

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 20 MARCH 2019

RESPONSE TO CHALLENGES ASSOCIATED WITH WINTER

1 Recommendation

The IJB is recommended to:

- 1.1 Acknowledge the increased pressure upon services during winter;
- 1.2 Endorse the overall approach adopted by the Aberdeenshire Health and Social Care Partnership (HSCP) in planning for winter and managing seasonal pressures;
- 1.3 Endorse the overall approach to strengthening the resilience of the Delayed Discharge process following the recent rapid improvement event; and
- 1.4 Agree to receive a further report in 6 months detailing progress made towards implementing actions related to Delayed Discharge detailed in Table 3.

2 Risk

- a. IJB Risk 1: Sufficiency of resources – There is a risk the resources available to the Integrated Joint Board (IJB) are not sufficient to maintain service provision over the winter period.
- b. IJB Risk 2: Health and social care policy – There is a risk that by failing to maintain positive performance, the IJB will not be aligned to national policy and will not deliver against its strategic priorities.
- c. IJB Risk 8: Working with partner organisations – Without a comprehensive winter plan and delayed discharge process which reflect Aberdeenshire's position within a larger health and social care system there is a risk sectors will not fully align resources in the best interests of patients and service users.

3 Background

- a. The Integration Joint Board (IJB) has received regular reports on winter planning and delayed discharge.
- b. The exact pattern of winter pressures is largely unpredictable, mainly because it is impossible to forecast the severity of winter weather and the extent of seasonal virus outbreaks. However, cold weather mainly affects the health of older people and people with long term illness, which, together with increased risks associated with snow and ice, puts additional pressure on health and social care services during the winter season.

4 Planning for Winter 2018/19

- a. Aberdeenshire HSCP is part of a cohesive approach to planning for winter through working with all relevant stakeholders, including the acute sector of NHS Grampian and our adjoining IJBs (Aberdeen City and Moray). The key aim of winter planning is, as far as possible, to ensure people are appropriately supported in a homely setting; and support people to effectively manage their health conditions.
- b. This year, in response to the severe weather conditions experienced last winter, there has been an increase in joint working with Aberdeenshire Council Infrastructure Services. The Roads Maintenance teams play an essential role in keeping roads safe to enable staff to access vulnerable people at home and are able to access work in hospitals, care homes, clinics etc. This year, the Winter Plan included an extension to the flu vaccination programme to include front line staff in both Infrastructure Services and HSCP teams. The vaccination programme has been implemented as planned with HSCP teams. Due to lack of capacity within the 2018/19 vaccine programme it was not possible to extend vaccines to infrastructure services staff this winter. However, this will be included in the vaccination programme for winter 2019/20.
- c. In addition to extending the flu vaccination programme, an additional element of the 2018/19 winter plan was to support the Aberdeenshire Council Snow Warden Scheme. The scheme involves recruiting volunteers from local communities to augment the gritting and pavement clearing services provided by Infrastructure Services. Aberdeenshire HSCP has contributed to the cost of this service from the Winter Planning funding, provided by Scottish Government. Around 70 snow warden volunteers have been recruited across Aberdeenshire, working in 27 teams. The teams are deployed across the same time period as Council gritting vehicles, from October/November until April. Recruitment of additional snow wardens will continue throughout the

year. The teams manage their own work plans, mainly clearing pavements and footways enabling these areas to be made safe more quickly than would normally be the case.

- d. As this is the first year of the Snow Warden Scheme, evidence of added value and outcomes is not yet available. However, a clear long-term benefit will be in supporting and enabling local communities to become more resilient during the winter period.

5 Impact of Winter Viruses

- a. At a national level, Health Protection Scotland reported that winter 2017/18 had an unusually high level of influenza. This may have had a link to increased levels of hospital admissions and bed days for older people who are more likely to have underlying long-term health conditions such as respiratory conditions, which are subsequently exacerbated by seasonal viruses.ⁱ
- b. Data regarding rates of diagnosis of Influenza-Like Illness (ILI) within Aberdeenshire during winter 2018/19 are not currently available. However, at a national level, Health Protection Scotland has reportedⁱⁱ that the rate of ILI decreased from earlier in the 2018/19 winter season and is below the baseline threshold for normal seasonal activity.
- c. The tables below provide a comparison of delayed discharge, emergency admissions and occupied bed days between December-January 2017/18 and the same period in 2018/19. Performance information for December 2018 and January 2019 indicate an improved performance this winter, compared with the same period in 2017/18.
- d. This is in line with the national picture, which indicates that younger age groups are being most affected by ILI, and therefore there is less impact upon on bed days, admissions and delayed discharge within the 65 + population.

Table 1: Delayed Discharge

	Dec-17	Dec-18	Jan-18	Jan-19
Number of Delayed Discharges at census <i>(includes Standard and Code 9 Delays)</i>	60	52	47	36
Number of Bed Days Occupied by Delays <i>(includes Standard and Code 9 Delays)</i>	1894	1656	1654	1580

Table 2: Emergency Admissions & Occupied Bed Days

	Dec-17	Dec-18	Jan-18	Jan-19
Emergency admission rate per 1,000 population aged 65 and over	18	18	20	17
Rate of emergency occupied bed days per 1,000 population aged 65 and over	194	184	215	184
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- e. As illustrated in Tables 1 & 2, data for delayed discharge, emergency admissions and emergency occupied bed days have all improved or remained stable between 2017/18 and 2018/19. This is encouraging and reflects the robustness of the health and social care system, in terms of preventing emergency admissions and enabling timely discharge from hospital throughout a period of the year when demand historically increases. Weather conditions for December and January this winter have been more favourable than the same period last year, and this may have some impact upon the level of pressure on services.
- f. Primary care is the frontline service for the majority of winter-related illness. Data for winter 2018/19 is not currently available, however historic trends would indicate an increase in GP consultations; prescriptions for seasonal conditions, such as those related to respiratory conditions; increased presentations at Minor Injury Units due to slips and falls. The Virtual Community Ward (VCW) daily meetings are an important aspect of our response to winter pressures. These provide an alternative mechanism for managing people in a homely environment opposed to being unnecessarily admitted to hospital. The performance of primary care and wider multi-disciplinary teams is pivotal in managing peaks in demand and have a significant impact across the wider health and social care system.

6 Delayed Discharge Improvement Event

- a. There was an increase in the number of Delayed Discharge cases between August and November last year as a result of a number of factors, including the closure of a care home. This increase represented a concerning change from a position of relative stability. A one-day rapid improvement was held on 6 February 2019 to review current challenges and identify deliverable actions to increase the resilience of the discharge process.

- b. The event brought together representatives from a range of community and acute hospital settings, who reviewed progress since the last Delayed Discharge improvement event in 2015 and identified current areas of focus for development and improvement work. Table 3 shows the key themes which emerged and examples of some of the outcomes being worked towards.

Table 3: Delayed Discharge Improvement Event – Summary of Themes and Actions

Theme	Actions
Processes/Path way	<ul style="list-style-type: none"> • Reduce demand for care home placements as a result of more coordinated discharge planning • Improve cross-sector working through greater collaboration with Aberdeen Royal Infirmary Discharge Hub • “Dynamic Daily Discharge” process to be followed consistently across all hospital sites • Increase responsiveness of care at home providers to enable reduction in delays • Increase the use of enablement to maximise individual’s independence • Reduce readmissions to hospital through an increase in coordinated discharge planning and use of Anticipatory Care Plans (ACP) • Increase the role of responder home carers in hospital discharge planning
Communication	<ul style="list-style-type: none"> • Reduce delays related to family issues through greater communication and awareness raising • Increase the number of Power of Attorney and Anticipatory Care Plans in place
Organisational Culture	<ul style="list-style-type: none"> • Reduce unnecessary delays for people transferring from ARI to community hospitals
Engagement	<ul style="list-style-type: none"> • Increase the input of the Third Sector in the discharge planning process

- c. A Delayed Discharge Improvement Implementation Group has been formed with representation from Housing, Discharge Hub at Aberdeen Royal Infirmary, Carers, Third Sector and all appropriate HSCP multi-disciplinary professions. The group is responsible for developing and implementing an action plan in relation to the themes summarised in Table 3. Progress will be regularly monitored through the Re-shaping

Care Programme Group.

- d. A number of performance measures are regularly reviewed in relation to Delayed Discharge, including a weekly report on the number of Aberdeenshire patients delayed in both acute and community hospitals; a monthly census report carried out on the last Thursday of every month; a breakdown of the census report by hospital setting and by reason for delay; a quarterly report on bed days lost to delayed discharge. These form the basis of a performance framework which will be used to monitor progress of the improvement action plan. Whilst these measures are a very useful indicator of performance across Aberdeenshire and wider health and social care system, they are not a measure of an individual's experience or their outcome. As part of the improvement work, consideration will be given to a mechanism which gathers individual's and carer's views of their hospital discharge experience and in particular those who have experienced a delay.

7 Conclusion

- a. It is recognised that at both an individual and wider system level seasonal pressures and delayed discharge are a significant challenge. At the wider system level, Aberdeenshire HSCP works closely with all relevant stakeholders, including the acute sector of NHS Grampian and our adjoining IJBs. At Aberdeenshire HSCP level, teams work closely with each individual and their family/support network to find solutions to help reduce the impact any delay has on a person's health and wellbeing.

8 Equalities, Staffing and Financial Implications

- a. An equality impact assessment is not required because there are no impacts on the protected characteristics arising as a result of this report.
- b. The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and any comments have been incorporated within the report.

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ⁱ National Records of Scotland, Winter Mortality in Scotland 2017/18

ⁱⁱ Health Protection Scotland Weekly National Seasonal Respiratory Report, Week Ending 10 February 2019 – week 6