

# REPORT

## Preparations for Winter 2022/23

Edinburgh Integration Joint Board

18 October 2022

### 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 2022/23 including plans for winter allocation funding of £170,000.

This funding, along with slippage from previous years, is being utilised to enhance service capacity in key areas outlined in paragraph 8.

Preparations for Winter 2022/23 are well underway and are aligned to wider Partnership planning around capacity planning in response to system pressures. The main priority areas are outlined in paragraph 5.

The Partnership is yet to receive the request to complete the Self- Assessment Checklist for Winter Preparedness for 2022/23, for inclusion with the Edinburgh Health and Social Care Plan.

EHSCP completed a Winter Preparedness briefing note for 2022/23 for the EIJB highlighting the main priority areas of focus for this winter alongside the actions taken so far, this was submitted on 05 July 2022 (Appendix 1).

### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Note progress with the preparations being made for Winter 2022/23 through the use of additional allocated funding of £170,000, along with slippage from previous years.
2. Note that the preparations for Winter 2022/23 are interlinked with other aligned system pressures action (see separate report).

## 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 EIJB committees prior to submission 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 (HSCPs) are ready to meet the additional challenges likely to be faced over the winter months, and this is being amplified this year by the rising costs of living and the residual impact of the COVID-19 pandemic which is still being felt across the whole system through increasing demand and workforce pressures.
3. The Edinburgh Health and Social Care Partnership (EHSCP) Winter Planning group leads on the planning, monitoring, and evaluation of preparations for winter. It has multi-agency and pan Lothian-system representation, including acute, community, winter vaccination, unpaid carers, the third sector, resilience, severe weather and communications leads with monthly meetings scheduled to run throughout the peak winter period.
4. NHS Boards have received in previous years direction for setting out the requirements for the Remobilisation Plan, known as RMP4 which included planning for Winter and a self-assessment checklist, however the requests for the Self- Assessment checklist on winter preparedness has not yet been received by the EHSCP.
5. In July 2022, the EHSCP requested a briefing note regarding preparations for winter 2022/23 and actions undertaken to date (Appendix 1). The briefing note highlighted the previously identified key areas of focus following the evaluation of winter

2021/22. The key areas have been further developed and the main priorities for this winter are outlined below:

- a. Progressing work around Home First including a 12-month plan aligning with Urgent and Unscheduled Care and more specifically the Discharge without Delay (DwD) programme.
- b. Enhancing hospital-based social work capacity by re-introducing dedicated capacity to support discharge flow within the Royal Edinburgh Hospital (REH).
- c. Extending the scope of the Community Respiratory Team (CRT) to include other conditions such as Bronchiectasis, in tandem with maintaining the capacity throughout winter to remobilise the early supported discharge (ESD) pathway for COVID- 19 as required.
- d. Funding the interim bed based team with the aim to support patient flow from hospital to interim placement and to increase bed occupancy.
- e. Working collaboratively with third sector organisations, including our new Community Resilience Team, to ameliorate the impact of the cost of living crisis and associated health and wellbeing risks, to focus on preventing admissions to hospital, and in the event of admission, supporting people pre-discharge, on the day of discharge and when people return home.
- f. Providing specific unpaid carer support based on the learning from previous years during the festive period.

### **Financial support for winter pressures**

6. Over recent years, a number of different approaches have been used by NHS Lothian Unscheduled Care Committee (USCC) to ensure best use of Scottish Government funding for winter pressures. This has generally involved submission of proposals from across the system with schemes being scored against criteria including:
  - a. Supports joint working between Acute/HSCPs
  - b. Supports a Home First approach
  - c. Facilitates 7-day working and discharging
  - d. Supports sites, community resilience and flow
  - e. Focuses on admission avoidance
  - f. Supports a non-bed-based model
7. The previous two years winter funding has been allocated to each area based on average percentage of funding received in the previous three years. This gives local areas autonomy to build more sustainable solutions to winter pressures. The EHSCP

received a total allocation of £171,000 for Winter 2021/22 and £170,000 for Winter 2022/23.

8. Allocation of this funding, along with slippage from previous years, has been based on the aforementioned previously identified priorities arising from the evaluation of Winter 2021/22 and by considering funding already set aside through what was known as Gold Command and the resultant gaps. The proposals will be funded for a four-month period and will run from December 2022 to March 2023. A summary of the proposals allocated within winter funding is attached (Appendix 2), an outline of these allocations is highlighted below:

**Table 1.**

<b>Proposal title</b>	<b>Outline</b>	<b>Total funding</b>
CRT+ and Early Supported Discharge (ESD)	<p>One Advanced Physiotherapy Practitioner (APP) Physiotherapist and one Specialist Physiotherapist to support patients with respiratory conditions beyond COPD with assessment, treatment, and self-management of acute chest infections with a focus on prevention of hospital admissions.</p> <p>One Advanced Physiotherapy Practitioner (APP) to allow Early Supported Discharge (ESD) of patients with COVID-19, monitoring respiratory symptoms and facilitating oxygen weaning, as appropriate and discharge. Collaboration with secondary care clinicians where appropriate regarding the deteriorating patient.</p>	£58,253
Hub Physiotherapy	<p>Two Specialist Physiotherapists to enhance Discharge to Assess (D2A) and Prevention of Admission (POA) within Hub Physiotherapy to meet the increased pressure across the system to prevent hospital admissions and facilitate hospital discharges over a 7 day period. The additional staffing resource will increase the capacity to support hospital discharges and to meet Planned Date of Discharge (PDD) ambitions and improve outcomes for people in their own homes.</p>	£30,811



Social Work Capacity at Royal Edinburgh Hospital (REH)	Two Social Worker posts based within the REH over four Psychiatric wards for 65+ to implement a proactive and responsive approach from the point of admission, focusing on information gathering and wider multidisciplinary team support to ensure PDD is met, ensuring Home First discharge pathways are explored at the earliest stage. A specific focus on these wards will also allow prompt allocation and referral process for patients requiring social work assessment.	£34,322
Interim Placement	One Senior Social Worker, two Social Workers, one Occupational Therapist, one Physiotherapist and one Community Care Assistant to support the discharge pathway from acute hospital sites to interim placement. The team will support flow out of hospitals by arranging interim bed resource within a care home setting for patients who no longer require acute care and ensure people remain fit and well to return home with their assessed package of care (POC) reducing hospital readmissions. Within the MoE wards at RIE and WGH, and as part of DwD, a test of change will take place to focus on supporting patients that are waiting for a POC. The focus will be to increase bed occupancy rates.	£85,226
Community Resilience Team	Working with the Community Resilience Team which will 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. This winter proposal includes the funding of a Response Fund, Baffies and Blankets, locality-based lunch clubs and pantry deliveries to support those with highest need.	£26,600
<b>Total</b>		<b>£235,212</b>

9. There have been significant recruitment challenges in previous years and efforts are being made to minimise the risks for Winter 2022/23. Below is an outline of the latest recruitment updates:
  - a. Community Respiratory Team: Recruitment of 1 Specialist Physiotherapist (CRT+) and 1 Advance Physiotherapist Practitioner (ESD) is underway. Should the additional posts remain unfilled then internal secondments or additional hours from Physio@Home and associated services will be considered, with posts being backfilled through the Staff Bank.

- b. Hub Physiotherapy Team: Recruitment of 2 Specialist Physiotherapist is underway. Should posts remain unfilled then existing Hub physiotherapy staff will be offered the option to work additional hours or staffing resource through Staff Bank.
  - c. Hospital-Based Social Work Royal Edinburgh Hospital: Recruitment of 2 Social Workers in underway. Recruitment of experienced social work staff has proven exceptionally challenging in recent times and this will be a major risk for winter. It has been agreed the 2 social worker posts will be recruited on a permanent basis, which will make the posts more attractive to prospective applicants. Funding will be made available through existing locality posts from April 2023.
10. Additional funding will be made available through the Partnership for unpaid carers for whom the festive period can be particularly difficult, outline of this service is detailed in the table below:

**Table 2.**

<b>Title</b>	<b>Outline of proposal</b>	<b>Allocation</b>
VOCAL - Surviving Christmas: Providing Support for Unpaid Carers	To provide support to approximately 215 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. The festive period can also be a busy time for calls and there will be support provided during this time, including a SMART recovery group meeting, activities, support, and refreshments.	TBC
Total		TBC

## Implications for Edinburgh Integration Joint Board

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### Legal / risk implications

- 11. There is a risk that we are not able:
  - a. to recruit to short-term posts that are required only for surge capacity and do not require permanency

- b. to recruit to social work posts as a result of competitive packages being offered by neighbouring organisations.
- c.

#### **Equality and integrated impact assessment**

- 12. 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 2023.
- 13. 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. Admission to hospital will be avoided wherever possible and the quality of discharge and home care support will be enhanced. Additional support being put in place through the community resilience team and other 3<sup>rd</sup> sector supports will increase the resilience 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**

- 14. 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.
- 15. Improving infection control through care management at home.
- 16. Improving physical environment through improved links with ATEC24 to provide equipment as required.

#### **Quality of Care**

- 17. 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, Emergency Department crowding and staffing.
- 18. 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.

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

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21. Winter plans have been developed in close consultation with relevant parties through the NHS Lothian Unscheduled Care Committee and the EHSCP Winter Planning Group.

### Report Author

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### Appendices

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Appendix 1	Winter Preparedness Briefing Note
Appendix 2	Winter Funding 2022/23 Approved Initiatives

# Briefing Note

## Preparations for Winter 2022/23

05/07/2022

### Situation

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1. Winter preparedness planning plays a key role in ensuring NHS boards and Health and Social Care Partnerships are ready to meet the additional challenges likely to be faced over the winter months. Planning has already commenced for winter 2022/23 around the priority actions listed below.
2. In addition to the usual winter planning there are multiple Innovation and Sustainability workstreams with key milestones for delivery throughout winter which will enhance our capabilities to cope with surge.

### Background

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**Following the evaluation of winter 2021/22 we identified five key areas that we would focus on as a partnership for winter 2022/23:**

1. Progressing work around Home First including a 12-month plan aligning with Urgent and Unscheduled Care, and more specifically the Discharge without Delay (DwD) programme.
2. Enhancing hospital-based social work capacity to deliver on DwD ambitions.
3. Supporting community-based services within the Partnership to provide care in the community and avoid emergency admissions.
4. Extending the scope of the Community Respiratory Team (CRT) to include other conditions for example bronchiectasis, in tandem with maintaining the capacity throughout winter to remobilise the early supported discharge (ESD) pathway for Covid19 as required.
5. Working more closely with third sector organisations to relieve pressure on health and social care services and provide community-based care and support for local residents.

## Actions taken

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### Winter Planning / Unscheduled Care

1. We had our first meeting of the Winter Programme for 2022/23 on the 28<sup>th</sup> of June where we considered our initial proposals within the five priority areas for the year and against our core recurring funding of £171,000.
2. There will be a targeted focus through the DwD programme on Medicine of the Elderly (MoE) wards across Edinburgh (WGH/ RIE) to reduce Length of Stay (LOS) and ensure discharge planning starts at the point of admission. Daily meetings will be introduced to monitor the patient tracker, this will see a multidisciplinary team across Health and Social Care developing plans to ensure patients can be discharged as soon as they are ready to go. It is projected that this should release the equivalent of 38 beds by the end of March 2023.
3. Planned date of discharge (PDD) has been introduced in Fillieside ward in Findlay House and will be expanded to all of intermediate care to enable timely discharge without delay through proactive discharge planning. Interim beds will continue to be used for people waiting on packages of care (POC) or making choices on longer term care arrangements.
4. Home First Edinburgh is also targeting prevention and early intervention and there is work ongoing looking at Frequent Attenders at Emergency Department to identify preventative measures to avoid these attendances. Readmissions are also being reviewed to understand the reasons for readmission and measures that could be introduced to avoid these scenarios.
5. A front door early intervention team in the Medical Assessment Unit (MAU) at the WGH will be established, in tandem with Home First coordinators having a focus in MAUE based trolleys to support the first 72h of the patient journey from admission. This collaborative working and relationship building will support a patient centred narrative and provide safe and timely discharge.
6. The proposal to enhance CRT capacity has been supported with recurrent interface care funding which will allow us to expand the service and to provide Hospital at Home for Edinburgh residents with Bronchiectasis. It is estimated this service will reduce hospital LOS by 2 days, aligning closer to Lothian's LOS for this cohort.
7. Royal Edinburgh Hospital (REH) Winter Planning will link in with wider workstreams around One Edinburgh and Care Homes to continue to support discharge activity over the winter period. A workshop in July will take place to agree on the requirements for

PDD and DwD implementation. Following completion of the self-assessment they will initiate their first PDD Test of Change on Meadows ward.

8. The Public Health Practitioner (PHP) with the Community Resilience Team are looking at how to ameliorate the impact of the cost of living crisis for at-risk and vulnerable groups and to increase welfare rights capacity with a focus on prevention of admission and supporting people at point of discharge in the event of admission. Ensuring these groups are accessing the financial support they are entitled to can reduce the risk of their health deteriorating due to basic needs not being met. A planning session will take place in July to agree on additional resource which will be aligned to existing community teams.
9. Plans for VOCAL Winter Programme are being determined, this will focus on building from previous experience on popular aspects of the programme, events and respite breaks, as well as festive period' open days, to support carers in need. The programme will also look at ways to ensure appropriate support is in place for carers, including access to grants to offset the impact of the cost of living crisis and working more closely with the hospital based unpaid carer discharge support workers and other Health and Social Care teams to ensure the target carer audience is appropriate.
10. Discussions are underway around how ATEC24 might support the acute hospital front-door and Medicine of the Elderly in the use of technology-enabled care as an alternative to POC.
11. Flu and Covid vaccination plans are well underway with centres across the city and including capacity to do surge vaccinations if required. In discussion with Community Pharmacy to support vaccination of the very elderly. Schools and children will be delivered by Community Vaccination Team and Children's services.
12. An additional 14,000 patient registrations in the past year is putting pressure on general practice. Recruitment of multidisciplinary staff is ongoing to support Practices over winter seasons and beyond. Also looking for new premises opportunities for Primary Care to support growing workforce, services and population increase within City Practices.
13. Last year's winter resilience plans are currently being reviewed incorporating lessons learnt from 2021/22 as well as testing work around resilience plans through tabletop exercises.
14. EHSCP communications will be shaped around operational plans and key messages. A range of proactive messaging previously used will be implemented and there will be an opportunity to create further messaging depending on what the key messages will be for winter 2022/23.

15. There is no current plan to open any additional beds at Liberton or Astley Ainsley Hospital.

### **Innovation and Sustainability**

1. Recruitment is underway for Homecare and Reablement service with new shift patterns introduced to make roles more attractive. Work is also progressing to shift to a reablement model, initial analysis identified more efficient scheduling solutions which released 578 hours of city wide capacity allowing us to meet the needs of service users more effectively.
2. The Total Mobile scheduling solution will be implemented by the end of the year, which will enhance the service, supporting more optimisation of routes. It is estimated this will free up the equivalent of 80 FTE social care worker capacity in time from March 2023.
3. Recruitment is underway to the nursing model in the newer care homes beginning with Royston Court and Inchview and then Marionville Court. Recruitment to Royston is underway and the full cohort of nursing staff should be in post by November 21. Inchview will follow early in the New Year with Marionville Court planned for Spring 2023. We are working towards reopening our planned respite service in Ferrylee care home.
4. Work is underway to adapt Drumbrae for use as Hospital Based Complex Clinical Care (HBCCC), and to reduce the HBCCC capacity in line with modelling projections in advance of the move to Drumbrae.

### **Next Steps**

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1. Planning will continue, linked into NHS Lothian Unscheduled Care and geared to meet the needs not only of the HSCP but the wider Health and Social Care system. From the lessons learnt during past winters, recruitment will aim to begin early in the process, with analysis of the service skill mix carried out to make best use of the available staff.
2. Planning and operationalisation of the high impact Dwd work in acute MoE will see a heightened level of system working with a clear shared focus.
3. The Chief Officer will convene a wider group of senior managers and executive leads to further consider winter surge planning and contingency.

## Briefing Note author

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Appendix 2 - Winter Funding 2022/23 Approved Initiatives

Winter 2022/23 Winter funding approved initiatives				
Proposals	Resource	Cost	Approved	Comments
<b>CRT+/ ESD</b>	1 wte APP Physiotherapist Bnd 7 (COPD)	£58,253	Y	incl. travel / IT Oximeters (x50)
	1 wte Specialist PT Bnd 6 (CRT+)			
	1 wte APP Physiotherapist Bnd 7 (ESD)			
<b>Additional Hub Therapy</b>	2 wte Specialist Physiotherapist Bnd 6	£30,811	Y	incl. travel/ IT
<b>REH Hospital SW capacity</b>	2 wte Social Worker CEC Grd 7	£34,322	Y	cost incl. NI & SA/ based on midpoint of 2021/22 paygrades
<b>Cyrenians - Edinburgh community resilience</b>	£3000 Baffies and Blankets event £15000- Response Fund £3600- Winter lunch clubs £5000- Winter Pantries	£26,600	Y	
<b>Interim Placement</b>	2 wte Social Worker Grd 7 1 wte Community Care Assistant Grd 5 1 wte Occupational Therapist Grd 7 1 wte Physiotherapist Bnd 6 1 wte Senior Social Worker Grd 8	£85,226	Y	
Totals		<b>£235,212</b>	-£65,211.67	
<b>Winter allocation 2022-23</b>		£170,000.00		