leads with monthly meetings scheduled to run throughout the peak winter period.

4. In August 2023 NHSS, Scottish Government and COSLA set out the Winter Resilience priorities (Appendix 2) for 2023-24.

5. Scottish Government requested that each NHS Board complete a winter preparedness self-assessment checklist with Health and Social Care partnerships, and within NHS Lothian, each HSCP, Acute Services and the Primary Care Directorate have contributed to completing the Whole System Winter Checklist. The Lothian Winter Preparedness checklist and winter planning paper was approved by NHS Lothian Corporate

Management Team (CMT) in September, with major risks to the system noted (Appendix 1 and 2).

6. The Edinburgh Health and Social Care Partnership (the Partnership) has also completed two Whole System Discharge Planning Self-Assessments, in June (Q1) and September (Q2). The major risks noted for the Partnership are:

    a. the lack of right sized reablement capacity to support timely discharge (D2A1 pathway).
    b. the cessation of interim beds, with the exception of the allocation within our internal care homes.
    c. lack of emergency social care beds and our current inability to provide a consistent and rapid end of life pathway to enable palliative care to be carried out in a person's home or homely setting.

7. All of these risks are known to the Partnership and included as priorities for the Partnership and included with the Adult Social Work and Social Care improvement plan. The improvement programme will be overseen by the Change Board, chaired by the Chief Officer and meets monthly.

Financial support for winter pressures

8. In August 2023, the Centre for Sustainable Delivery introduced 5 key portfolios as the Urgent and Unscheduled Care improvement programme, which are:
    a. Community Urgent Care
    b. Flow Navigation
    c. Hospital at Home
    d. Front Door Flow
    e. Optimising Flow

9. In order to ensure best use of NHS Lothian Unscheduled Care funding for winter pressures, the approach used by the Partnership involved a submission of proposals from across the system with initiatives scored against a set criteria. This year, to align to the aforementioned Winter Resilience priorities and the 5 key Portfolios for Unscheduled Care, the criteria for winter proposals has been updated to:

    a. Reducing attendances
    b. Preventing unnecessary presentation at Emergency Department

c. Hospital at Home (includes Frailty/ Respiratory/ Home IV)

d. Front Door Flow 0-72h

e. Optimising Patient Flow / Discharge without Delay (DwD)

f. 7 Day working/ Discharge

10. The Partnership winter allocation for 2023/24 is £170,000. Building upon the lessons learned from previous winter evaluations, the Partnership are supporting 8 proposals this winter. Successful proposals are outlined in table 1 and all will be funded for a 4 month period with the exception of the Community Advance Nurse Practitioner to Support Prevention of Admission, which will be for six months.

Table 1

Proposal title	**Outline Aim**
Respiratory-Community Respiratory Team (CRT)	To support people with respiratory conditions beyond COPD with assessment, treatment, and self-management of acute chest infections with a focus on prevention of hospital admissions. Collaboration with secondary care clinicians where appropriate regarding the deteriorating patient.
HaH Weekend Working	To provide a robust Medicine of the Elderly (MoE) oversight over patients admitted to Hospital at Home (HaH) at the weekend. Currently HaH services only accept Emergency Department (ED) supported discharges and patients known to the service in the previous 6 months at the weekend. There is at most 4 admissions per weekend. This proposal aims to fund a weekend MoE consultant rota to test out remote clinical decision-making support to HaH services at the weekend (8am - 8pm) to support increased weekend admissions to Edinburgh, Midlothian and East Lothian HaH services aiming to admit up 20 patients per weekend.
Community ANP to support Prevention of Admission	To support prevention of avoidable admissions and facilitate earlier discharge for the frail elderly by aligning a Community Advanced Nurse Practitioner with Community Geriatricians and the South Edinburgh Hubs over winter.
Improving community care and support with people	To develop and test a framework approach for multi-agency working (GIRFE) across adult health and social care to improve community care outcomes for people who frequently attend at the ED at the Royal Infirmary of Edinburgh (RIE). A cohort of individuals who have

who frequently attend the ED	been recently identified as frequently attending the ED and who may benefit from engaging with the multi-agency approach will be referred to this approach to establish whether early referral can positively impact outcomes for the individual.
Multi-agency approach to improving delirium prognosis and wellbeing outcomes	To develop and test a framework and practice model to improve a coordinated response to community care for older people returning home from hospital with a delirium diagnosis who are at high risk of readmission, to improve outcomes through a multiagency, multifactorial strength-based approach to treatment, care and support.
Community Resilience Team	To focus on prevention of admission to hospital and presentation to statutory services over the winter months for people 60 and over who are impacted by the cost of living crisis and at risk of severe decline of all aspects of their health through utilisation of a reactive fund to support those with highest need. To provide a proactive response and community support to elderly people presenting at the ED/ Acute Medical Unit (AMU) (RIE) who can be discharged home within 72 hrs.
VOCAL - Surviving Christmas: Providing Support for Unpaid Carers	To provide support to approximately 200 unpaid carers over the festive period, on Christmas Day and New Year, through a series of emotional support groups, drop-in sessions, short break visits to local attractions, and recreational activities.

11. In addition to the funded proposals, discussions are underway with colleagues at the Flow Navigation Centre to enhance professional to professional support for Edinburgh residents at risk of admission with a particular focus on frailty and respiratory conditions.

Winter Vaccination

12. The Autumn-Winter vaccination programme for adults began early September and aims to offer vaccination to all eligible citizens by December 2023, with ongoing opportunities thereafter. Vaccinations in care homes and housebound commenced in September with co-administration of covid and flu and were complete in October. Three main clinics run 7 days across the city in Ocean Terminal, Gyle Centre and Waverley Mall. These clinics are supplemented by weekend clinics in South Queensferry, Craigmillar, Conan Doyle and Pennywell for local access.

13. Staff vaccinations clinics commenced across the Partnership in early October. There are various drop in staff clinics across acute sites in Lothian and staff can book an

appointment at any public clinic throughout the Partnership. Staff in care homes have been offered their vaccines when visited by the care home vaccination service.

14. We are also supported by community pharmacy with 17 participating pharmacies across the city providing capacity specifically for over 75 population, with opportunistic vaccinations taking place where possible. We provide a total of c230.000 appointments across Edinburgh and have a predicted uptake of around 75% of the total population of eligible citizens.

Partnership Communications

15. Communication plans this year include a dedicated focus on prevention and self-management resources available for the public in tandem with internal communications for practitioners to be better equipped to support and signpost people appropriately. The Partnership are working with Home Energy Scotland (HES) to promote resources aimed at fuel poverty and cost of living crisis to support people throughout winter. The communication team will also support the Partnership's recruitment drive and regularly signpost people in relation to:
    a. support for unpaid carers
    b. support for their mental health
    c. using the right services at the right time over winter

16. The Partnership winter communications this year will focus on giving guidance, information and reassurance over winter, reducing pressure on acute services and primary care. Communicating to front line colleagues the importance of getting vaccinated and highlighting the Partnership's contributions to keeping Edinburgh healthy, safe and well over winter.

17. The Partnership will have internal and external messaging for all but will primarily focus on unpaid carers, vulnerable adults and their families, and our front line health and social care colleagues. The Partnership will reach people using our websites for the Partnership and iThrive, social media, Nextdoor, colleague newsletters and hub, emails, publications like our Coorie in this Winter, and through stakeholder engagement.

Maximising System Flow and Capacity

18. Alongside specific winter plans, the Partnership will be pressing on with its priority change management programme which will include:

a. Expansion of Discharge without Delay (DwD) which includes acute MoE wards in the Western General Hospital (WGH) and front door Early Supported Discharge (0-72 hrs) at RIE and there will be a heightened level of system working with a clear shared focus on discharge planning, including enhancing the discharge profile at weekends.
b. Funding for 2 additional Flow Coordinators has been agreed for the Edinburgh Flow and Discharge Hub to support admission and discharge pathways across Edinburgh creating capacity for enhanced discharge planning in Intermediate Care as well as extra capacity to the overall Hub team.
c. One Edinburgh/Reablement capacity will be enhanced this winter due to full implementation of Total Mobile and the Care at Home Brokerage, Triage and Review Teams are now fully operational.

19. The EIJB agreed to end our interim beds placement initiative from October 2023 after Scottish Government funding was no longer available. There is unlikely to be any additional bed capacity released or realised over winter. The implication of ceasing interim beds over winter has been articulated to the Cabinet Secretary and Scottish Government officials.

Implications for Edinburgh Integration Joint Board

Legal / risk implications

20. The Whole System Winter Planning Checklist was presented at the NHS Lothian CMT along with the Winter Planning paper on 26 September 2023. CMT approved the paper and noted the major risks identified therein, which are:

a. Surges in infectious disease
b. Poor weather
c. Cost of living impacts such as heating and food costs
d. Fragility of the social care system, particularly in the independent care sector
e. Financial limitations making it impossible to action additional interim care beds in the system
f. Financial limitations making it impossible to action additional NHS capacity in the system
g. Reduction in capacity at RIE to facilitate fire safety works
h. Recruitment

21. Additionally, specific local risks have been identified as:

a. Ability to recruit to short-term posts that are required only for surge capacity and do not require permanency. To mitigate this, efforts have been made to commence the recruitment process as soon as proposals were agreed; some posts being recruited to on a longer term or permanent basis as well as engaging with current staff to support additional hours.
b. Some initiatives may not deliver the desired or expected outcome. To mitigate this we will be carrying out ongoing and close monitoring of project progress such as change from baseline data, feeding back to Winter Planning team.
c. Non availability of Social Work Services and access to care home beds on Saturday and Sunday, except emergencies.
d. There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy leading to increased risk of harm and well as poor patient and staff experience.

Equality and integrated impact assessment

22. An integrated impact assessment was undertaken in November 2020 to consider both the positive and negative outcomes for people with protected characteristics and other groups. This will be refreshed in December 2023 but as proposals are based on previous years evidenced interventions, it is not predicted that there will be any significant changes. On completion of the refreshed IIA, the Partnership Winter Planning Group will take forward any recommended actions.

23. Local residents will continue to benefit from the provision of person-centred care, with improved access to services in a timely manner and providing care closer to home within our expanded Hospital at Home, CRT and Home intravenous services. Admission to hospital will be avoided wherever possible and the quality of discharge will be enhanced as we implement the new Lothian Discharge Framework. Additional support being put in place through the community resilience team and other 3rd sector services for adults and unpaid carers will enhance the support of those most in need. We will do our level best to mitigate the worst effects of the cost of living crisis.

Environment and sustainability impacts

24. Public safety will be improved through identifying vulnerable people in the community and ensuring support is in place, protecting their interests during periods of severe weather.

25. Improving infection control through care management at home.

26. Improving physical and digital environment through improved links with ATEC24 to provide equipment as required.

Quality of Care

27. There is a risk that community infrastructure cannot meet demand, resulting in a continued reliance on bed- based models, with associated risk to site flow, ED crowding and staffing. The Partnership, however, has a risk mitigation plan to reduce bed occupancy and delayed discharge.

28. Experience from previous years leads us to anticipate enhanced challenges to flow due to staff absence, influenza and norovirus. Failure to achieve the delayed discharge trajectories will impact on system wide flow but will be rigorously monitored.

29. A potential resurgence in prevalence of COVID-19 may also impact on admissions and staff availability.

30. The Partnership would also expect a surge in respiratory-related admissions and re-admissions over the winter months, although these will be mitigated to a degree by the expansion of both the scope and capacity of the CRT.

Consultation

31. Winter plans have been developed in close consultation and coproduction with relevant parties through the director of Strategic planning NHS Lothian, the NHS Lothian Unscheduled Care Committee and the Partnership Winter Planning Group.

Report Author

Pat Togher

Chief Officer, Edinburgh Integration Joint Board

Contact for further information:

Name: Angela Lindsay
Email: Angela.Lindsay@nhslothian.scot.nhs.uk Telephone: 07971 336292

Appendices

Appendix 1- Winter Preparedness Self- Assessment Checklist

Appendix 2- Winter Resilience Priorities

APPENDIX 1

Scottish Government
Riaghaltas na h-Alba
gov.scot

WHOLE SYSTEM CHECKLIST RETURN - AREA DETAILS

Board	NHS Lothian

drop down box

Board Chief Executive	Calum Campbell
Number of integration partnerships	4
Partnerships	City of Edinburgh, East Lothian, Midlothian, West Lothian
Chief Officers	Judith Proctor, Alison Macdonald, Morag Barrow, Alison White
Submitted by	Colin Briggs, Director of Strategic Planning
Approved by	Jim Crombie, Deputy Chief Executive
Date of approval	21st September 2023

ERROR - Joint Directors of Health and Social Care

Partnerships Fiona Wilson East Lothian

Mike Massaro-Mallins Edinburgh (acting)

SUMMARY DASHBOARD

#	Area	Progress	Status	*Partial*	*No*	*Yes*	*n/a*
1	Section 1	Approved	Partial and/or No	*1*	*1*	*8*	*0*
2	Section 2	Approved	Partial and/or No	*5*	*4*	*11*	*1*
3	Section 3	Approved	Partial and/or No	*3*	*0*	*14*	*0*
4	Section 4	Approved	Partial and/or No	*5*	*1*	*5*	*0*

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Progress Status	Approved

Manual dropdown - use this box to track your progress

Overall Status	Partial and/or No

Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Overarching principles	1.1	There are sufficient mechanisms in place to support the collaboration and co-operation with other Boards and Partnerships in the delivery of health and care.	Yes		1
Overarching principles	1.2	Plans have been developed through joint working between the Board, associated HSCPs, and other key partners (i.e. Primary Care practitioners, SAS, Scottish Prison Service, care at home and care home providers etc.). It is clear to all parties how plans will be delivered through joint mechanisms.	Partial	As part of our Unscheduled Care Programme Board arrangements. Marked as partial due to mention of "Scottish Prison Service" in the question. We work closely with SPS through our two prisons and the provision of healthcare but are unaware of specific actions for SPS we should be undertaking over and above these elements.	53
Overarching principles	1.3	Winter Planning includes demand, capacity, and activity plans across all health and care delivery (including urgent, unscheduled, social care and planned care provision).	Yes	In place as part of our unscheduled care programme arrangements. We continue to work on improving the visibility of capacity information across the system, including virtual and social care capacity.	30
Resilience preparedness	1.4	Planning for winter reflects identification of surge capacity to ensure capacity is made across the health and care system to allow new emergency admissions to be accommodated.	No	Surge capacity within the system is extremely limited. Urgent fire safety works within the Royal Infirmary of Edinburgh have meant that capacity in East Lothian Community Hospital and Midlothian Community Hospital that would previously have counted as "surge" capacity is no longer available. Interim Care Beds in East Lothian, Midlothian, and Edinburgh are not available this year due to lack of funding. This has been identified to SG and in particular the chair of Edinburgh IJB has identified this to the Cabinet Secretary. We await a definitive answer on this but beds will be closed on 30th September. We will of course contine to focus on H@H and associated.	109
Resilience preparedness	1.5	Business Continuity Management arrangements are in place and regularly reviewed, exercised, and updated. These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance including: •NHS Scotland Standards for Organisational Resilience 2018.	Yes	Tested regularly.	2
Resilience preparedness	1.6	Plans have identified potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from Winter 2022/23 in addition to concurrent risks. Resilience Teams are involved in winter preparedness to ensure that business continuity management principles are embedded as part of year-round capacity and service continuity	Yes	In place, tested regularly. Clearly infection rates and day-to-day planning remain significant risks.	13
Resilience preparedness	1.7	Business Continuity plans take into account critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios	Yes	Tested regularly.	2
Resilience preparedness	1.8	Business continuity plans include response(s) if a clinical system outage occurs and the steps required to ensure continuity of services.	Yes	Tested regularly.	2
Communications	1.9	Local communication plans: A review has been undertaken of communication channels to ensure that key messages about winter planning are clearly and consistently delivered to all parties, involved. This includes : a) Key partner communication protocols b) OOH information including four day festive period c) Surgery hours & access arrangements General practices contingency plans for respiratory disease outbreaks d) Signposting to Scotti sh Government assistance for households struggling to meet their	Yes	As standard.	2
Step up / Step down care	1.10	Boards and HSCPs can evidence plans to increase the provision of intermediate care to impact positively on patients and services over the winter; and work towards building sustainability for the future.	Yes	Significant inpatient intermediate care is in place across all four partnerships. In addition, the rate of provision of Hospital at Home in Lothian appears to be the highest in Scotland.	30

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Progress Status	Approved	*Manual dropdown - use this box to track your progress*
Overall Status	Partial and/or No	*Automatic status*

Subsection	#	Statement	Response	Rationale for response rating	Words
Urgent & Unscheduled Care	2.1	To ensure Right Care is provided in the Right Place, a 24/7 Health Board Flow Navigation Centre is in place to offer rapid access to a senior clinical decision maker as well as the option of appointments via Near Me.	Yes		1
Urgent & Unscheduled Care	2.2	Effective communication protocols are in place to support whole-system situational awareness of emerging pressures. Monitoring of key indicators across the system forms the basis of huddle discussions. This 'early warning system' should highlight areas of concern and drive action to maintain or regain a balanced system.	Yes	Daily safety huddles are in place on all hospital sites and in community teams. Gold Command Structures are well-tested and a weekly "System Pressures CMT" will operate throughout winter, more frequently if required	33
Urgent & Unscheduled Care	2.3	Robust communication processes are in place across each hospital site, following Discharge Without Delay (DWD principles) including morning hospital-safety huddles, focusing on the day's activity and current status, and afternoon huddles, setting Planned Date of Discharge and using this to predict capacity and demand for the next day.	Yes	Business as usual	3
Urgent & Unscheduled Care	2.4	Emergency Physician in Charge (EPIC), Flow Co-Ordinator roles are in place where possible to provide dedicated leadership in Emergency Departments. A Discharge Co-ordinator is in place in each ED to act as a single point of contact (SPOC) to arrange rapid discharge from ED and take responsibility for co-ordinating community support.	Yes	Business as usual	3
Urgent & Unscheduled Care	2.5	Pathways are in place which provide care closer to home through pathways such as Hospital at Home for Older People; Respiratory Rapid Response and Out-patient Parental Antibiotic Therapy (OPAT); and supported by appropriate digital interventions such as Remote Consultation by phone and Near Me and Remote Monitoring, call before convey with SAS and flow navigation hub working to maximise virtual/remote Monitoring.	Yes	Business as usual. It is our understanding that the Lothian system has the highest rate of provision of H@H and associated services in Scotland, and we continue to look to expand and maximise this.	34
Urgent & Unscheduled Care	2.6	Boards and Partnerships have effective organisation of care across between primary and secondary care so that patients receive high-quality care and the best use is made of clinical time and resources in both settings. This could be through a mechanism such as an Interface Group	Yes	Business as usual	3
Urgent & Unscheduled Care	2.7	Escalation procedures are directly linked to a plan which encompasses the full use of step-down community facilities.	No	step-down community facilities are already fully utilised with no additional capacity available due to withdrawal of funding for interim care beds.	21
Urgent & Unscheduled Care	2.8	Boards and HSCPs have additional festive arrangements, over the four-day public holiday, planned in collaboration with partner organisations such as Local authorities, Police Scotland, SAS and the local Voluntary Sector and in line with recommendations from the Four Day Public Holiday Review	Yes		1
Urgent & Unscheduled Care	2.9	Patients identified as being at high risk of admission from both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge	Yes		1
Urgent & Unscheduled Care	2.10	Processes are in place to enable patients with respiratory conditions and those who are frail are given the opportunity to have an anticipatory or future care plan. There should be a system in place for identifying these individuals and it should be clear which professional clinical groups will take a lead on having these care planning conversations depending on the persons circumstances	Yes		1
Urgent & Unscheduled Care	2.11	Pathways are in place for patients who are identified as 'frail' and those with respiratory or cardiac exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions.	Partial	Yes for respiratory. For cardiac we assume this relates to "heart failure" and we await confirmation of SG funding to support this. However, given the delay to this confirmation, it is unlikely that this will be fully up and running for this winter.	43
Urgent & Unscheduled Care	2.12	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. People with heart failure and those who are living with frailty should be given the opportunity to have an anticipatory or future care plan	Partial	Business as usual for respiratory conditions and frailty. For Heart Failure we await confirmation of funding availability from SG.	19
Urgent & Unscheduled Care	2.13	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. Remote consultations via phone or Near Me video	Partial	Near Me video consultation is not in place.	8
Urgent & Unscheduled Care	2.14	For Health Boards with Major Trauma Centres (Grampian, GGC, Lothian, Tayside), to incorporate into their winter surge plans, assurance of sufficient safe staffing on MTCs (both adult and paediatric) to ensure Scottish Trauma Network MTCs will continue to deliver high quality, integrated, multi-speciality care to severely injured patients. Further consideration is also required for those Boards with Major Trauma Units to similarly support safe staffing.	Partial	We will make every effort to ensure appropriate staffing in all clinical areas, but it is important to note that there can be no guarantees.	25
Urgent & Unscheduled Care	2.15	Where admission is necessary, ensure there is a mechanism and/or agreements in place with primary care and secondary care clinicians to minimise delays in pathway, and avoid multiple discussions that can lead to delays; recognising that in periods of increased demand, general practice may not have the functional capacity to follow the usual processes such as pathways for admission	Yes		1
Planned Care	2.16	Plans are in place to maintain activity over winter for planned care, including outpatients and inpatient / daycase, diagnostics, imaging and cancer, with plans considering the impact of increased unscheduled admissions on planned care activity. Planned care activity will not be paused or cancelled routinely – if Health Boards need to consider this as part of their business continuity / escalation plans it needs to be discussed and agreed in advance with Scottish Government.	No	We have plans in place to ensure the maintaining of scheduled care activity, and this is built into the scheduled care plans submitted for agreement as part of the ADP process. We have marked this as "no" as while we will only pause elective activity when no other options are available, it is not in our plan to discuss every case with Scottish Government.	64
Planned Care	2.17	Health Boards are considering opportunities to maximise capacity through Pooled Lists - locally for high volume specialties and pooled lists regionally / nationally for those patients waiting the longest.	Partial	We have progressed pooled lists locally and shown good progress. However, pooled lists nationally/regionally would require levels of clinical governance which require careful national thought.	25
Planned Care	2.18	Health Boards are making use of the National Elective Coordination Unit (NECU) to support admin and clinical validation.	No	NHSL is in active discussion with NECU about how this can be effectively rolled out.	15
Planned Care	2.19	For those Health Boards with National Treatment Centres (NTCs), plans are in place to enhance and maximise use of the NTCs through winter and beyond.	n/a	We are streaming patients to NTC-Fife from October onwards. We continue to work on the OBC for the NTC at St John's Hospital, per the First Minister's announcement in 2015.	30
Planned Care	2.20	Discharge – close partnership working is in place, including the third and independent sector, to ensure that adequate care packages are in place in the community to meet all discharge levels.	No	We would have to be clear that there is not the confidence to state that "adequate care packages are in place in the community to meet all discharge levels"	29
Digital assets	2.21	Plans are in place to support the availability of Near Me video consultations to optimise estate and workforce capacity.	Yes		1

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Progress Status	Approved	*Manual dropdown - use this box to track your progress*
Overall Status	Partial and/or No	*Automatic status*

Subsection	#	Statement	Response	Rationale for response rating	Words
Primary Care	3.1	Plans are in place to support General Practice (and where necessary other independent contractors) to manage provision of core General Medical Services (and sustainability more widely) over the winter period. Specific reference should be made to contingency arrangements where practices are unable to open (or provide General Medical Services) due to staffing or other reasons. Health Boards and HSCPs should ensure that where services are reduced or unavailable they support the practice with communications to patients including alternative arrangements.	Yes	Business continuity/resilience guidance already provided to independent contractors, and will be refreshed with recent learning. HSCPs supporting business continuity plans, however we are clear this is an independent contractor's responsibility. If services are significantly compromised then support will be provided with communication to patients.	44
Primary Care	3.2	Maximising Multi-Disciplinary Teams (MDTs) Plans explicitly reference the use of MDTs within OOH services; indicate where increased use of MDTs are in place. This includes increasing capacity of senior clinical and non- clinical leadership, use of multidisciplinary teams and availability of professional-to-professional advice across acute and community.	Yes	Lothian's GP Out-of-Hours Service (LUCS) is delivered through MDTs and we have a nominated Senior Clinical Decision Maker and clinical on-call in place at all operational times. For winter 23/24 we will have improved arrangements in place to better manage our flow to ensure timely access to care for patients. We have an existing prof-to-prof line in place for community professionals which is well used.	65
Primary Care	3.3	Executive level overview and oversight for Out of Hours (OOH) A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place. There is Board Executive level oversight of OOH to support resilience, explore other operational solutions and agree appropriate escalation plans during the winter period given	Yes	Director of Primary Care has signed off escalation plans which have been updated with learning from public holidays over 2023. Escalation plan has been agreed with other services (EDs and flow centre) and additionally discussed and signed off at CMT level.	41
Primary Care	3.4	Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience. The plan puts Primary Care OOH within the context of winter readiness preparedness, as part of the urgent/unscheduled care landscape and whole system local planning, including community and social care responses through urgent care resource hubs/flow navigation	Yes	LUCS works closely with NHS24 and SAS. Established pathways in place from SAS GP advisors to LUCS, as well as pathways from FNC to LUCS, and ED to LUCS.	29
Primary Care	3.5	NHS Board Directors of Dentistry engage with NHS 24 to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours care during the winter period	Yes	NHS24 have confirmed their support for the festive public holidays for access to urgent dental out-of-hours care. Rotas in place for the dental out-of-hours service.	25
Primary Care	3.6	Provision of OOH dental services Plans reference provision of dental services; services are in place either via general dental practices or out of hours centres. This should include an agreed escalation process for emergency dental cases, i.e. trauma, uncontrolled bleeding and increasing swelling.	Yes	As above, in place.	4
Primary Care	3.7	Working with mental health services HSCPs should have clear arrangements in place to enable access to mental health crisis teams/services 24/7, including availability of professional to professional advice for out of hours services particularly during the festive period	Yes	LUCS has agreed pathways to MHAS and to West Lothian Acute Mental Health services. HSCPs have community mental health services available.	21
Primary Care	3.8	Increased level of professional-to-professional advice Boards and HSCPs have increased, where possible, the availability of professional to professional advice across acute and the community to ensure the patient receives right care in the right place at the right time	Yes	Prof-to-prof in place to access GP OOH service access via FNC for acute	13
Primary Care	3.9	Working with social care OOH Plans demonstrate consideration to social care services and where possible close links are in place for emergency respite, community alarm services and home care provision. OOH Plans will identify how Care Homes will be supported with timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home.	Partial	As detailed above, planning for social care services is robust withineach HSCP. Care Homes can access professional support and clinical advice in the same way as the general public OOH. We do not have the financial or human resources to provide the level of support suggested in the statement and could not objectively evidence this.	56
Primary Care	3.10	Winter readiness plans consider the needs of those living with a mental health, learning disability, neurodiverse or dementia diagnosis, including the needs of carers.	Partial	. Each HSCP has business continuity plans in place for mental health, learning disabilitiy, and dementia (and similar) conditions. We would very much welcome greater clarity on what the defintion of neurodiverse relates to in this context and on what services are expected for those with a diagnosis fitting that defintion.	51
Primary Care	3.11	Plans to ensure appropriate staffing levels include consideration of mental health services and the need to maintain support for service provision and patient rehabilitation (such as suspension of detention), including for forensic mental health patients.	Yes	This is business as usual.	5
Primary Care	3.12	The discharge partnership working plans include consideration of those requiring mental health supports and/or being discharged from a mental health setting, including the unique support package needs of those leaving forensic inpatient settings or with complex care needs	Yes	This is business as usual.	5
Primary Care	3.13	Plans ensure continued access to dementia diagnosis services for both inpatients and those in the community, ensuring people have care and treatment appropriate to their needs and any potential dementia-related issues are recognised and addressed.	Yes	This is business as usual.	5
Primary Care	3.14	Plans are in place to ensure data is available to monitor the performance of mental health services throughout the winter.	Partial	We believe that this is business as usual and that we have a robust approach to the use of data. We would welcome greater clarity and objectivity in the statement, which could cover a very very broad series of datasets and definitions of performance.	44
Prisons	3.15	Plans are in place to ensure that the delivery of prison healthcare, including mental healthcare, is maintained and that that there are appropriate levels of healthcare staff in prisons to deliver efficient and effective patient care.	Yes	We believe that this is business as usual and not sensitive necessarily to winter issues, but again it would be helpful to understand the precise defintions of "efficient and effective patient care" here.	33
Social Care	3.16	Care at home assurance boards and care home assurance arrangements are in place to ensure all risks in care provision are recorded and appropriate mitigating actions are put in place.	Yes	Each HSCP has a group overseeing this, meeting weekly, and an NHSL Programme Board chaired by the Nurse Director for Primary and Community Care which deals with these.	28
Social Care	3.17	Capacity to deliver key public protection functions is in place e.g. child and adult protection, MAPPA (Multi Agency Public Protections Arrangements)	Yes	This is business as usual.	5

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Progress Status	Approved

Manual dropdown - use this box to track your progress

Overall Status	Partial and/or No

Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Workforce	4.1	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed Term contracts (or a combination of these). Work undertaken with local college and HEI student workforce to offer holiday shifts and regular part time contracts can be evidenced.	Yes	Business as usual	3
Workforce	4.2	Boards and HSCPs are continuously deploying the range of tools available to them to support efforts aimed at staff retention. For Boards, this is including but not limited to those set out through DL (2022) 30: DL(2022)30.pdf (scot.nhs.uk) to enable those staff who have retired to return to work on a part time basis should they wish to do so	Yes	Business as usual	3
Workforce	4.3	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care, ensuring consistent effective discharge planning takes place over 7 days and the holiday periods. This requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications. For HSCPs, this includes sufficient social work staff and others	Partial	Plans to deliver all of this are in place (including in our Hospital at Home programs) but there is a workforce issue with regard to social work staffing, where there are insufficient numbers in place to be able to provide 24/7 input.	42
Workforce	4.4	A strategy is in place for the deployment of volunteers over winter, making appropriate use of established local and national partnerships. Investment in and funding of local voluntary and third sector organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community can be evidenced.	Partial	Funding is in place for some elements, but we cannot confirm that we will fund all potential options.	18
Workforce	4.5	Staff are appropriately supported to access the range of available local and national staff wellbeing resources. This includes Primary Care independent contractor staff.	Partial	Business as usual, for all NHSL-employed staff. Independent contractors can access small grants from our NHSL Charity and can access national resources. We note that independent contractors are their own employers.	31
Workforce	4.6	In relation to potential adverse weather, Boards and Partnerships have contingency plans in place covering staff disruption to manage the impacts – for NHS this is specifically according to DL(2022)35.pdf (scot.nhs.uk). Staff are fully aware of the contingency plan	Yes	Business as usual	3
Seasonal outbreak	4.7	COVID -19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing All patient-facing Health and Social Care Staff (and this includes Primary Care independent contractor staff) have easy and convenient access to the Covid-19 and seasonal flu vaccines and that: i. clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. ii. drop-in clinics are also available for staff unable to make their designated appointment. iii.peer vaccination is facilitated, where possible, to bring vaccine as close to the place of work for staff as possible. iv. information and guidance is provided to staff on how to book appointments via the online portal or the National Vaccination Helpline. v. Information and guidance/ promotional materials are provided to staff specific to the benefits for HC staff in receiving the vaccine.	Partial	We believe we have a robust program in place which meets the spirit of this statement, but two caveats are noted. Firstly, some elements of this require consistent national messaging and delivery, and secondly, it is not possible to be completely sure that our program meets some of the subjective definitions in the statement, such as "convenient locations".	58
Seasonal outbreak	4.8	Plans take into account the predicted surge of Covid-19 as well as other viruses including seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks and the impact these have on services (health and social care inclusive of primary care) across this period.	Partial	In place, but we would note that forecasts of infectious disease do not cover all eventualities, and that inevitably these eventualities will also include staff sickness. The statement asks for assurance on an extremely broad range of unpredictable scenarios which we would not objectively be able to evidence.	48
Seasonal outbreak	4.9	Adequate resources are in place to manage all potential increases in Covid-19 including possible new variants with increased severity, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. Debriefs should be undertaken following significant outbreaks or end of season outbreaks to identify lessons and ensure system modifications to reduce the risk of future outbreaks	No	The Lothian system would not be able to objectively evidence that it can "manage all potential increases in Covid-19 including new variants..." etc, and cannot give this assurance.	28
Seasonal outbreak	4.10	To help detect early warnings of imminent surges in activity, Boards routinely monitor PHS weekly publications, showing the current epidemiological picture on COVID-19, RSV, Norovirus and influenza infections across Scotland, and PHS Whole System Model Winter outputs	Yes		1
Seasonal outbreak	4.11	Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings	Yes	Business as usual	3

8. Officials have drawn from the priorities agreed in October 2022 between Ministers and COSLA Leaders to frame the approach for 2023/24, which aim to put people and prevention at the centre of the response, and provide a focus for local systems to maintain resilient services. These priorities and actions will be incorporated into the Scottish Government and COSLA joint Health and Social Care Plan. The below sets out the high-level priorities and provides select examples of actions that are proposed to sit below the priorities:

    i. **Where clinically appropriate, ensure people receive care at home, or as close to home as possible.** For example, through the use of Near Me video consultation; and through improving care pathways in the community and improving links across primary and secondary care as well as social care.

    ii. **Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to manage their own health, and that of their families, better.** This would involve clear messaging to signpost people to the most appropriate service for their needs.

    iii. **Support delivery of health and social care services that are as safe and sustainable as possible**. This priority would be supported through national recruitment campaign activity for the social care workforce to maximise recruitment and retention.

    iv. **Maximising capacity and supporting our valuable workforce to meet demand**. For example, work is underway to improve the collection and flow of data in relation to capacity across social care.

    v. **Protect planned care with a focus on continuing to reduce long waits.**

    vi. **Prioritise care for the most vulnerable in our communities.** This priority will be supported through strong partnership working with the third and independent sector who play a key role in supporting

    vii. **Work in partnership to deliver this Plan**, including through existing joint national governance structures to recognise and mitigate evolving risks and enable an effective whole system response to pressure. Both Ministers and COSLA Leaders will be updated on progress in relation to system and surge pressures throughout the winter period.