# North Lanarkshire Council
# Report

## Adult Care and Social Work Committee

**Does this report require to be approved?** ☐ Yes ☒ No

**Ref** MD/CR **Date** 18/02/25

## Whole System Winter Planning and Resilience 2024/2025


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### Executive Summary


This paper is coming to the Committee to provide an update on and confirm support for the planning arrangements being put in place to ensure Health and Social Care Services are prepared as reasonably as they can be for the coming winter months, with particular recognition of the uncertainties and potential impacts that remain relating to inclement weather, influenza and other respiratory illnesses, norovirus and other winter viruses' financial pressures, cost of living issues and other concurrent risks against the backdrop of major pre-existing system-wide pressures

This paper has been prepared by the multi-agency, multi-disciplinary winter planning group alongside the key action areas of Operation Flow. It has been presented to the NHS Lanarkshire Board and North Lanarkshire Integration Joint Board.


### Recommendations

It is recommended that the Adult Care and Social Work Committee:

(1) Acknowledge the extensive planning undertaken to date; the range of 'early warning systems' in place to seek to identify any issues and mitigate; accordingly, and the variability of a series of scenarios which mean that the winter plan will require to be constantly reviewed and flexed to meet any emergent issues.

### The Plan for North Lanarkshire

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|---|---|
| Priority | Enhance participation, capacity, and empowerment across our communities |
| Ambition statement | (12) Ensure our residents are able to achieve, maintain, and recover their independence through appropriate supports at home and in their communities |
| Programme of Work | Resilient People |

## 1 Background

1.1 Annual whole system planning is undertaken in preparing Health and Social Care Services in such a way as to mitigate the risks normally associated with winter. The Lanarkshire Health and Social Care system, in common with that across Scotland, continues to face significant challenges.

1.2 Planning for Winter 2024/25 commenced in August 2024 and, as in previous years, is undertaken in accordance with national guidance. The Lanarkshire approach to winter planning is a multi-agency approach across NHS Lanarkshire, North and South Lanarkshire Integration Joint Boards (IJBs) and both Councils together with the respective supports (for example, the Scottish Ambulance Service and NHS 24).

1.3 Given the level of unpredictability in the Health and Social Care sectors as well as in the wider public system, this year's Winter Plan has been developed as, and should be understood to be, a dynamic plan and one that is highly likely to be subject to change over the coming months as it reacts to any emergent issues. This has also been recognised from a Local Resilience Planning (LRP) perspective and a specific exercise took place on 14 November 2024 to test system-wide planning. Additionally, work undertaken in previous years by NHS Lanarkshire to take account of the increasingly likely eventuality of several concurrent risks which may well align to create increased system pressure has also been utilised as part of the wider winter planning process. These risks include, inter alia, increased prevalence of flu and other respiratory infections - both in relation to infectivity and impact; uptake and efficacy of vaccination programmes; workforce shortages across a number of sectors and grades across the Health and Social Care sector; public health impact of cost-of-living crisis/fuel costs and subsequent demand on health and care services; inclement weather and available finances.

### National Guidance / Scottish Government Correspondence

1.4 National guidance was published on 24 September 2024 and is attached as Appendix 1. The guidance sets out the national expectations for those areas that local winter plans would be expected to address.

1.5 The four winter planning priorities outlined follow a journey through the health and social care system:

- **Priority One**: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- **Priority Two**: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority Three**: Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- **Priority Four**: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

1.6 Thereafter there was a request that a winter preparedness self-assessment be prepared which was also undertaken by the multi-agency group and duly submitted to Scottish Government by the due date of 16 October 2024. The self-assessment is attached as Appendix 2.

1.7 Some funding has been made available centrally in 2024/25 to support winter planning as well as some monies managed internally as part of the respective financial plans to anticipate winter pressures. Following discussion between the NHS Lanarkshire Director of Finance and the two Chief Financial Officers of the IJBs, funding to manage the impact of winter and ongoing pressures has been identified.

1.8 Funding sources include nationally provided Unscheduled Care monies and financial plans of the NHS Board and the two H&SCPs. In total, it is anticipated that circa £4.0m will be utilised in funding all the additional services which will be provided, and this can be funded from the available budgets.

**Approach to Winter Planning 2024/25**

1.9 Whilst the winter plan will be a Lanarkshire wide plan, it is structured in two main parts. This is to recognise the significant work underway as part of Operation Flow, which is aimed at maximising flow through acute hospitals and associated care pathways. Continuation and emphasis of aspects of this work will form the basis of the winter planning for acute hospital services.

1.10 All other aspects of the Lanarkshire wide winter plan, including the input of Flow Navigation Centre +, have been undertaken via the multi-sectorial/multi-agency winter planning group. Representation from acute services/Operation Flow/FNC+ forms part of the wider group to ensure all necessary synergies are recognised and planning is appropriately integrated.

1.11 As well as the national guidance referred to at 1.4, there was also a debrief of the Lanarkshire winter plan for 2023/24 and that has also been considered as part of the planning for winter 2024/25.

**Operation Flow: NHS Lanarkshire's Whole System Unscheduled Improvement Plan Supporting Winter Planning**

1.12 The key objective for Operation Flow remains that patient safety is enhanced, and staff wellbeing improved through a reduction in hospital occupancy and maintaining sustained improvement across all key performance metrics. This remains a commitment during the winter period. This will be achieved by:

- Managing demand across the system
- Maintaining a positive admission and discharge balance
- Maximising outflow

1.13 Creating the right conditions for the success of the winter plan is essential. Consequently, preparation has included reviewing and finalising Target Operating Models (TOMs) and ensuring that the full workforce is engaged in all elements of the plan and understand their role in its implementation. System readiness is also underpinned by the delivery and implementation of the detail of the site and HSCP level action and improvement plans.

1.14 The specific actions agreed include:

1.14.1 Delivery of the Acute Sites Minors Improvement Plan to maintain sustained performance of 90% daily across the Flow Group 1.

1.14.2 Implementation of the Front Door TOM across all 3 Acute sites. This will ensure consistency across all Front Door processes and pathways and a reduction in unnecessary waits / delays for patients. The actions for the TOM implementation include operationalisation of REACT to maximise streaming of patients to the right part of the system (including direction to other locations of care); scheduling of minors and ambulatory care patients; and appropriate referral to other hospital-based specialties within the agreed timescales as outlined in the TOM.

1.14.3 Improving flow at the Front Doors is also dependant on maintaining a positive admission and discharge balance across the acute and non-acute bed base. Work continues to embed the NHS Lanarkshire flow foundation bundle which includes achieving ward beat, setting PDDs, maximising prenoon discharges, x 3 times daily structured board rounds to support discharge planning and using criteria led discharge when a Senior Clinical Decision maker is not available. This improvement work has been further enhanced by the development of an Optimal Discharge Planning TOM that outlines which discharge planning pathway (1 – 4) a patient should be allocated to. This supports the ward staff to identify at an earlier stage if patients will require assessment from social work and social care teams to ensure their safe discharge. Significant work has been undertaken to raise awareness of the key principles of the TOM, however further training and education is required to support implementation.

1.14.4 Refresh of the Operation Flow Handbook – to provide further clarity across all disciplines, roles and responsibilities in relation to flow improvement across our system.

1.14.5 Weekly review, using a ‘criteria to reside’ methodology for all patients not in delay with a LOS of 14 days plus, to determine the discharge planning actions required.

1.15 There will be continual oversight of the delivery and implementation of the actions through the Core Oversight Board and Executive Flow Oversight Board, alternating on a weekly basis, utilising all appropriate data as well as multiple daily reviews of system operating issues and actions being reviewed and revised as necessary.

**Discharge Without Delay**

1.16 Work continues in embedding the Discharge Without Delay programme and its related aspects, e.g. Planned Date of Discharge; consistent roll out of Home Assessment services North and South; increased numbers of people being supported to die at home via ‘pathway 4’ and further work with third sector providers.

1.17 These elements have also been incorporated into the Optimal Discharge Planning TOM.

1.18 Both of North and South Lanarkshire HSCPs have seen a reduction in the number of delayed discharges and in turn, there is an increase in the number of people who are being supported to be rehabilitated at home. This is often to a level of being able to

manage their own care independently or, in some instances, with a reduced level of care than may have been originally assessed when in the hospital or first referred.

1.19 Both HSCPs also work closely with 'Lanarkshire Carers' as well as a range of voluntary organisations such that increased levels of support are available to carers to support them to be able to continue to undertake their caring roles.

**Flow Navigation Centre + Plus (FNC+)**

1.20 The work of the FNC will play a major role as part of the wider system response to managing winter pressures in 2024/25 and as part of the preparation for winter, the service has moved to larger accommodation in Kirklands Headquarters. This has allowed the expansion of the team and further collaboration with partners.

1.21 A dynamic multi-disciplinary team is now in place to support clinical decision making. The team consists of registered nursing staff, consultant geriatricians, emergency department consultants and SAS Advanced Nurse Practitioners (ANPs). This will ensure good coverage to manage all calls received and to thereafter be able to support patients to receive the right care as timely as possible with a positive experience. Plans are being developed to expand this team further to include pharmacists, Allied Health Professionals and palliative care services.

1.22 This also includes maximising the use of systems such as 'Consultant Connect' and 'Near Me' such that as far as possible, there can be shared approaches agreed to the management of patients between NHS 24, SAS, primary and secondary care services.

1.23 A range of other supports is also available to manage specific patient groups, e.g. access to frailty services, expanded Hospital at Home (H@H) and Outpatient Antibiotic Therapy (OPAT).

1.24 The tendering process for virtual ward capacity has now been completed and plans are underway to introduce the capacity for up to 400 virtual beds, building on the success of the existing Frailty H@H service in Lanarkshire. This virtual system will enable electronic patient records to be accessed and shared by all involved in a patient's care; update patient reported outcomes; wearable technology for continuous and intermittent monitoring; ability to engage via telephone; messaging and video calls directly with patients.

1.25 The initial focus of these beds will be to reduce occupancy across the acute sites, swiftly moving to admission avoidance across specialties such as respiratory, cardiology and gastroenterology.

**Social Care Provider Sustainability**

1.26 Independent providers of social care in Scotland, notably care homes and care at home providers, have highlighted the continued difficult operating environment in which they operate. There are increasing numbers of jobs in the 'unqualified' sector that means care jobs are not as attractive as they once were and accordingly, vacancy pressures continue to be a concern for several providers.

1.27 Both HSCPs and their respective Councils have taken steps to augment their scanning of the care home provider environment and provide additional support proportionate to the demands on in-house provision, available resources (noting the social care

workforce challenges) and statutory/legal parameters. On a Lanarkshire-wide basis, support for Care Homes is overseen by the pan Lanarkshire Care Home Assurance and Support Board (CHASB). The Care Home Collaborative Group reports to the CHASB. Its purpose is to support quality improvements to enable the implementation of the "My Health, My Care, My Home healthcare framework for adults living in Care Homes". The Care Inspectorate participate in both of these meetings.

**General Practice and Pharmacy opening**

1.28 As in previous years, a local enhanced service to support general practices over the peak winter period has been agreed. This will see up to 74% of the GP practices in Lanarkshire opening at some stage over the Public Holidays on 26 December 2024 and 2 January 2025 as well as Saturday 28 December 2024 and thereafter on all the Saturdays during January 2025. The practices involved have been supported in communicating this to their respective patient lists. Similarly, the respective details will be shared with NHS 24, the Primary Care Out of Hours Service (PCOOH) and FNC+ such that as many people as possible can be diverted to their own GP practice during these typically very busy times for the wider 'unscheduled care' system.

1.29 There will also be an extended public holiday pharmacy service available to ensure that people can both access prescriptions as well as being available for re-direction from NHS24, PCOOH Service, FNC+ and Emergency Departments where possible.

**General Practice sustainability**

1.30 As is recognised as the situation across Scotland, general practices across Lanarkshire are experiencing more pressure than at any point in their history.

1.31 This was the subject of previous presentations to the NHS Lanarkshire Board which included describing the work ongoing to address capacity and demand, most notably, through the Primary Care Improvement Plan (PCIP).

1.32 As part of the regular reporting to Scottish Government on system pressures through the winter period, there are weekly updates on the numbers of practices that are unable to provide the full range of services that they would under 'normal' working conditions.

**Primary Care Out of Hours Service (PCOOH)**

1.33 The new clinical model operating in the Lanarkshire PCOOH service has assisted the Service to move to a more multi-disciplinary workforce and competency-based model of care, thereby reducing the number of occasions when alternative arrangements require to be introduced.

1.34 This multi-disciplinary team will be enhanced over the winter period to ensure additional staff are available to manage the increased demand that can be anticipated across the peak activity periods in winter.

**Contingency Arrangements for Additional Deaths**

1.35 Whilst there is no reason to assume that there will be above average mortality rates when compared to other winters, as part of the routine contingency planning required every winter, additional mortuary capacity will be available over the winter period.

1.36 As part of the Lanarkshire LRP arrangements, there is also scope to work with local undertakers to increase the frequency of funerals, burials and cremations should the need arise.

**Flu and Covid 19 Vaccine Programme**

1.37 Following final advice on the winter flu and Covid 19 booster programme from the Joint Committee on Vaccination and Immunisation (JCVI), vaccines are being offered to the following groups:

1.37.1 Flu and Covid vaccines

The groups below are eligible for both COVID-19 and flu vaccines this winter:

- Residents in care homes for older adults
- Those aged 65+
- 6 months-64 at COVID clinical risk
- Staff in care homes for older adults
- Frontline health and social care workers
- Pregnant women at any stage of pregnancy (first, second or third trimesters)

1.37.2 Flu vaccine only

The groups below are eligible for their flu vaccines this winter:

- 18-64 years with an eligible flu-only clinical risk condition
- Carers (including unpaid and young carers)
- Non-frontline NHS workers
- Household contacts of those with immunosuppression
- Asylum seekers living in Home Office hotel or B&B accommodation
- Those experiencing homelessness
- Those experiencing substance misuse
- All prisoners within the Scottish prison estate
- Those living in long-stay residential care homes or other long stay care facilities

1.38 The programme is well advanced, and this year is utilising a range of ‘pop-up’ clinics in health centres, clinics and various local community facilities; local pharmacies for the >75s; hospital outpatient departments at weekends and three ‘mass vaccination centres’ at Muirhead Clinic, Braidfute retail centre (Lanark) and Eddlewood Community Centre in Hamilton. (Venues previously available for mass vaccination centres have largely been given back to their original use and no longer available.) In addition to this, there is a range of services designed to offer vaccines to any who are in geographical areas or part of a thematic/ethnic group where take up of vaccine may be lower than for the general population.

**Carers Support**

1.39 Funding from the Carers (Scotland) Act 2016 allocation 2024/2025 has been used to enhance operational services for carers across both Partnerships. This included monies from this funding being directed to support ongoing work with carers, with a particular emphasis on the Self-Directed Support (SDS) agenda; and a strengthened internal capacity within the HSCPs to enable frontline staff in managing increasing demand with regards to supporting carers. This has seen a sharp increase in the

number of carers being identified and therefore able to be signposted to the respective supports.

**Staff Wellbeing**

1.40 NHS Lanarkshire's Health and Wellbeing Strategy will form an integral part of the system wide winter plan. The emphasis will be on providing a working environment in all areas across Health and Social Care where staff are able to enhance and maintain their personal and professional wellbeing and to reach their full potential in a culture that provides space, time and support for self-care.

1.41 The 'Strategy supports the shared vision of ensuring that staff health and wellbeing is embedded fully and championed at all levels across the respective organisations. To increase visibility and awareness of staff health and wellbeing platforms, Staff Health and Wellbeing week was designed to showcase the support, resources, initiatives and opportunities currently provided to help support staff to manage their health and wellbeing. Again, like the wider approach to winter planning, this recognises pressures which are system-wide; and a shared approach to manage the dynamic between the imperative to maintain staff health and well-being alongside the significant demand being placed on health and social care services.

1.42 Council employees can also access a range of materials to support health and wellbeing through the respective employee programmes.

**Adverse Weather**

1.43 Adverse Weather events are defined by reference to the Met Office Weather Warning system. NHS Lanarkshire and both North and South Lanarkshire Councils have policies in place in relation to adverse weather that applies wherever severe weather may obstruct staff from being able to attend work, and/or where severe weather poses a significant risk to the health, safety and wellbeing of staff.

1.44 A series of actions is open to the organisations, individually and in collaboration, in managing adverse weather and these have been refined over many years of winter planning. These include working with and through the Local Resilience Partnership (LRP) and with pre-identified voluntary organisations.

**CONCLUSIONS**

1.45 A range of implementations and reviews have taken place to ensure the right conditions for the success of the winter plan. Preparation have included finalising new care models and ensuring that the full workforce is engaged in all elements of the plan and understand their role in its implementation to support continuous patient flow and care

## 3. Measures of success

3.1 In moving from prototypes to practice, it is essential to determine and agree performance measures. How do we know we are making a difference and how might we measure this through performance outcomes. Given prototype development has reached the stage to be tested operationally, it requires further discussion with people in their communities and operational staff to further agree the detail.

3.2 This operational testing will determine how we will know that the getting it right for everyone overarching principles, and the practice solutions identified through prototyping will make a difference. Performance measures require to identify whether the issues people have raised through the co-design process are resolved and that people experience improved outcomes.

## 4. Supporting documentation

4.1 Appendix 1 National guidance, published 24 September 2024
4.2 Appendix 2 Self-assessment

**Morag Dendy**
**Chief Officer / Head of Planning, Performance and Quality Assurance**

## 5. Impacts

**5.1 Public Sector Equality Duty and Fairer Scotland Duty**

Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty?

Yes ☐ No ☒

If Yes, please provide a brief summary of the impact?

If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments

Yes ☐ No ☐

**5.2 Financial impact**

Does the report contain any financial impacts?

Yes ☒ No ☐

If Yes, have all relevant financial impacts been discussed and agreed with Finance?

Yes ☒ No ☐

If Yes, please provide a brief summary of the impact?

A number of funding sources are being utilised to cover the cost of the additional services being introduced to support enhanced staffing and services across the peak winter period. For the majority of services, they will operate from mid-December through to mid-March.

• Funding sources include nationally provided Unscheduled Care monies and financial plans of the NHS Board and the two H&SCPs.

• In total, it is anticipated that circa £4.0m will be utilised in funding all the additional services which will be provided, and this can be funded from the available budgets.

**5.3 HR policy impact**

Does the report contain any HR policy or procedure impacts?

Yes ☐ No ☒

If Yes, have all relevant HR impacts been discussed and agreed with People Resources?

Yes ☐ No ☐

If Yes, please provide a brief summary of the impact?

**5.4 Legal impact**

Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)?

Yes ☐ No ☒

If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic?

Yes ☐ No ☐

If Yes, please provide a brief summary of the impact?

**5.5 Data protection impact**

Does the report / project / practice contain or involve the processing of personal data?

Yes ☒ No ☐

If Yes, is the processing of this personal data likely to result in a high risk to the data subject?

Yes ☐ No ☒

If Yes, has a Data Protection Impact Assessment (DPIA) been carried out and e-mailed to dataprotection@northlan.gov.uk

Yes ☒ No ☐

**5.6 Technology / Digital impact**

Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi?

Yes ☐ No ☒

If Yes, please provide a brief summary of the impact?

Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?

Yes ☐ No ☐

**5.7 Environmental / Carbon impact**

Does the report / project / practice contain information that has an impact on any environmental or carbon matters?

Yes ☐ No ☐

If Yes, please provide a brief summary of the impact?

**5.8 Communications impact**

Does the report contain any information that has an impact on the council's communications activities?

Yes ☒ No ☐

If Yes, please provide a brief summary of the impact?

• Work is well underway at both local and national levels on the public messaging in relation to the different pathways/routes into health care services the public are being asked to follow during the winter months. As will be appreciated from the foregoing range of initiatives, there are many areas where the public will be asked to assist in managing the impact of winter this year. North and South Lanarkshire HSCPs, both Councils and NHS Lanarkshire are actively involved in seeking to ensure the messages are appropriate, shared widely and understood.

• There has also been an expansive series of communications to seek to support as many people as possible take up the offer of vaccines – whether flu, Covid or both. This has also been accentuated for frontline health and social care staff.

• The key message themes are to ask people to plan ahead; know the different options that are available to them to access urgent care; and to encourage as many people as possible to access the service which is closest to them and least reliant on hospitals and general practices. Communication staff from both Councils are also actively engaged in the advertising campaigns to maximise care staffing recruitment.

**5.9 Risk impact**

Is there a risk impact?

Yes ☒ No ☐

If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?

Learning from recent months and years has underscored the need for continued multi-disciplinary team working to better meet service demands; and the need for a cohesive whole system approach to delivering health and social care going forward.

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| | The experience of recent years has emphasised the interdependencies between primary care (including independent contractor services), community care, secondary care, and social care; and shown that one component of health and social care delivery being overwhelmed with demand can have consequential knock-on effects on the other component parts of the system.<br><br>• Given the foregoing, even with mitigations in place, there is a significant risk that the systems across NHS Lanarkshire and beyond will be under extreme pressure over the winter period. This risk has been moved from 'medium' to 'very high' on the IJB risk register |
| **5.10** | **Armed Forces Covenant Duty**<br>Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)?<br>Yes ☐ No ☒<br>If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services. |
| **5.11** | **Children's rights and wellbeing impact**<br>Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these?<br>Yes ☐ No ☒<br>If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC).<br><br>If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out?<br>Yes ☐ No ☐ |

Appendix 1

# Health and Social Care Winter Preparedness Plan 2024/25

COSLA

Scottish Government
Riaghaltas na h-Alba

## Contents

## Joint Foreword by the Cabinet Secretary for Health and Social Care, Neil Gray and COSLA Spokesperson for Health and Social Care, Councillor Kelly

The value and importance of our health and social care services has never been clearer, and the people who deliver these vital supports are the pillar of Scotland's public services. Most if not all individuals across Scotland will interact with health and social care services at some point in their life, and we are committed to ensuring that everyone experiences consistently high-quality care when they do. This plan sets out how we as COSLA and Scottish Government will jointly seek to address the exceptional pressures facing our health and care services over the winter, to support local systems to deliver quality services. However, we cannot understate how challenging the environment is for our health, social care, and social work services, with the demand on the system rising, and the complexity of support many people require increasing.

Last year we committed to moving from annual winter planning to year-round surge planning, in recognition that surges don't just occur in winter but can happen at any time and are increasingly sustained. In last year's plan, we talked about how we had started the planning process earlier than ever before. Now we have gone a step further, moving towards this as a continual process in which our key partners including in the independent, third and voluntary sectors are equal partners who can shape this planning activity.

We have engaged more widely than ever before as part of this process. This is not simply a one-off change, but a commitment to more effective partnership working; a process where we listen and respond year-round, building and adapting our plans to ensure they most accurately reflect Scotland's diverse needs and facilitate preparedness for whatever surges we may face. To those who have contributed to this goal and this plan, a genuine heartfelt thank you, we hope that you can see your contributions and your voice reflected within this document.

Ultimately, what we have heard is important, and what this plan is about, is people. The people who access our health, social care and social work services but also the people who work tirelessly to ensure that those services deliver the best possible standard of care. A person's right to the highest attainable standard of physical and mental health, as well as their right to live independently in their community, has been the overarching focus in the development of this plan.

Despite this planning now being a continuous process, we are clear that winter is a specific period of increased pressure, in which people require additional support from our health, social care and social work services. Increases in respiratory illnesses, such as flu, covid and RSV, as well as weather-related injuries from falls and accidents, make what is already a challenging environment in which to deliver services even more difficult.

As we have outlined, this plan is about people, and it could not be realised without our incredibly dedicated and hard-working workforce. We know that those who work in the NHS, our local authorities, care homes and care at home services, and community based organisations work incredibly hard year-round, but particularly in

winter, to make sure that everyone gets the safe, timely care they need in the appropriate setting. This workforce protects, cares for and nurtures the wellbeing of the people of Scotland, and it is right that this plan outlines actions taken to support these individuals so they can continue to care for our population.

We also recognise the wellbeing and support needs of Scotland's hugely valued unpaid carers, ensuring that those who provide critical care to their loved ones are appropriately cared for.

A key element of this winter plan is ensuring that people are cared for in the right place at the right time. This begins with the prevention work to keep people well, and keep them from needing hospital care, this includes work underway in our social care system, the hard work of volunteers and unpaid carers, our extensive vaccination programme and utilising our primary care system effectively.

Within our hospitals, this plan targets key priorities critical to an efficient and resilient system, such as admission, a steady and consistent flow through the system and the joint efforts of our health, social care and social work systems to ensure timely discharge.

Our hospitals provide specialist high quality, safe, clinical care, and while the vast majority – nearly 97% – of people are discharged without delay, some people remain in hospital after it is clinically necessary. Much attention is given to these 'delayed discharges', but this is not about statistics, it is about people. People who will not sleep in their own bed tonight and who will have poorer outcomes as a result. We must do everything in our power to ensure that people receive the support that is right for them, in the right place, at the right time, and that there is strong collaboration and leadership across health, social care, and social work to ensure a timely and safe discharge from hospital.

Beyond the hospital setting, this plan clearly articulates our priority of supporting people to live well in our communities, providing care as close to people's homes as possible. This may be in a care home, through our dedicated care at home services or through self-directed support, all of which play a vital role in seeing this priority realised.

Whilst we should not underestimate the additional challenges that winter can bring to our increasingly pressured health, social care and social work services, the priorities set out in this plan support systems to ensure that appropriate preparations are in place. By working together as a whole system, we can continue to deliver safe, timely and high-quality care for people across Scotland, supporting them to live healthy happy lives.

## Introduction

This Winter Plan represents a whole system approach to addressing a surge in demand for health, social care and social work services. Whilst it is recognised that over recent years there has been increasing and sustained pressures on our health and social care system, there are also periods, such as winter, where demand increases even further. Winter is not the only period this can occur and surge pressures can happen at any time; therefore we are transitioning to year-round surge planning and the measures outlined in this plan are applicable throughout the year as well as the winter months.

However, we also recognise there are unique challenges for health and social care services throughout the winter period that result in increased pressure on our services, including increased respiratory infections, higher risk of slips and falls, and staff absence. Insofar as is possible, systems should adopt a preventative approach to managing pressures and to mitigate and reduce harm by ensuring people who need health, social care and social work services are receiving the right care, in the right place, at the right time. We also recognise that pressures on the system are not confined to increased demand but are increasingly exacerbated by the position of public finances. Our partners across health boards, local authorities, Integration Joint Boards and the third and independent sector are all facing extremely challenging financial pressures, and it is within this context that we are setting out a national approach to supporting local systems to address some of these challenges, whilst recognising the impact that the current financial position has on our ability to achieve sustained improvements.

Building on last year's plan, our focus has been on enhancing partnership working across health and social care, going further in our engagement, with a particular focus on working alongside our independent, third and voluntary sector partners, recognising the significant contribution they make within our communities.

Last year's plan enabled us to save more than 50,000 unnecessary ambulance journeys for individuals. By the end of 2023/24 we had created 495 older people and acute Hospital at Home beds across Scotland, which supported over 14,400 people without them needing ambulance attendances, emergency care or to spend time in hospital. This service provides additional support for the system at periods of peak pressure, for example last winter more than 1,700 individuals were supported by older people / acute adult hospital at home in January 2024 alone, providing them with critical care when it was needed most. This represented a 54% increase on provision in January 2023. We also know the crucial role that community supports play in keeping people well and enabling people to live independently, preventing many individuals from requiring hospital care in the first place. Public Health Scotland's (PHS) Care at Home statistics tell us that in 2022/23, 89,620 people received 37.7 million hours of care which was an increase from the year before.

We have strengthened and embedded a person-centred and person-led approach to the development of this Plan as well as our work at a national level, with the aim of equipping our health and social care services to deliver safe, timely and high-quality care by working collaboratively with all parts of the system. This focus on people is

critical to ensuring that individual's human right to the highest attainable standard of mental and physical health and their right to live independently as part of a community are upheld and that every person in Scotland can continue to expect high quality care, despite the incredible pressures on the system.

Whilst this plan provides a national overview, it also seeks to address the specific operational pressures experienced and support our local partners to continue to provide the specific services required by their local population and deliver the high-quality care that individuals rightfully expect. We know that the delivery of these services requires close partnership working across multiple agencies and organisations. We and our partners work hard to include delivery partners, including those in the third and independent sectors, in the planning and preparedness activity but there is always more we can do to ensure that all partners are active members of this process.

From dashboards created last year, we are using data to better understand local variations, to determine local and national actions and target interventions where there is greatest need.

Our approach to surge planning incorporates ongoing improvements and continues work to maximise capacity and improve flow through all parts of the system. It also utilises effective monitoring of enhanced data to bolster our understanding of the resilience of the system.

Key components of our approach towards a more resilient health and social care system and, in turn healthier communities:

- An approach that is whole system, prioritising prevention, improving system flow and embedding a home first approach.
- Leadership at all levels, both nationally and locally, supported by appropriate governance arrangements.
- Preparedness checklist for local systems.
- Community capacity and surge capacity planning.
- Continued use of and development of the data and dashboard to inform improved surge reporting and modelling work year-round.
- Winter vaccination programme including roll out of the new Respiratory Syncytial Virus (RSV) vaccination programme for older adults aged 75-80 and infant protection via maternal vaccination.
- Continued monitoring of performance of Primary Care system.
- Protecting planned care through increased use of day surgery units.
- Reducing the time people spend in hospital by delivering optimal discharge planning based on Centre for Sustainable Delivery (CfSD) evidence.
- Reducing delays through the delivery of our Hospital Occupancy and Delayed Discharge Action Plan and actions under our Joint Mission to Reduce Delayed Discharges.
- Working together, through our Joint Statement of Intent Commitment, to overhaul the current mechanism of eligibility criteria to ensure an approach to social care support that is based on human rights and needs, whilst also recognising that community waits for care and support and assessment are inextricably linked to challenges with workforce and finances.

- Supporting our vital workforce in both health and social care, as well as unpaid carers across Scotland.
- Supporting people to live well in the community, through the provision of high-quality care, in care homes and care at home services and through investment in care and support, including self-directed support and support for unpaid carers.

## Learning from Last Winter

As in previous years, we undertook a comprehensive exercise to understand the lessons learned from last winter, which focused on the development, delivery, and governance of the published actions. This work has informed and shaped our planning this year.

We have met with valued partners from across the NHS, Local Authorities, Health and Social Care Partnerships (HSCPs), the third, independent and voluntary sectors to listen to their concerns and identify gaps in last year's winter plan. We have implemented many of the requested changes and will continue to work alongside those most affected by the plan, to make necessary improvements, so that our plan can best reflect the current context and support our system.

Local systems, and the individuals and organisations that work within it to deliver health and care to our most vulnerable individuals, worked hard to meet high levels of demand and ensure people received care when they needed it most. However, we know that complex challenges remain and there is still work to be done to ensure people can access the timely care they need in the appropriate setting.

Last winter and in previous winters, we have seen unacceptable waits for ambulances, assessments and care packages, long ambulance queues and delays in A&E departments, and hospitals more broadly. We have experienced high levels of hospital occupancy, delayed discharge and unmet need within our communities, as well as increased demand for GP appointments and for social care packages and assessment.

We know that all aspects of our health and social care system are interconnected. Increased pressure in one part of the system is not isolated but impacts more widely across the whole system. Increased occupancy within our hospitals for example can increase the individual's length of stay and impact on levels of delayed discharges. This also leads to poorer outcomes for individuals which in turn can have a knock on impact on the demand for social work assessment and, in particular if an individual has a prolonged hospital stay, the level of care they require when they do leave hospital. It is important to recognise the significant impact longer lengths of stay have on individuals, causing deterioration, reducing independence and in some cases resulting in life-changing decisions such as admission to institutional care.

We have also seen that these are not limited to the winter period with increased pressure on our health and social care system at all times of the year. This has, since the Covid-19 pandemic, regularly continued throughout the summer months and we have, this year, seen delayed discharges remain at peak levels long after they would normally begin to reduce. It is also important to note that Covid has not gone away, but simply added to the pressures experienced, at points this summer we have seen over 600 hospitalisations from Covid, Scotland wide. These pressures are only exacerbated by challenges with workforce availability, demographic and population issues, and budget constraints.

This all indicates that we will enter this winter with a health and social care system under more extreme pressure than ever before. This has provided the context for the development of this plan and the initiatives contained within.

Critically, the report highlighted that to be effective, planning for periods of surge should be a year-round and not limited to the winter months. That is why this year, we have a dedicated team responsible for working across the health and social care system to determine actions to be implemented and delivered throughout the year, to build resilience and capacity in our systems.

## A Continued Approach

Despite these challenges, the feedback received did highlight several key strengths of the planning process in 2023/24. The improvements to the data available to local systems and new dashboards were highlighted as particular assets, which provided an overview of the performance of both the health and social care systems throughout winter. This also provided the Scottish Government and COSLA with key oversight data to identify where support could be most effectively targeted.

Actions driven by our Whole System Oversight and Planning Group such as our Delayed Discharge and Hospital Occupancy Action Plan were also welcomed, and this work has been embedded and built upon by the new Joint Mission to Reduce Delayed Discharges. Similarly, increased monitoring through the winter preparedness checklist and local self-assessments ensured partners were better informed and prepared than in previous years. The quarterly self-assessment returns from local systems provided a national overview of whole system discharge planning that required focus. Assurances were also provided by local systems in relation to service delivery, resourcing and business continuity over winter.

Given the pressures experienced within the system and the increasing levels of delayed discharges, there has been enhanced scrutiny and assurance of local areas progress in relation to their performance against national objectives, with a focus on supporting those local areas experiencing the most challenge. Over a third of areas now have delays per 100,000 which are below their pre-pandemic levels and many more are on track to deliver this goal by October. We will continue to work closely with local systems to maintain this positive progress and will target improvement activity in those areas that are struggling to replicate this trajectory. At the heart of these efforts is a collective need to improve the experience and outcomes of individuals who access health, social care and social work services across the entire patient journey.

Partners referenced the international recruitment pilot undertaken in social care as providing vital support for employers and critical learning. Although this has not been without its challenges with previous Home Office changes presenting barriers for the sector. Moving forward, the Scottish Government have committed to further funding which will enable the Centre for Workforce Supply Social Care (CWSS), in NHS Education for Scotland (NES) to continue to support Adult Social Care Organisations in Scotland in their efforts to recruitment internationally by continuing the universal support offered through the established networks[1][2].

We continue to build and develop upon lessons learned, maintaining the key benefits and approach to planning from previous years in the following key areas:

[1] International recruitment into adult social care | Turas | NES

[2] Scottish Code of Practice for the international recruitment of health and social care personnel: March 2023 | Scottish Government

## Working in Partnership

To deliver on our commitment that people receive the right care, in the right place at the right times and have access to high quality services, we have continued to strengthen our joint governance and assurance mechanism between the Scottish Government and COSLA, working closely with Chief Executives from health boards, local authorities and Chief Officers represented through Health and Social Care Scotland.

We continue to work with local systems to support them to make necessary changes to drive forward improvement programmes such as the work of the CfSD around over-14-day hospital stays as well as the Delayed Discharge and Hospital Occupancy Action Plan, and to monitor the resulting impact. These programmes and actions are vital to free up capacity as we head towards a period of higher demand, ensuring people and families are seen to when they need it most.

The Collaborative Response and Assurance Group (CRAG), co-chaired by the Cabinet Secretary and COSLA Health and Social Care Spokesperson, provides assurance and escalation for joint decisions on the deployment of options that support the resilience of health and social care. This membership and frequency of the group has recently expanded to support increased activity under the joint mission to reduce delayed discharge, engaging system leaders from across health, social care and social work and supporting improvements in performance and practice around discharge.

The Whole System Oversight and Planning Group has made a significant contribution to tackling delayed discharge and supporting the health and social care system to be better prepared for surges, such as winter. Throughout the year they have supported planning for anticipated surges and peak leave periods, driven the Action Plan and promoted best practice in Discharge without Delay principles, such as setting a planned date of discharge. They continue to play a vital role as part of the expanded CRAG mechanism.

In order to progress the medium- and long-term improvements the work of the Whole System Strategic Improvement Group and the Joint Social Care and Social Work Workforce Taskforce are both driving change in the resilience of the social work and social care sector, working closely with our statutory, third sector and independent partners.

Local leaders and services have already begun their planning for winter and are maximising the capacity of systems to meet the increased pressures experienced over this period. We will continue to work closely with NHS Health Boards, Local Authorities and HSCPs to support them in this planning and preparedness activity, and to ensure those that require care and support – whether that be at home, in a community health setting or a GP practice, a hospital or a care home – are able to access it.

It is also vital that effective partnership working extends beyond our statutory partners to effectively involve our independent and third sector partners, who play a critical role in supporting people across Scotland. We will work to ensure that their

expertise, leadership and knowledge is valued, trusted and respected and that they are engaged in national and local planning and delivery in an open and transparent way. The contribution that they make should never be underestimated and the specialist support and advocacy they provide must be recognised within our response to surges.

### Improved Data Collection and Reporting

Last year a whole systems dashboard was developed, in partnership between PHS, National Services Scotland (NSS) and Scottish Government, which has improved oversight and knowledge of health and social care. The dashboard is being used routinely for situational awareness and has been a key component of planning for periods of high demand In addition, to support winter and surge planning. To further support local systems a Social Care Dashboard has also been developed which provides a more granular level of detail on various elements of social care. Work was undertaken and published on how these products were received and how to improve them for winter 2024/25[3] with an aim to merge the two dashboards.

Recent changes to the TURAS Care Management have reduced the data burden on Care Homes, providing a picture of available beds, occupancy and the pausing of some duplicate data collections, standardising data on care homes within the Care Home data review framework.

Through the WSOPG, local areas have also been undertaking regular self-assessments against the key standards contained within the Delayed Discharge and Hospital Occupancy Action Plan, supporting whole-system benchmarking.

### Winter Engagement

Critical to whole system surge planning is better engagement with systems, providers and key stakeholders. They can offer rich intelligence and insight to help shape the plan and actions based on lived experience and knowledge of what works well. We have strengthened stakeholder engagement and partnership working to ensure we incorporate that expertise into improvements for this year.

### Winter Preparedness Checklist

The Winter Preparedness Checklist aligns with the priorities set out in this Winter Plan and covers four key areas against which we asked Health Boards and HSCPs to provide an assessment of preparedness for their local systems:

**Section 1:** Overview of Preparedness and Business Continuity
**Section 2:** Urgent and Unscheduled Health and Social Care, and Planned Care
**Section 3:** Primary Care, Mental Health and Social Care
**Section 4:** Health and Social Care Workforce and Staff Wellbeing

We will be using the outputs of this checklist along with the Hospital Occupancy and Delayed Discharge Action Plan self-assessment returns, dashboard data and other

[3] Near time data service: dashboard user engagement research findings | Scottish Government

factors to create a holistic system assurance overview and provide targeted and tailored support to those areas identified as having scope to improve and increase resilience. This approach also encourages benchmarking across and within the system, and identification and sharing of best practice between areas.

## Our Priorities for Winter 2024/25

We have continued to develop upon the priorities set out in last year's winter preparedness plan, to strengthen our approach to whole system planning and delivery. In keeping with our commitment that the focus of this plan is people, we have adjusted our priorities this year to reflect how people experience our health and social care system.

This approach recognises that pressures in one system area can have a knock-on effect on other parts of the system, and meaningful action should consider how services are interdependent on each other.

At the heart of our four priorities for winter, are three key principles which ensure we retain our focus on the individual. These are:

1. Person centred and person led care as embodied through the Getting it Right for Everyone Principles, which aim to ensure a personalised way to access care and support. Ensuring that people are at the centre of decisions that affect them.
2. Strong leadership and partnership working across the whole system.
3. Implementing local and national actions we know work to improve the patient journey, and ultimately which improve outcomes for individuals, such as Discharge Without Delay principles

The four winter planning priorities outlined follow a journey through the health and social care system.

- **Priority One:** Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- **Priority Two:** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority Three:** Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- **Priority Four:** Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

**Priority One:** Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

Social care and support services, social work and Unpaid Carers, alongside other community-based health and social care services, play a vital role in supporting people to live well at home. Ensuring safe, effective person-centred care through an integrated and co-ordinated approach is critical year-round but particularly over winter. Health and social care professionals operate in numerous community settings, operated by public bodies, independent providers and third sector organisations. These professionals work with thousands of people across Scotland, helping them to stay well, flourish and live independent lives year-round and particularly in the winter period, reducing the pressure on our health and social care system and ensuring that individuals continue to receive the best possible care in challenging circumstances.

Primary care is the first point of contact with the NHS. This includes contact with community-based services provided by GPs, community nurses, dentists, dental nurses, optometrists, dispensing opticians, community pharmacy and general practice-based pharmacists and pharmacy technicians. Each week in Scotland there are around 680,000 General Practice consultations, with 25,000 people attending our hospital Emergency Departments.

Likewise, the Council social work department and community based organisations are often an individual's first point of contact for care and support whether as someone seeking additional support for themselves or as an unpaid carer. It is vital that we recognise the key role our partners play in enabling people and communities to live well through preventative, holistic, and place based support.

**How we will jointly deliver this priority:**

- Proactively support people at highest risk in our communities to keep well and prevent the need for hospital care, supporting the community services which deliver this critical work. This includes:
    - Supporting the health and social care professionals working in every care home and care at home service, who maintain the health and wellbeing of thousands of people across Scotland by taking forward activity under the Joint Social Services Taskforce (JSST) which has the most valuable impact on the social care and social work workforce in partnership with NES, the Scottish Social Services Council (SSSC), Social Work Scotland, Coalition of Care and Support Providers in Scotland (CCPS) and unions.
    - Enabling the delivery of high quality, effective and personalised care in care homes across Scotland, with dedicated health and social care professionals providing a safe and nurturing environment. We ensure that the best care is provided through a range of improvement activity, and the Healthcare Framework. The Health and Social Care Standards set out what should be expected when using health, social care or

social work services in Scotland and these underpin the Care Inspectorates inspection frameworks[4][5][6].
Providing excellent care for individuals in their own homes through dedicated care at home services, which provide care tailored to the needs of almost 90,000 people across Scotland[7], enabling people to live as independently as possible in their own homes.

- Ensure there is clear communication at a national level that a care package may be - home care, either long term or to support reablement, or it could be a mix of home care; digital technology and aids and adaptations or in some situations, just digital or aids and adaptations.
- Supporting individuals to live their lives in ways that are meaningful to them, maintaining their own and their carers' health and wellbeing through self-directed support and support for unpaid carers COSLA and Scottish Government recently published the Self Directed Support (SDS) Improvement Plan to support progress of implementation of SDS so that people consistently experience choice and control over their care.
- The provision of free personal and nursing care payments to over 10,000 adults across Scotland[8].
- Critical to this is the strong partnership working between Integration Authorities and local providers and third sector interface.

- Writing to all local areas in advance of winter to reassure them of the flexibility available in the statutory guidance, when considering the employment of a family member as personal assistant under SDS option 1. This will support local decision making and development of processes which will mitigate, manage or reduce risks when it is in the best interests of the supported person to employ a family member with Power of Attorney (POA) / guardianship as a personal assistant.
- Ensure that existing programmes of work being progressed by Digital Health and Care (DHAC) and COSLA are utilised fully to support system pressures, including
  - Maximising the benefits of the shared Alarm Receiving Centre (ARC) - the shared ARC is now live with several HSCPs and 7 more to be onboarded over the next few months. The shared ARC is a cloud-based common platform for ARCs across Scotland supports the required shift towards more proactive and preventative approaches to supporting citizens, including the integration of Telecare data to support assessment, anticipating need, and supporting early interventions. With standardised data, telecare providers can anticipate citizen needs and tailor interventions, accordingly, ensuring timely and targeted support.

[4] A quality framework for care homes for adults and older people | Care Inspectorate

[5] Health and Social Care Standards: My support, my life | Scottish Government

[6] Health and Care (Staffing) (Scotland) Act 2019 | Legislation UK Government

[7] People requiring a social care assessment and care at home services | PHS

[8] Free Personal and Nursing Care, Scotland, 2022-23 | Scottish Government

    - Use data more effectively to support early intervention using the Telecare Information Framework (TIF). Through the adoption of this data set, telecare service providers will gain access to valuable insights that support early intervention and preventive measures. By leveraging data analytics, providers can proactively identify individuals at risk and intervene promptly, ultimately improving outcomes and enhancing citizen wellbeing.
- Through the Mental Health and Wellbeing Strategy we will ensure we have the right activity in place to meet changing need this winter and in coming years, with a strong focus on prevention and early intervention, to allow people to access care in the most appropriate setting or pathway.
- Through the Mental Health and Wellbeing Delivery Plan, continue to build on work underway to improve unplanned and urgent mental health care, including for those in mental distress, by utilising a multi-agency response and alignment with the national rollout of the Distress Brief Intervention (DBI) programme and;
    - Continuing to invest in NHS 24's Mental Health Hub.
    - Support Boards providing access to a mental health clinician 24 hours a day, seven days a week.
    - Embed the Time, Space, Compassion principles.
    - Increase access to existing and developing services by developing a mental health unscheduled care resource pack by Autumn 2024.
    - Continue to increase awareness of available pathways into support and care through developing tailored messaging for specific population and equalities groups in 2024.
    - Continue to invest in the Enhanced Mental Health Pathway and promote partnership working to increase Police Scotland and Scottish Ambulance Service (SAS) access to local clinical support.
    - Take an evidenced based approach to improvement work to better understand how people are accessing and receiving unplanned mental health care, ensuring that improvements to unplanned and urgent care are underpinned by robust data, including person demographic data.
- Respond to recommendations by Her Majesty's Inspectorate of Constabulary in Scotland's (HMICS) thematic review of Policing and Mental Health published in Autumn 2023, and the subsequent Police Scotland actions on mental health.
    - Through the multi-agency Partnership Delivery Group (PDG) on mental health and policing established to drive forward activity aimed at improving outcomes for people in mental health need, as well as those experiencing distress or crisis, publish a Framework for Collaboration supporting partnership working at a local level for police, health, social work, social care services and across public and third sectors, in the Autumn, as well as a cross-sector Action Plan before the end of 2024, which will detail how long-term ambitions are to be achieved.
    - A national review of Psychiatric Emergency Plans by the Mental Health Unscheduled Care Network by November 2024, followed by the development of national guidance in 2025 to ensure reasonable consistency across 14 Health Boards.
- Maintain consistent engagement with Boards, sponsored bodies and key groups such as Primary Care leads, National Out of Hours (OOH) oversight

group, SAS and NHS 24 to continually monitor the performance of the Primary Care system through regular performance reporting on:
    - GP capacity and resilience
    - OOH availability
    - SAS and NHS 24 performance

  Report on-going performance to Ministers and highlight any issues through CRAG, escalating and taking any action as appropriate.
- Provide ongoing support through the Scottish Dental Access Initiative (SDAI) to facilitate the opening of new or expansion of existing General Dental Services (GDS) dental practices to register new NHS patients for care, by engaging with boards to understand local issues and facilitate local solutions, such as Public Dental Service (PDS) providing alternative care to patients who cannot access GDS.
- Ensure the Primary Care system is as resilient as possible heading into winter and that people are able to access the care they need, in their community, where appropriate. One such example is the SAS Integrated Clinical hub, which helps to direct patients to the most appropriate point of care, without automatically directing them to A&E.
- Build resilience in social care through the invaluable work of our Local Authority and Health and Social Care Partnership resilience leads and existing Resilience Partnerships to facilitate effective business continuity planning, emergency preparedness and development of our resilience infrastructure.
- Ensure that Community Pharmacy are able to deliver core services, including NHS Pharmacy First Scotland, both in and OOH.
    - Health Boards ensure that there is adequate provision of NHS Pharmaceutical Care services and support to local health care needs, including winter.
    - Health Boards and local contractor committees continuing to work collaboratively to address any pressures across local community pharmacy networks such as cluster working.
    - Community pharmacies continue to provide appointment free access to pharmacists and the wider pharmacy support team for advice and treatment for minor ailments and every day common clinical conditions.
    - Ensuring that patients continue to have access to the prescribed medicines and services such as NHS Pharmacy First and a range of Public Health Services.
- Work to embed the Getting It Right For Everyone (GIRFE) principles through our 'Team around the person' toolkit, which has been co-designed with partners and people with lived experience. This will support Health and Social Care professionals to provide holistic support to people, alongside the My Health, My Care, My Home healthcare framework for adults living in care homes[9].

[9] Framework for Adults Living in Care Homes: My Health, My Care, My Home | Scottish Government

- DHPs are made by local authorities to eligible individuals where they need help with their rent or housing costs. Eligible individuals can find out how to apply by visiting mygov.scot or contacting their local authority.[10]

**Protecting people through the delivery of vaccination programmes that reduce serious illness, hospitalisation and mortality.**

Protecting people who may be most impacted by severe illness, hospitalisation or death from RSV, Covid-19 and flu, through vaccination, is a key means of reducing demand on our health and social care systems.

The new RSV programme, launched in August 2024, demonstrates the value of vaccination. This programme will be offered to pregnant women to protect babies and to older adults aged 75-80 RSV is the leading cause of emergency respiratory admissions to hospital in Scotland in infants, with 1,516 children aged under one hospitalised with the virus last year. There were also over 1,000 cases of RSV recorded in adults aged 75 and over in Scotland between October 2022 and September 2023, with more than half (535) having to spend time in hospital as a result. It is therefore anticipated that a successful programme will help to reduce these numbers.

We also want to see as many eligible people as possible protected from Covid-19 and flu this winter. Our eligible cohorts continue to be guided by independent advice from the Joint Committee on Vaccination and Immunisation (JCVI) who assess who is most at-risk from these viruses, and therefore would benefit from vaccination.

Our adult Flu and Covid-19 vaccination programme will launch for winter, with all those over the age of 65, residents in care homes for older adults and all those in a clinical risk group, eligible for both vaccines. Both vaccines will be offered at the same appointment for efficiency.

This winter, the JCVI does not advise an offer of Covid-19 vaccination for frontline health and social care workers, staff working in care homes for older adults, unpaid carers and household contacts of people with immunosuppression. However, they do say that Health and social care service providers may wish to consider whether vaccination provided as an occupational health programme is appropriate, and ahead of such considerations, health departments may choose to continue to extend an offer of Covid-19 vaccination to frontline health and social care workers and staff working in care homes for older adults in winter 2024. Under this flexibility, Scottish Government has decided to offer frontline health and social care workers, including all staff working in care homes for older adults, Covid-19 vaccination this winter. It's important that we do everything we can to ensure those who are eligible for the vaccine, including frontline staff, take it up if they wish. We will work with partners including Public Health Scotland to promote and encourage uptake.

[10] Access to public services in Scotland | Scottish Government

Unpaid carers and household contacts of the immunosuppressed will remain eligible for flu vaccination this winter, but will not be offered Covid-19.

The primary aim of the national Covid-19 vaccination programme remains the prevention of severe illness (hospitalisations and deaths) arising from Covid-19. As currently available Covid-19 vaccines provide limited protection against mild and asymptomatic disease, the focus of the programme is on offering vaccination to those most likely to directly benefit from vaccination, particularly those with underlying health conditions that increase their risk of hospitalisation following infection.

This year's flu programme aims to protect those most at risk of severe illness, reduce transmission of the infection and support the resilience of the health and care system, particularly during the winter months. Alongside this, it will be important for us to continue to closely monitor rates of respiratory viruses including Covid-19 and provide infection prevention and control advice and guidance as required.

In addition to vaccination and infection prevention, social connections, exercise and meaningful activity are vital for the wellbeing and quality of life of everyone, but in particular those living in a care home. It therefore remains fundamentally important that people living in care homes remain connected to their loved ones even in infectious outbreak situations in line with PHS Covid-19 Guidance.

**How we will jointly deliver this programme:**

- Work with Boards to introduce the new year-round maternal RSV vaccination programme from 12 August 2024 to protect infants.
- Offer the flu vaccination to all school age children in Scotland, including secondary school pupils as part of the seasonal child flu programme.
- Promote child flu vaccination uptake, especially in children aged 2-5 years, to ensure they receive the earliest protection to help stop the virus spreading. To have maximum impact, early completion of vaccination amongst this group is essential.
- Work with Boards to vaccinate all cohorts as advised by JCVI as part of the seasonal flu and Covid-19 vaccination programme.
- Frontline health and social care workers will be eligible for both Covid-19 and flu vaccination, but we will work with PHS and Boards to assess a return to peer-to-peer flu vaccination delivery models in clinical settings.
- Boards will continue to offer frontline Health and Social Care Workers the opportunity to drop into any community clinic, without the need to book, but workers can also book via the online portal and the national vaccination helpline if they would prefer.
- Although frontline Health and Social Care Workers are eligible for both Covid-19 and flu this winter, they will be more active promotion of flu vaccination uptake in that group, as well as non-frontline NHS worker groups, to help build resilience within the health and social care system. Continuing to encourage high vaccination uptake for both Covid-19 and flu, within care homes and care at home providers specifically is vital.

- Focus on key messaging to encourage uptake of the winter vaccination programme, with a focus on the individual properties and benefits of each vaccine, to target vaccine hesitancy and inclusion:
    - There will be no national Flu Vaccine Covid Vaccine (FVCV) marketing campaign in winter 2024 and no paid for media or marketing activity
    - Instead, PHS Comms will develop an inhouse creative for a predominantly digital campaign for all eligible groups.
    - There will be specific focussed assets designed to reach those who support vaccination but are hesitant or are not prioritising getting vaccinated[11].
    - PHS will develop more clinical flu and Covid-19 messaging for the frontline Health and Social Care Worker group.
    - All PHS FVCV assets and toolkits will be distributed via established stakeholder networks.
    - There will be a PHS led seasonal child flu programme updated national marketing campaign - 'A Wee Skoosh'.
- Replenishing covid test stocks at regular intervals to meet projected demand. As a positive test is required to access Covid-19 treatments for those eligible, additional orders of new tests can be placed in line with demand.
- Continue to work with partners such as PHS, to ensure the delivery of a robust respiratory surveillance programme that quickly identifies signals or trends that are of concern and provide infection prevention and control advice and guidance as required.
- Continue to work with Executive Board Nurse Directors, and other professional leads, such as Chief Social Work Officers, Chief Officers and Care Homes to collaborate on the delivery of person-centred safe care and support to Improve the health and wellbeing of people living in care homes in line with the Healthcare framework for adults living in care homes.[12]
- Continue to work with local partners to support people living in care settings to remain connected to their loved ones.

[11] Guidance for public health management of COVID-19 in the community | Public Health Scotland

[12] Framework for Adults Living in Care Homes: My Health, My Care, My Home | Scottish Government

**Priority Two:** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

For many, Emergency Departments may not be the best place for their healthcare needs and our Urgent and Unscheduled Care Collaborative improvement programme offers patients alternative routes to urgent care. The 'home first' approach is not only better for people but reduces pressure on acute and primary care services too. This includes maximising admission avoidance through initiatives such as reducing conveyance of people from care homes where it is clinically appropriate, expanding hospital at home services and discharge to assess. The principle of right care, right place, right time does not just apply to health care however, we know that it is also important to apply this principle to social care and social work assessments, as assessments are most effective when completed in a person's own home. Occasionally during period of exceptional demand, individuals with 'critical' or 'substantial' social care needs are prioritised for support, but we know it is also important for people with lower or moderate levels of risk to be signposted to lower level support.

Everyone in need of emergency mental health care must receive that support quickly, and wherever possible, close to home. People presenting with stress and/or distress are often conveyed to hospital when there can be community-based alternatives that support the patient as well as the system as a whole. This will also ensure that people seeking mental health support receive the right care, in the right place, at the right time, regardless of where, or what time of day they present – there should be no wrong door.

To ensure that people receive the most appropriate care and are empowered to support themselves and those they care for, the Scottish Government and HSCPs are continuing to deliver communications programmes to increase awareness of high-quality accessible healthcare information. A multi-agency communications group provides an expert forum to agree key messages and develop national and local communications plans to ensure the public is well informed.

**How we will jointly deliver this priority:**

- Continue to work with Healthcare Improvement Scotland and Boards to expand the Hospital at Home Older People's service to improve the resilience and efficiency of services that will enable people to be treated at home, where appropriate.
- Providing alternatives to hospital attendance and admission through the enhancement of local Flow Navigation Centres which provide virtual access to the A&E team to support patients to be seen in the right clinical care setting.
- Reduce ambulance turnaround times by improving front door processes and optimising services such as Flow Navigation Centres and the Integrated Clinical Hub which provide care for patients at or near home, reducing pressure on A&E departments.
- Produce a scoping report in summer 2024 on the feasibility of implementing an additional safe space as an alternative to people being conveyed to an

Emergency Department when in a mental health crisis and the use of Emergency Departments as a legal place of safety.
- Develop and optimise accessible and effective pathways and referral routes to enable OOH services to redirect as appropriate.

**How we will support this plan with effective communications:**

- Ensuring appropriate public messaging such as the NHS 24 winter messaging campaign as well as up to date information on NHS inform is delivered throughout the winter period so that people know how and where to access all primary care services.
- Increase awareness of the key sources of information that will support the public with their care needs, whether that information is delivered in person (for example, through social workers, care home and care at home providers, community pharmacists or local GPs), via the telephone (NHS 24 on 111 for physical or mental health concerns) or digitally (nhsinform.scot, the NHS 24 online app, Care Information Scotland or local council websites).[13][14]
- Resources developed by Scottish Government, PHS and NHS 24 will be available online for any stakeholders to use through their own communications channels such as social media accounts, e-newsletters or in-venue signage to support local activation.
- Increase awareness of the role for Home First and delivery of services (such as Hospital at Home or assessments for longer-term care needs) at home through media relations, social media and operational communications.
- Collaborative working across Boards, Local Authorities, Primary Care Contractors, providers, carer centres and Partnerships to consistently redirect and signpost people to the appropriate service for their needs, whether through national, regional or local communications.

[13] Scottish health information you can trust | NHS inform

[14] Home | Care Information Scotland

**Priority Three:** Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

Both COSLA and Scottish Government recognise that actions and improvements to maximise capacity are best and most sustainably delivered in an integrated and co-ordinated way across the whole system. Local Authorities, Boards and Integration Authorities, together with the voluntary and independent sectors, and indeed with our communities, integral to the successful integration of health and social care to deliver better experiences and outcomes for the people who access services.

We recognise the challenge in increasing capacity across the system during periods of sustained pressure and are committed to working with all partners to do everything we can to support local systems to meet demand and deliver high quality services. We have maintained our national focus on addressing pressures across the whole system and reducing levels of delay from hospital, with enhanced oversight and assurance arrangements to ensure targeted support where systems need it most. Behind every delayed discharge, is a person who will not sleep in their own bed tonight. Critically our focus on these delays is centred around ensuring the best possible care for that individual.

Each delayed discharge has been clinically assessed, and a determination made that hospital is not the best place for them to receive the ongoing care that they may need. If a person is kept in hospital longer than clinically necessary, their outcomes and overall health will be affected.

There are many reasons a person's discharge from hospital can be delayed, from lack of discharge planning, awaiting an assessment, to difficulty in ensuring a suitable care package is in place, or to legal challenges that may be experienced where an individual does not have the capacity to make decisions for themselves. There is also significant variation across the country. Our new mission to reduce delayed discharge is focusing in on this variation, supporting local systems to improve their performance and ensuring that good practice is replicated to give each person the best experience possible. This also requires us to focus attention to the 6000 people awaiting a social care assessment, highlighting the significant challenge ahead in addressing levels of unmet need in our community – which inevitably impacts on levels of delay in hospital.

**How we will jointly deliver this priority:**

- Support the First Minister and COSLA's Joint Mission to Reduce Delayed Discharges:
    - Continue to deliver a whole system approach in improving system flow and reducing delays in services for mental health, learning disabilities and adults with incapacity.
    - Support people to live well in the community, only being admitted as an inpatient when necessary and discharged in a timely manner.

    - Embed good practice discharge processes, such as the Discharge without Delay principles, as set out in the Hospital Occupancy and Delayed Discharge Action Plan.
    - Deliver effective discharge planning for patients admitted to acute or community hospitals to protect established care at home packages, allowing discharge without further delay for assessment.
- As part of the CRAG, work in partnership with Health Boards, HSCPs, Local Authorities, the third sector and people with lived experience to reduce mental health, learning disability and adults with in-capacity delays and improve system flow. This will be delivered through a dedicated multi-agency working group, which will focus on deploying targeted improvement and performance support to local systems to reduce delays, as well as generating an evidence base regarding the medium and longer term interventions required to address systemic challenges. The group will also consider approaches to reducing inappropriate out of area placements identified through the Coming Home work.
- Continue to work with Health Boards to deliver improvement and implementation of key actions to ensure improved A&E performance. A focus on reducing length of stay over 14 days for non-delayed patients and increasing short stays less than 72 hours to improve occupancy and flow. This will be delivered through the work of CfSD, Urgent and Unscheduled Care Collaborative Programme, actions include:
    - Increased senior decision makers at front door, which will support prompt decision making.
    - Strengthening the patient discharge processes.
    - Discharge without Delay through daily, or twice daily where appropriate, ward-rounds with senior-decision-makers.
    - Daily multi-disciplinary team (MDT) board rounds with a plan for every patient, every day.
    - Whole-System MDT reviews of long-stay patients.
- Continue to make progress on delivery of commitments within the Joint Statement of Intent, with our shared aim continuing to be to improve the experience and outcomes of people who access social care support and those who work within the sector.
- Continue to drive forward wider system improvement through the Scottish Learning Improvement Framework, with joint political oversight through the Whole System Strategic Improvement Group.
- Monitor performance and delivery of social care response and improvement measures and provide assurance to Scottish Ministers and COSLA on the actions being progressed to improve local performance, our management of winter pressures and sector viability.
- Design and deliver a programme of improvement work targeted at embedding home first approaches in health and their intersection, in the short and medium-term.
- Involve people and their carers in decisions that relate to their care to enhance choice and control over their support. In hospital, this means engaging with the patient, their families, and carers in hospital discharge discussions to ensure their needs and wants are central to decision-making.

- Use of home-based assessments such as discharge to assess for all Home Support packages to ensure accurate person-centred assessments, in familiar and homely environments.

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

Over the past few years, Boards have tried, where possible to protect planned care, however they sometimes have had to take the difficult decision to step down planned care in order to deliver emergency treatment. Given the impact this has had on waiting lists, and on patients themselves, we are committed to protecting planned care throughout this winter.

Long waits are regrettable, but we are determined to provide Health Boards with the support necessary to drive improvements and will continue to target resources to reduce waiting times, particularly for those waiting longest for treatment. In addition, we are working closely with Health Boards to implement alternative pathways and new models of care which will support patients to be seen more quickly and increase capacity and sustainability.

Despite an exceptionally challenging winter period last year, new outpatient activity was up by 2.9% in the quarter ending March 2024 when compared to the previous quarter, and inpatient/day-case activity for the quarter to March 2024 was the highest since the start of the pandemic; the 9th quarterly increase in a row with 63,900 patients seen.

We will continue to work closely with the Boards to maximise planned care capacity and where the majority of long waits in some specialities remain, ensure we continue to work hard to reduce these as quickly as possible.

**How we will jointly deliver this priority:**

- Strive to protect cancer care with a focus on continuing to prioritise new urgent suspicion of cancer patients and protect theatres for cancer operating.
- Work with Boards to maximise capacity, to reduce waits prior to winter 2024/25. Maximise capacity through regional and national working: Maximise theatre capacity including National Treatment Centres through expanded sessions in evenings and weekends.
- Support Boards, including through the National Elective Coordination Unit (NECU), to maximise clinical validation of waiting lists to identify, where appropriate, alternative forms of treatment.
- Continue to support Boards in the adoption of Active Clinical Referral Triage (ACRT) and Patient Initiated Return (PIR) to improve patient care and reduce waiting times by eliminating unnecessary face to face attendances.
- Deliver the actions contained in the Endoscopy and Urology Diagnostic Plan.
- Encourage the optimisation of digital solutions and standardise pre-operative assessment to reduce the need for unnecessary appointments and cancellations, thereby releasing capacity.
- Protect planned care through maximising the use of day surgery units including increasing the proportion of procedures converted to day case surgery.

**Priority Four:** Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Our highly skilled and committed workforce is the cornerstone of our response every winter. We understand the continued pressures that our health and social care workforce, including volunteers and unpaid carers, are performing under, now more than ever. In order to meet demand, we must continue to focus on supporting workforce capacity and retention of staff, unpaid carers, and our third sector partners, and ensuring that we support the wellbeing of staff through challenging periods of high demand. We are pursuing a range of different strategies to nurture the workforce in both health and social care over the long term. Within our health workforce, for example, this includes supporting the expansion of trainee doctor posts, to reflect the changing demands on our health and social care system. IMPACT have recently completed a literature review looking at what best supports wellbeing for personal assistants and their employers, this offers provide useful insight for future planning to support this key social care workforce.

The JSST was established to ensure that further meaningful progress can be made in partnership to address pressures, and with a focus on delivery of outcomes which relate to the adults', children's and the social work workforce. A key objective of the Taskforce is to identify collective and individual organisational actions required to address the challenges facing the professions through focusing on improvement opportunities across the workforce journey, and identifying where practical changes to practice, working across boundaries, can enable a step change in the delivery of integrated care and service delivery.

It is estimated that between 700,000 and 800,000 people provide unpaid care for a relative or friend at home and within other community or residential supports, and so we must also consider and respond to the wellbeing and support needs of Scotland's hugely valued unpaid carers, as well as enabling carers to participate in education, training or employment alongside their caring responsibilities, ensuing that carers are able to sustain their caring role with positive wellbeing. We must also continue to support the effective implementation of SDS for people who access support and their carers as the default approach to social care, ensuing people have choice and control over their care and support.

**How we will jointly deliver this priority:**

- Progressing workforce activity through the JSST, including development of paid college placement project which aims to develop and socialise a national paid college placement blueprint for adult social care employers such as Local Authorities, independent sector and third sector. It focuses on expanding successful practices to increase the availability of paid placements for adult social care students during their qualifications. The blueprint is currently being developed and will be implemented in future college academic sessions from 2025.
- Through Scottish Government funding to NES, fund the CWSS which supports Adult Social Care Organisations in Scotland in their efforts to recruit

internationally by establishing network platforms for sharing best practice, networking and discussion within the social care sector.

- Scottish Government is committed to working with the sector to look at options to improve rates of pay and terms and conditions for the social care workforce and we are currently working with stakeholders to develop sectoral bargaining for the sector to advance this. However, public finances are under unprecedented pressure, and we must balance the fiscal position while the demand for government support and intervention continues to rise.
- Supporting any retiring staff who wish to continue in employment suitable to them and to the service through the Retire and Return provisions outlined the NHS Scotland Retirement Policy.
- Supporting staff throughout their career, to manage demands on their time and energies at home as well as at work. The national 'Supporting Work Life Balance' workforce policies to provide staff with a range of flexible working options to help them to balance their lifestyle whilst maintaining and promoting the best possible service to our patients and service users. These include a Flexible Work Location and Flexible Work Pattern Policy.
- Encouraging Boards to promote part-time work opportunities to their health, social care and social work students, who can help to build short-term capacity as required.
- Our NHS Scotland Flexible work location and NHS Scotland Flexible work pattern policies provide staff with a range of flexible working options to help balance their lifestyle whilst maintaining and promoting the best possible service to patients and service users.
- Provide essential wellbeing support to staff across health, social care and social work suffering poor mental health through:
    - Availability of confidential mental health care and treatment for registered staff through the Workforce Specialist Service, as well as psychological therapies and interventions for all staff, supporting staff to treat anxiety, depression and improve issues like difficulty sleeping
    - Additionally the National Wellbeing Hub continues to offer a range of self-service resources for staff[15].
    - Further, NHS 24 deliver the National Wellbeing helpline, offering a 24/7 compassionate listening service.

  These wellbeing provisions provide important intervention options for staff suffering poor mental health, improving the likelihood of these staff returning to, or remaining in work for the longer term, and improving the quality of care they are able to provide.
- Ensure people who provide unpaid care are supported in their caring roles and supported to look after their own health and wellbeing alongside engaging in education, training and/or employment. We are implementing our National Carers Strategy to drive forward long-term changes to improve the lives of unpaid carers across Scotland. It sets out a cross-government approach to carers issues, including through social care, social security policies and supporting carers in employment and education.

[15] Home | National Wellbeing Hub

    - Supporting local carer centres and young carer services to build capacity and ensure all carers can access consistent and up-to-date information.
    - We will work with stakeholders to improve the availability and range of short breaks.
    - We will continue to work with local service commissioners, Shared Care Scotland and others to promote greater availability and choice of short break support in different areas.
- Continue to explore how volunteers can provide support in both discharge from hospital, in assisting people to attend appointments, and consider appropriate use of established local and national volunteer partnerships. We will also explore how the National Volunteering Hub can be best utilised to support the health and social care system to manage pressures over the winter period.

## Additional Resources

- The Warmer Homes Scotland scheme, delivered by Warmworks, was re-launched on 02 October 2023 with more funding and help for households to receive a climate-friendly heating system. People can contact Home Energy Scotland to check their eligibility and receive advice on additional support. Applications are assessed by Home Energy Scotland (HES) against the eligibility criteria. For more information, visit the Home Energy Scotland website or telephone 0808 808 2282 (Monday to Friday 8am-8pm and Saturday 9am-5pm).
- The Scottish Government's Cost Of Living website has a range of resources including how to get in touch with your local council for help with energy and bills, and has specific advice for older people or those who are disabled, including links to support organisations and information about the benefits that they may be entitled to.
- The Care Information Scotland website summarises unpaid carers' rights to information, advice and support, alongside details of social work departments and local carer centres to find out more about what is available locally.
- My Power of Attorney website provides information on the importance of POA

## Summary and Escalations

This Winter Preparedness Plan sets out the actions being implemented across the health and social care system in order to prepare for the increase in demand and pressure we expect to see over winter 2024/25. These actions are being adopted as part of a business as usual approach to local planning for surges in demand and complement local surge/escalation and capacity plans.

To support this, we have put in place a national governance system with strategic oversight across health and care to recognise and mitigate evolving risks (including system pressures) and maintain a flexible response covering whole-system winter pressures.

Working on a local basis, monitoring will continue, and health and care organisations will utilise their established governance and response structures.

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**Return Due: 16 October 2024**

## WHOLE SYSTEM CHECKLIST RETURN - AREA DETAILS

| | |
|---|---|
| **Board** | NHS Lanarkshire |
| | *Please select Health Board from drop down above* |
| **Board Chief Executive** | Jann Gardner |
| **Number of integration partnerships** | 2 |

| | |
|---|---|
| **Partnerships** | North Lanarkshire, South Lanarkshire |
| **Chief Officers** | Claire Rae, Soumen Sengupta |

| | |
|---|---|
| ***Submitted by*** | *Craig Cunningham* |
| ***Approved by*** | *Jann Gardner* |
| ***Date of approval*** | *14-Oct-24* |

## SUMMARY DASHBOARD

| # | Area | Progress | Status | *Partial* | *No* | *Yes* | *n/a* |
|---|---|---|---|---|---|---|---|
| 1 | | Complete | Complete | *0* | *0* | *10* | *0* |
| 2 | | Complete | Partial and/or No | *7* | *0* | *12* | *2* |
| 3 | | Complete | Yes | *0* | *0* | *17* | *0* |
| 4 | | Complete | Partial and/or No | *1* | *0* | *10* | *0* |

**Section 1**

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| | | |
|---|---|---|
| Progress Status | Complete | *Manual dropdown - use this box to track your progress* |
| Overall Status | Complete | *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 | There is a mutual Aid agreement in place.<br><br>Other stakeholder groups will be in place across various disciplines. Information may be sought from the various divisions.<br><br>Effective resilience partnership arrangements are in place as demonstrated during Operation Flow and respective 'firebreaks'.. | 40 |
| 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.).<br>**a)** It is clear to all parties how plans will be delivered through joint mechanisms. | Yes | The Lanarkshire-wide winter planning group is multi-agency and covers all aspects of service provision. It encompasses both H&SCPs as well as having representation from the two Councils. The Lanarkshire wide LRP is also closely associated with the winter planning group and will have a dedicated winter planning BCP session (Winter Breach) on 14 November 2024. | 64 |
| 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).<br>**a)** Projected staffing levels in your acute wards and community hospital wards are sufficient for the winter period; if no, please provide further detail. | Yes | The planning process is closely aligned to the work currently ongoing in relation to Operation Flow. This is builds upon effective understanding of demand and an associated series of developments intended to meet same. Both H&SCPs are also part of the Operation Flow process and this includes demand management. | 49 |
| 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. | Yes | The basis of the plans this year will be to create 'suge' by utilising additional staffing to increase flow through the system as opposed to the creation and subsequent staffing of surge beds. This is the case both in relation to inpatient NHS beds as well as additional interim beds in care homes. This process evaluated well as part of the winter debrief. | 63 |
| Resilience preparedness | 1.5 | **Business Continuity Management** arrangements are in place and regularly reviewed, exercised, and updated.<br>These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance including:<br><br>a) NHS Scotland Standards for Organisational Resilience 2018.<br>b) Preparing For Emergencies: Guidance for Health Boards in Scotland. | Yes | BCP arrangements are reviewed across all service areas, ranging from BCPs in the H&SCPs through to major incident plans in each of the three general hospitals. This includes the respective responses associated with Cat1 and 2 arrangements. As above, a dedicated session to test current BCPs is scheduled for 14 November 2024. | 52 |
| 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.<br><br>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 planning. | Yes | Resilience Teams from NHSL, NLC and SLC are standing members of the Winter Planning Group.<br>NHSL Resilience Group check disruptive weather planning arrangements as per the Disruptive Weather SOP.<br>Arrangements are also in place across SAS and the Roads Departments of the respective Councils to ensure arrrangements are in place to ensure patients are able to access essential hospital services during any period of severe weather disruption. Winter planning arrangements also take account of the debrief from WInter 2023/ 24.<br>A winter planning event, Winter Breach 24, is being organised to take place on 14 November with the aim of raising awareness of preparations and dependencies for severe weather across Lanarkshire and testing the Lanarkshire LRP severe weather protocol. | 118 |
| 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 | As above, BCPs are updated and there is a Winter Breach event every year such that various scenarios are tested in terms of system resilience. These include loss of power, inclement weather, terrorist attacks and so on. | 37 |
| 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 | There is a series of BCP arrangements bespoke to specific systems such that alternative arrangements can be set in place pending resolution. | 22 |
| 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.<br>This includes :<br>a) Key partner communication protocols<br>b) OOH information including four day festive period<br>c) Surgery hours & access arrangements<br>General practices contingency plans for respiratory disease outbreaks<br>d) Signposting to Scottish Government assistance for households struggling to meet their energy bills.<br>e) Service-linked communications issued, whether online or printed format, include content or text highlighting where public can access information on which service is right for which medical need, such as nhsinform.scot/right-care | Yes | A local comprehensive communication plan will be in place to ensure the local population remains informed and supported over the winter period, using multiple communication mechanisms.<br><br>Messages will focus on staying well over the winter period and where Lanarkshire residents can seek appropriate care and highlighting the care that is on offer within the community, including during public holidays.<br><br>Areas of focus will include, but not be limited to: winter preparedness (including Ready Scotland website), vaccination reminders, GP and pharmacy opening hours, services provided by pharmacies and other community based care, promotion of self-care and NHS Inform website, communications of the public and staff vaccination programme. | 117 |
| 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 | A number of services can be 're-prioritised' to support additional intermediate/rehabilitation care beds if required. This will be directly linked to the daily flow and demand figures. | 27 |

**Section 2**

| | |
|---|---|
| Progress Status | Complete |
| Overall Status | Partial and/or No |

*Manual dropdown - use this box to track your progress*

*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 | Through Operation Flow a new FNC Target Operating Model has been agreed that allows NHS Lanarkshire's FNC to operate 24/7 with a Senior Clinical Decision Maker rostered 8 am to 8 pm each day. Due to current staffing constraints, there can be periods where there is not full coverage. In addition to this the FNC has a SAS ANP rostered 8 am to 8 pm to support CBYC. This also supports a hybrid SCDM model with SAS Practioners and Consultants (ED and Acute Medicine) to support direction of patients to the right care and in the right place. This resource will take time to recruit to the organisation and will not be fully available for Winter 2024/25. A Frailty Consultant is also rostered each afternoon Mon- Friday to facilitate direct access to frailty units. Near Me is available within our FNC and is utilised as required. We have a number of pathways developed that are now being implemented to support scheduling of attendance at ambulatory care units.<br>Training of the nursing workforce in the FNC is also underway to further enhance their decision making skills. | 186 |
| 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.<br><br>This 'early warning system' should highlight areas of concern and drive action to maintain or regain a balanced system. | Yes | In place through our x 3 daily huddles. An action and responsibility framework has been developed, along with action cards underpinned by a summarised ladder of escalation which clearly defines the level of escalation and the actions required by the relevant key disciplines and staff groups. | 46 |
| 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.<br>**a)** There is a Home First / Transition Team in place to support hospital discharge and Discharge to Assess; please provide further detail. | Yes | Whole system communication is in place through the whole system calls and site huddles. We have developed an Optimal Discharge planning Target Operating Model (TOM) to support good discharge planning across our bed holding areas. The TOM is underpinned by the FLOW foundation bundles and a Home First Assessment Approach. A training and education plan supported by P&D, OD, Practice Development and Quality Improvement is being developed to support sustainable implementation of the TOM. We have developed a flow foundation bundle which comprises of a set of simple rules to enhance flow across our assessment areas and wards, including acute and off site areas. This consists of: Planned Date of Discharge (PDD) setting; criteria led discharge; criteria to reside assessment for every patient; structured board rounds x 3 daily; and daily ward beat for each ward. We audit process implementation on a weekly basis and are transitioning to auditing outcome measures also. | 153 |
| 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. | Partial | EPIC roles and Flow Co-ordinator roles are in place across all our 3 departments as staffing levels allow. Our SW team and discharge teams support early discharge from our EDs but there isn't a dedicated discharge facilitator in each ED. | 40 |
| 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. | Partial | H@H frailty and OPAT pathways are operational to support admission avoidance and early discharge. Having concluded tendering process Doccla has been awarded the contract to support up to 400 virtual H@H beds. This system will provide electronic patient records, remote monitoring via a range of intermittent and continous monitoring devices, patient reported outcomes and two way communication with patients including remote video consultations. Initial specialties being explored are Diagnostic virtual step down, cardiology, respiratory and gastroenterology. We anticipate expanded capacity from mid November.<br><br>We developed our workforce and clinical models to increase hospital @ home capacity. OPAT capacity was increase through funding secured via OP flow and recruitment continues to maximise this resource. We continue to test our Community Respiratory Service (1.0 wte Nurse and 1.0 wte physio specialist). Our pathways and models of care are being developed and expanded through the creation of our interface division and expansion of our FNC to FN + Plus. | 157 |
| 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 | Our Operation Flow structures are whole system and therefore facilitate good interface working. A primary/ secondary care interface group has been established within the interface devision that is working on redesigned patient pathways - initial pathways developed are anaemia, headaches and hypertension. | 42 |
| Urgent & Unscheduled Care | 2.7 | Escalation procedures are directly linked to a plan which encompasses the full use of step-down community facilities. | Yes | Yes escalation plans are linked to use of step down. | 10 |
| 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 | Our Winter Planning structures are whole system. We also have >60% of GPs opening at some point on the two public holidays of 26 December and 2 January as well as Saturday 28 December and all Saturdays in January. | 39 |
| 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. | Partial | Community nursing gets an email each week of all care managed patients that have been admitted. The Integrated Discharge Facilitators on each site also get this list each day. | 29 |
| 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. | Partial | Some respiratory patients are provided with advice re ACPs and use of medication to proactively avoid exacerbation of their illness linked to adverse weather.<br><br>The establishment of the 3 frailty units with direct admissions where possible will also assist in managing respiratory illness as well as being able to respond pro-actively to patients with ACPs as part of this process. It is recognised that further work is required in developing robust anticipatory care planning across NHS L | 87 |
| 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 | Consultant Connect is available for GPs 'in' and 'out of hours' for profession to professional advice to avoid admission where appropriate and we are committed to enhancing use of technology to suupport admisison avoidance. Consultant Geriatricians have been embedded within FNC to support discussions and virtual consultation where appropriate with opportunities for direct admissions to frailty units on all three sites.<br>We also have a dedicated frailty workstream as part of Operation Flow with a dashboard now operational showing frailty scores of inpatients available on Milan. There is subsequently a wide range of work underway including interface teams on each of the sites and connection with community based Locality | 112 |
| 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.<br>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 | A respiratory pilot is underway in one locality and funding has been extended for a further year. This work will form the basis of our respiratory H@H virtual ward pathways which are currently being planned. A heart failure application to access H@H funding was declined. We are currently exploring local funding opportunities and we re currently planning our H@H heart failure virtual ward capacity.. | 64 |
| 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 consultation should be available. | Yes | Our Care Home Liaison Team provide professional support and advice to keep residents safe in their own home. Consultant Connect is available for GPs for profession to professional advice to avoid admission where appropriate and we are committed to enhancing use of technology to suupport admisison avoidance. The vast majority of care homes are also covered by the GP Care Homes LES which means there is a dedicated GP practice looking after all the residents in these homes. | 78 |
| 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.<br>Further consideration is also required for those Boards with Major Trauma Units to similarly support safe staffing. | n/a | N/A | 1 |
| 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 | Consultant Connect in place and use being promoted via Operation Flow and our Winter planning processes. We are scoping if we can patch calls from our FNC direct to consultant connect. We are keen to undertake a test of change for direct access to determine if we can reduce delays for patients.<br><br>All requests for direct admissions are managed via our FNC who will add to expect lists, order transport and discuss directly with SCDM if required | 77 |
| 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.** | Yes | Ortho protected beds at UHH aligned to an SOP detailing the identification/ criteria for patients suitable to board to ward 7. Establishing a 23-hour care unit at UHM.<br>Work underway to fully embed Active Clinical Referral Triage (ACRT) & Patient Initiate Returns (PIR) within clinical pathways. | 45 |
| 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. | Yes | Working across sites to ensure the utilisation of capacity within the services as a whole to sustain NOP & TTG standards. Continue to ensure full utilisation of Outsourcing capacity GJNH and Independent providers. | 33 |
| Planned Care | 2.18 | Health Boards are making use of the National Elective Coordination Unit (NECU) to support admin and clinical validation. | Yes | Working in partnership with NECU to progress validation campaigns for all services to support the management of waiting lists including diagnostic services (MRI & Ultrasound). | 25 |
| 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 | N/A | 1 |
| 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. | Yes | Partnership discharge planning progressed through ward based flow bundles including MDT discussions supporting PDD and associated actions. There is also significant social work presence in each of the hospitals to ensure rapid access to necessary assessment, advice and focus on all action areas.<br><br>The development of the Optimal Discharge TOM has further facilitated strong partnership working in relation to discharge planning. Partnership discharge planning progressed through ward based flow bundles including MDT discussions supporting PDD and associated actions. There is also significant social work presence in each of the hospitals to ensure rapid access to necessary assessment, advice and focus on all action areas. | 105 |
| Digital assets | 2.21 | Plans are in place to support the availability of Near Me video consultations to optimise estate and workforce capacity. | Partial | Enhacing the use of 'near me' is included in new Front Door Target Operating Model and we plan to increase use during Winter 24/ 25. | 25 |

**Section 3**

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| Progress Status | Complete | *Manual dropdown - use this box to track your progress* |
| Overall Status | Yes | *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.<br>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 | There is a dedicated GMS sustainability group which meets weekly to consider any GP practices which are in difficulty such that associated resources can be brought to bear where at all possible to provide support to the respective practice. This includes providing staff from other areas of NHSL to give tailored support depending on the nature of the sustainability issues/staffing difficulties. Throughout such processes, comms plans are provided to support the practice and the associated patient group. Advice has also been obtained from the respective medical defence organisations to re-assure GPs tha they can work to | 105 |
| Primary Care | 3.2 | **Maximising Multi-Disciplinary Teams (MDTs)**<br>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 | The service has increased MDT staffing, with recruitment of senior ANP, trainee Paediatric NP's and SAS Advanced Practitioners on a seconded basis. The service will recruit qualified ANPs when academic year complete end September 2024. Sessional Pharmacists who posses the necessary non-medical prescribing qualifications to process medication requests undertake sessions within the PCOOH service at peak times (weekend dayshifts and public holidays) to alleviate pressures on GP colleagues; this initiative is entirely separate of community pharmacy. Whilst plans include the utilisation of MDTs, this may be tempered by the availability of the relevant qualified staff for the PCOOH service. | 99 |
| Primary Care | 3.3 | **Executive level overview and oversight for Out of Hours (OOH)**<br>A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place.<br>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 its essential role as a "front door" service | Yes | A specific plan for additional cover for OOH over the winter period is being prepared and forms part of the wider winter plan. There is an executive lead as well as escalation processes being in place. Specific work continues with NHS24 with a view to increasing dispositions to community pharmacy and not OOH services. This also involves ongoing discussion with community pharmacies in the context of the increasing pressures on community pharmacy. NHSL comms team will continue to issue specific comms signposting service users to other self care options to reduce footfall to EDs and PCOOH service. | 97 |
| Primary Care | 3.4 | **Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience.**<br>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 centres (FNCs), or equivalent. | Yes | SAS are also key partners in our winter planning group and have effective liaison with our OOH service. P2P referrals are also a key feature of the service. Both SAS and NHS24 have representation on the OOH National Operations Group meeting and there is a dedicated NHS24/OOH partnership group convening on a regular basis. In addition to this, up to 74% of GPs across Lanarkshire are opening at various stages such as 26/12, 28/12, 2/2 and the subsequent Saturdays throughout January 2025 to assist in managing demand that may otherwise have fallen to OOH or A&E to manage. | 98 |
| 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 | Public Dental Service representatives meet regularly with NHS 24 on Regional and one-to-one basis to review past demand vs capacity and discuss any measures/ mitigations and current pressure 'pinch points'. This information is used to inform decisions on clinic opening times and additional stand-by useage. Director of Dentistry meets weekly with PDS representatives to receive updates on issues of concern with OOH/ NHS24. | 63 |
| Primary Care | 3.6 | **Provision of OOH dental services**<br>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 | Plans include the current template for Next Day Care via GDS practices Mon-Fri as well as OOH clinics via GDS/ PDS staff mix on health board premises at weekends. In addition, PDS unregistered weekday clinics are run to remove burden of pressures resting solely with NHS24/ OOH. There are outcomes agreed with NHS24 for cases triaged as emergency at NHS24 eg. 1 hour outcomes or ED referral for those requiring specialist OMFS surgical/ medical assessment and management. | 77 |
| Primary Care | 3.7 | **Working with mental health services**<br>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 | Psychaitric Liaison Nursing Service provides access to MH assessment via the three Acute Sites ED services 24/7. | 17 |
| Primary Care | 3.8 | **Increased level of professional-to-professional advice**<br>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 | Maximising P2P advice through a range of measures is a key feature of Operation Flow. This includes maximising the coverage and use of a fully functioning FNC as well as extending the reach of Consultant Connect.<br><br>There is also 24/7 access from NHS 24 to Psychatric Liasion Nurse as well as Police Scotland Triage via the service based at Douglas Street clinic.<br><br>The stress/distress pathway with SAS and Police is also well established allowing for providing community based responses without the need for conveaynce to hospital/A&E attendances. | 86 |
| Primary Care | 3.9 | **Working with social care**<br>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.<br>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. | Yes | Emergency Social work services are available across both North and South Lanarkshire HSCPs and the respective communication measures in place. Home visiting continues by the OOH clinicians. Care homes are directed to contact the OOH service via the FNC obviating the need to go through NHS24 thereby removing associated delays. Public Health/ Health Protection is also available to provide advice for control of outbreaks in Care Homes.<br>Additionally, our PH and Care Home team provide pro-active advice to Care Homes in relation to a range of factors, eg infection control to try to minimise any infections and mitigate their subsequent impact. | 100 |
| 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. | Yes | Community Learning Disability Teams ensure there are indivudal plans of care are in place that support patients, carers and other providers of services. Similarly. CMHTs ensure effective comms such that all patients are aware of who to contact in the event of crisis - including over the winter period. | 49 |
| 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 | Winter plan will be in place for all mental health services, including inpatient and community forensic services, which will ensure sufficient numbers of staff are available to be able to maintain all core services and have the ability to meet respective need. Again this will include all mental health services, including forensic services. | 53 |
| 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 | The winter plan for mental health services referred to above includes the availability of staff who will be linked to discharge planning from all ward settings, including adult mental health, mental health of old age, forensics and learning disabilities. | 40 |
| 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 | Consultant run clinics as part of the Older Adult Community Mental Health Teams will continue across winter. Patients within specialist MH wards will also have access to MDT with a specialist input around dementia diagnosis. | 35 |
| Primary Care | 3.14 | Plans are in place to ensure data is available to monitor the performance and capacity of primary care and mental health services throughout the winter. | Yes | There is a suite of data that is used to measure overall performance across both primary care and mental health services and these will continue across the winter period. In relation to primary care, as well as the weekly sustainability meetings referenced above, there is also a weekly proforma issued toask that any specific isses are ntoified proactively. In relation to mental heath services, measures | 84 |
| Prisons | 3.15 | Plans are in place to ensure that the delivery of prison healthcare, including mental healthcare, is maintained and that there are appropriate levels of healthcare staff in prisons to deliver efficient and effective patient care. | Yes | The Prisoner Healthcare service within HMP Shotts will has a sustainable, experienced, and consistent workforce provision which has been covering any gaps in recruitment. This contingency will remain in situ over the winter period. | 35 |
| 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 | We have established boards that meet regularly - we track all risks and take active action to mitigate risks where possiblework. | 21 |
| 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 | Established processes and services in place to deliver key public protection functions. | 31 |

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**Section 4**

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| Progress Status | Complete | *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 | Open external bank registered nurse recruitment is ongoing. Streamlined internal staff bank recruitment process continues. Recruitment of students to bank is ongoing and use of fixed-term contracts as a recruitment option for winter pressures is well enshrined within NHSL. | 39 |
| Workforce | 4.2 | Boards and HSCPs are continuously deploying the range of tools available to them to support efforts aimed at staff retention.<br>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 | Retire and return policy is well embedded within NHSL. The Board had a pre-existing retire and return policy to encourage those colleagues retiring to return to a similar or their current post.We also actively email colleagues leaving the organisation 2 weeks before their last working day to invite them to complete an exit survey to capture more insight into why people leave NHSL.<br><br>As referenced elsewhere, the whole-system staff health and wellbeing programme is well established and is also supportive to staff recruitment and retention. | 85 |
| 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 associated with discharge planning. | Partial | All managers have been asked to ensure there is effective staff planning to ensure there is sufficient numbers of staff at weekend and public holidays to support flow. Work is currently ongoing to populate rotas seeking to ensure an appropriate level of coverage. As mentioned in Section 3, specifically in Primary Care, over 70% of GPs across Lanarkshire are opening at various stages across the 26th Decmeber and 2nd January public holidays as well as on Saturday 28 December and the subsequent Satyurdays throughout January 2025. | 86 |
| 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. | Yes | Both North and South H&SCPs have invested significantly in voluntary organisations to be able to support the wider statutory sector to ensure that a range of support is available that helps initially to avoid admission to hospital as well as being able to support some patients earlier discharge home. | 49 |
| 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. | Yes | Over and above our existing communication with teams, during October we will be raising awareness of local and national staff wellbeing resources. This will be via weekly staff bulletins, social media and cascade information for managers and team leaders. We will be promoting the Your health matters website where details of the three main staff support services (Occ Health, Psychology and Staff Care) are available. | 65 |
| 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).<br>Staff are fully aware of the contingency plan. | Yes | There is a recognised adverse weather policy in the NHSL suite of HR policies. This is communicated to all staff as part of the comms plan and additionally, there is early warning of any weather warnings via LRP colleagues. In such circumstances, there is an alert email as part of the comms plan which also refers staff to the respective policy.<br><br>Colleagues in North and South Lanarkshire Council's also have robust adverse weather contingency plans in place and will undertake complementary comms and resilience arrangements to maximise the 'public sector' response to any adverse | 98 |
| Seasonal outbreak | 4.7 | **COVID-19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing**<br><br>All patient-facing (i.e. "frontline") Health and Social Care Staff (including Primary Care independent contractor staff) and ALL NHS workers have easy and convenient access to the seasonal flu vaccine and that:<br>**a)** staff are able to drop in to any community clinic without needing to make an appointment<br>**b)** peer to peer vaccination for flu is facilitated, where practicable, to bring the vaccine as close to the place of work for staff as possible.<br>**c)** information and guidance is provided to staff on how to book appointments via the online portal or the National Vaccination Helpline and that they can drop in to any clinic without needing to book.<br>**d)** Information and guidance / promotional materials are provided to staff on the benefits of vaccination for both themselves, their colleagues and their patients.<br><br>(Full details on the programme can be found in the annual flu CMO letter.) | Yes | The Covid and Flu Winter programme for 2024 commenced with Flu only vaccinations WC 16th September for under 5's and adults later in the programme. Covid will be offered to those eligible alongside their Flu vaccine from WC 7th October, including H&SW staff.<br><br>Plans in place for Health and Social Work staff to be vaccinated on acute and community sites through SALUS clinics, with ongoing development of peer vaccinations. Where capacity allows, H&SW staff will be offered drop ins alongside the clinics running across acute and community sites.<br><br>- Information and guidance has been issued nationally and locally through all Lanarkshire email with booking instructions and available on the website. NHSL computer log in screens also changed to inform staff.<br><br>- Work is continuing with a number of staff to support peer vaccination where possible. Regular review will be undertaken to assess rate of uptake across all sites such that any areas requiring targeted work can be identified and the associated uptake rate improved where possible. | 163 |
| 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. | Yes | Winter preparedness planning is in place to re-circulate information and education on respiratory illnesses such as Influenza, COVID-19 and RSV.<br><br>Infection Prevention and Control Education sessions will be delivered on loose stools management including norovirus. This will be done within acute hospitals & H&SCPs.<br><br>Whilst the plan takes account of the potential for additional demand due to seasonal flu, it is not possible to say that there will be adequate resources to deal with it internally without impact on other services, e.g. planned care, without knowing the extent of any flu/other illness surge.<br><br>Plans are also in place across our paediatric services such that they are more able to manage any surges in RSV activity. | 114 |
| 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.<br>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 | Yes | Plans are in place for discussions to take place for any COVID 19 and other winter illness outbreaks that might occur during festive holiday periods. Clinical staff, IPCT, Domestic Staff. Occupational Health and Safety and Microbiology are included in these discussions.<br><br>Depending on severity and possible concurrence, it may be necessary to stand down non-urgent service delivery.<br><br>There are well established 'escalation plans' and associated services which will be prioritised and continued across health and social care.<br><br>Debriefs will be arranged should any significant events occur to identify learning to reduce future risks. | 93 |
| 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 | The Health Protection Team have processes in place to monitor PHS outputs and those produced by UKHSA for the wider picture across the UK. Members of the Health Protection Team attend regular national meetings with PHS on influenza and COVID activity.<br><br>The Health Protection Team also use local data to monitor local trends.<br>During the winter season weekly outputs are produced and shared internally.<br><br>Health Protection Scotland weekly publications are disseminated to IPCT and Microbiology IPC and fed back to sites at local level to monitor for possible early warnings of a surge in activity.<br><br>The information is also accessible to Public Health colleagues. | 104 |
| 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 | IPCT will provide information to all staff to raise awareness of how to access relevant guidance. As part of winter preparedness planning promotion of the National Infection Prevention and Control Manual will be done during drop in visits and by utilising other communication methods such as the NHSL Screen Saver and hospital newsletters. | 53 |