INFORMATION

Draft Winter Priorities and Actions – August 2023 (Scottish Government and Cosla)

This is a draft, for discussion, of proposed priorities to help guide planning and delivery of services through the surge period of winter. This builds upon the close partnership developed between the Scottish Government and COSLA in managing the Health and Social Care System throughout winter 22/23 and would seek to ensure that we continue and strengthen that collaboration. To that end, we have drawn from the priorities agreed in October 2022 between SG and COSLA to frame our approach for 2023/24, which aim to put people and prevention at the heart of our work, and provide a focus for local systems to maintain resilient services. These priorities and actions will be incorporated into the Scottish Government and COSLA joint Health and Social Care Plan to be published in early October, following agreement of priorities and actions with COSLA and Scottish Ministers.

Summary of resilience priorities
1. Where clinically appropriate, ensure people receive care at home, or as close to home as possible.
2. Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to manage their own health and care, and that of their families, better.
3. Support delivery of health and social care services that are safe and sustainable.
4. Maximising capacity and supporting our valuable workforce to meet demand.
5. Protect planned care with a focus on continuing to reduce long waits.
6. Prioritise care for the most vulnerable in our communities. 7. Work in partnership to deliver this Plan.
VERSION DISCUSSED AT WINTER SUMMIT

PRIORITIES AND ACTIONS
(To note that those marked with an * are still being explored at this stage)

1. Where clinically appropriate, ensure people receive care at home, or as close to home as possible.
a. Through the Urgent and Unscheduled Care Collaborative Programme, improve urgent care pathways in the community and improving links across the primary and secondary care interface.
b. We will work with NHS 24 to consider additional outcomes for patients through the urgent care pathway to ensure patients receive the right care in the right place.
c. *We will continue to ensure that Community Pharmacy are able to deliver core services; both in and out of hours
d. We will through the Expert Panel, increase use of Flow Navigation Centres to reduce avoidable visits to A&E, optimising use of Call Before You Convey and Near Me video consultations and increasing direct access to Flow Navigation Centres from Professionals with a focus on primary and community settings.
e. *We will continue to drive improvement to the mental health unscheduled care response to allow people to access care in the most accessible setting.
f. *We will scale up remote monitoring for long term conditions to enable people, and those who care for them, to proactively manage acute and chronic conditions. As an example, Accelerator programme for hypertension diagnosis and management in development.
g. *We will further expand the Hospital at Home service this financial year to enable patients to be treated at home, where appropriate, and to expand access to care.

2. Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to manage their own health and care, and that of their families, better.

a. We will continue to encourage Boards and, where appropriate, Partnerships to redirect/ signpost people to the appropriate service for their needs, through national guidance and strong clear local messaging (as seen in NHS Lothian).

b. We will ensure the public are made aware of key services that will support them with their care needs for example NHS inform and direct them to right place at the right time

c. We will continue to promote the use of the NHS 24 online app and its increased number of self-help guides which signpost people to the right place, at the right time and the national medicines management app that supports people to access and self-manage medicines

d. We will continue to build more preventative messaging into health and care communications activity for Winter and throughout the year.

e. *We will continue to raising awareness of the mental health and wellbeing resources available on the new Mind to Mind website

f. *Campaigns to increasing awareness and uptake of Power of Attorney, to enable people to be discharged from hospital as quickly as possible to the best setting for their ongoing care.

3. Support delivery of health and social care services that are safe and sustainable.

a. We will continue with support for sustainability of General Practice to deliver general medical services. This includes developing a capacity and pressures sustainability tool, and continued support for planned increase in GP recruitment and MDTs.

b. *We will continue to support Boards to provide a resilient Out of Hours service through the work of the Primary Care Out of Hours Short Life Working Group.

c. We will work with Boards on the implementation of Principles of Safe Transfer to Hospital. These principles are designed to reduce the risk of harm to patient's experiencing extended waits at hospital, improve the health and wellbeing of staff and improve the availability of ambulance resources to respond to patients waiting in the community.

d. We will work with NHS 24 and SAS in the development of digital handover ambulance requests and referrals between NHS 24 and SAS to improve the patient and staff experience.

e. *We will continue to work with Boards to improve NHS Dental Services and complete the payment reform of the Statement of Dental remuneration

f. We will work with Boards to ensure that Community Pharmacy are able to deliver core services; both in and out of hours

g. We will support Boards with workforce recruitment, for example in international recruitment.

h. We will support an international recruitment pilot started with the aim to improve the experience of providers in undertaking ethical recruitment from abroad.

i. * We will maximise social care workforce capacity through recruitment and retention – national campaign and working with local Partnerships

j. We will work with Boards to achieve optimal use of staff bank and other supplementary staffing routes

k. We will work with Boards to improve delayed discharge data relating to forensic mental health patients.

l. We will continue to strengthen workforce retention, such as Retire and Return policy and enable healthcare students to work flexibly alongside study

m. National adult social care recruitment campaign running three times during 2023-24

n. *We will continue to work with Fair Work in social care on our commitment to develop a timetable towards £12/hour

4. Maximising capacity and supporting our valuable workforce to meet demand.

a. We will reduce time spent in the Emergency Department by working with Boards to deliver rapid assessment and care; enhanced triage and signposting / redirection; short stay

b. We will work with Boards to ensure Dentistry and Optometry capacity to support referrals from NHS 24 and OOH/unregistered patient care and holiday cover.

c. We will make improvements to reporting and performance dashboards that will support "visibility" of capacity in social care

d. We will reduce the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management.

e. We will work with the National Volunteers Hub to explore how volunteers can provide support in discharge.

f. We will ensure all eligible workers including non-frontline NHS HSCWs have access to their flu and Covid-19 vaccine.

g. We will focus on preventative wellbeing for all health and care staff

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

a. We will strive to protect cancer care with a focus on continuing to prioritise new urgent suspicion of cancer patients and protect theatres for cancer operating.

b. We will deliver the actions contained in Endoscopy and Urology Diagnostic Plan.

c. We will work with Boards to maximise capacity through Pooled Lists: locally for high volume specialties (new and return patients) and pooled lists regionally/nationally for longest waits/specific specialities.

d. We will work with Boards to maximise theatre capacity including NTCs through expanded sessions in evenings and weekends, e.g., Hot Clinics / Super Saturdays.

e. We will support Boards to maximise national automated and administrative validation including clinical validation, for TTG/NOP, cancer and endoscopy waiting lists.

f. We will continue to support Boards in the adoption of ACRT and PIR to reduce demand and release capacity.

g. *We will continue to encourage the optimisation of digital solutions, standardise pre-operative assessment to reduce unnecessary appointments and cancellations releasing capacity.

6. Prioritise care for the most vulnerable in our communities.

a. We will continue to scope options for increasing creation and review of Anticipatory Care Plans (including renaming as Future Care Plans) focusing on specific population groups. Future Care Planning aims to support people to think and plan ahead for changes in their health and care that might happen when they are living with a serious illness; have a longer-term condition or disability that could get worse, or getting older and frailer, focusing on what matters to them. This can include treatments and care they want and don't want, and could avoid hospital admissions when not wanted or of benefit to the patient.

b. *We will continue to support Adults with Incapacity to live well in the community; improve delays incurred by AWI processes [

c. We will provide Covid-19 booster for those at higher risk, as JCVI statement of August-23 and explore access for older/ frailer groups to receive their Flu and Covid-19 vaccines in their home in partnership with local agencies and third sector.

d. We will work with Partnerships and NHS Boards across the country to reduce delayed discharges for patients with learning disabilities and complex care needs moving from inpatient treatment to the community.

e. We will continue to link with third and voluntary sectors to support older and frailer people who may need practical help to keep them safe and well.

7. Work in partnership to deliver this Plan.

a. To deliver on our commitments, 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); maintain a flexible approach; and enable an effective response and support to whole-system winter pressures.

b. The Chief Operating Officer NHS Scotland (COO) and Director, Social Care Resilience and Improvement, supported by Health and Social Care Directors and COSLA Officials, will report to Ministers and COSLA Leaders on progress of addressing whole-system pressures throughout the winter period.

c. Enhanced monitoring and improvement - A National Oversight Group National Whole System Oversight and Planning Group (WSOPG) will be in place and have strategic oversight of health and social care pressures and be in place to monitor and support health and care systems through the winter period. Working on a subsidiarity basis, local monitoring will continue and health and care organisations will utilise their established governance and response structures to manage pressures. In addition to the WSOPG, Health Emergency Preparedness, Resilience & Response (EPRR) Division will continue to support NHS Boards to respond to any Emergency / Major Incidents through established procedures. The Scottish Government and COSLA will continue to support NHS Boards and Health and Social Care Partnerships to respond to Emergency/Major Incidents and surge pressures through established procedures. This will also include appropriate governance and assurance mechanisms.

d. A shared escalation plan between the Scottish Ambulance Service and NHS 24 for early identification and management of surge and risks.

MORAY PRIORITY 1

1. Where clinically appropriate, ensure people receive care at home, or as close to home as possible.

Link	Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
a	Intermediate Care - CRT, D2A, FNCT can adapt during times of increased activity, improve responsiveness to include actions when system GOPES 4	12/10/2023	01/12/2023	Locality Managers		Teams able to adapt during recent increase in system pressures, demonstrated responsiveness when DGH GOPES at 4. Escalation document to be produced
a	Hospital Occupancy, DGH and CH to monitor daily at Response Group	12/10/2023	01/12/2023	Home First		Occupancy for DGH and CH noted daily at Response Group
a, b	End of Life pathway - can adapt at times of increased activity, actions when GOPES 4	12/10/2023	01/12/2023	LA		EOL pathway able to adapt during recent increase in system pressures.
a, b	Outpatient Parenteral Antibiotic Therapy using day hospital services in Community Hospitals	12/10/2023	01/12/2023	DGH		IV day case therapy is available in all community hospitals on a day case basis. Plan to have OPAT or DGH referrals to CH's rather than DGH, pathway being developed
a, b	Rapid Access to Assessment for Frail Elderly for community, ED and Acute	12/10/2023	01/12/2023	DGH		This is a development and part of the Frail Elderly collaborative ongoing work

APPENDIX 1

c	Continue Pharmacy Medicines Review for Frail Elderly	12/10/2023	01/12/2023	Home First	🟩	Funding secured for CH pharmacy input and Medicines Management Frail Elderly reviews will continue
d	Flow Navigation and DGH	12/10/2023	01/12/2023	DGH	🟥	Linked to Unscheduled Care Work
g	Frail Elderly Identification at ED, identification of complex discharge in ED	12/10/2023	01/12/2023	DGH	🟧	Plans progressing, IT requirements holding up progress (frail elderly icon on TRAK)
g	Surge plans for core teams working within Hospital without Walls, (DN's OT/PT, CPN SW etc) for times of increased activity	12/10/2023	01/12/2023	Locality Managers	🟩	Included in Business Continuity Plans
a	Realistic Medicine winter Strategy	12/10/2023	01/12/2023	LS	🟩	Roll out of programme to those attending Vaccination Clinics
a	Implement Public Health Initiatives and public messaging	12/10/2023	01/12/2023	Health Improvement	🟩	Roll out via NHSG Health Improvement Team
a	Review all Anticipatory Care Plans, SPARRA for highlighting those at risk in the absence of other tools	12/10/2023	01/12/2023	Locality Managers	🟧	Work Ongoing, should complete by delivery deadline
a	Monitor ASP referrals, report weekly to response group	12/10/2023	01/12/2023	ASP Team	🟧	Work Ongoing, should complete by delivery deadline
a	Managers aware and can use Moving On policy	12/10/2023	01/12/2023	SMT	🟩	Moving on Policy available to all
a	Aim Frail Elderly Discharge within 48hrs, MDT in ED	12/10/2023	01/12/2023	Home First	🟧	Work Ongoing, part of longer term actions from the Frail Elderly Collaborative

a	Monitor the number of patients who are discharged with care in line with their PDD and report at daily response group	**12/10/2023**	**01/12/2023**	**Hospital SW Team**		Monitoring this information weekly
a, b, d, e,	GMED Surge Plan and OOH's provision	**12/10/2023**	**01/12/2023**	**GMed Management**		Surge Plan in Place. Resilient out of hours service from GMED. The reintroduction of 'tough books' will enhance this service once ICT issues are resolved. GM
b, c,. d, g	Review Workforce for Winter and Festive Periods, surge plan for times of increased activity	**12/10/2023**	**01/12/2023**	**SMT**		All services are now required to provide rota cover for public holiday weekends which are uploaded to SMOC channel. Some services still do not have cover on PH
e	Mental Health Teams (Liaison Nurses) to establish links with Community Hospitals and Community Teams	**12/10/2023**	**01/12/2023**	Mental Health		Links made at Care at Home workshop, work commenced to improve communication in particular around the referral of high risk patients needing Mental Health Support
a	Physical bed surge plan	**12/10/2023**	**01/12/2023**	DGH		Beds identified for surge
a	Review of Care Home Intermediate Care Beds (EOL, Respite etc), identify demand	**12/10/2023**	**01/12/2023**	Home First		Discussed daily at 11.30 meeting
a	Care at Home Strategy Completion	**12/10/2023**	**01/12/2023**	Care at Home Group		Work ongoing, strategic group in place, working through actions
a	Determine need and funding for Interim Beds and possibilities to commission beds if required.	**12/10/2023**	**01/12/2023**	SMT		HSCM currently have patients in 9 Interim care beds within the community. These beds are used when required.

a	Plan for winter safety packs to be available for relevant staff	**12/10/2023**	**01/12/2023**	Moray Health and Wellbeing care/We Care Team		Local health and wellbeing group which links with We Care Team are leading on this.
a	Remind all staff re Adverse Weather Policy	**12/10/2023**	**01/12/2023**	SMT/Service Managers		Control room email is now in operation all year. This email will issue relevant policies (MC/NHSG) for onward distribution to staff.
a	Moray control room reinstated Nov - Feb	**12/10/2023**	**01/12/2023**	SMT		Rota now in place during office hours, excluding public holidays.
	Moray HSC Website and Facebook page to be used for sharing of information	**12/10/2023**	**01/12/2023**	SMT		Public Comms and Engagement Officer now in post. Officer also sits on National Comms Groups for planning, event response etc. Close links with all partners.

MORAY PRIORITY 2

2. Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to manage their own health and care, and that of their families, better.

Priority Linked	Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
a	Make Every Opportunity Count and Public Messaging, NHS Inform	12/10/2023	01/12/2023	Health Improvement Team		Established programmes
a b c d e f	Continued delivery of targeted Stay Well Stay Connected and Public Health initiatives.	12/10/2023	12/10/2023	Health Improvement Team		Established programmes
a b c d e f	Plan public safety messages with statutory partners (vaccinations, walk like a penguin etc.)	12/10/2023	12/10/2023	SMT/Service Managers		Established programmes
a b c d e f	Ensure communication channels are available with commissioned providers	12/10/2023	12/10/2023	Commissioning Lead		Allied invited to system wide meetings, communication channels established

a-f	Repetition of 'know who to turn to' messages to divert demand from hospital and prevent system becoming overwhelmed.	12/10/2023	12/10/2023	SMT/Service Managers		Partnership will continue to assist the issue of public safety messages alongside partners. Including repeating any messages being sent out by statutory partners, including Scottish Government. The Partnership will provide links to statutory messages on website/Twitter and social media sites.
a-f	Moray HSC Website and Facebook page to be used for sharing of information	12/10/2023	12/10/2023	SMT		Public Comms and Engagement Officer now in post. Officer also sits on National Comms Groups for planning, event response etc. Close links with all partners.
a-f	Corporate Communications Teams	12/10/2023	12/10/2023	SMT		Moray Portfolio has active and robust links with all Corporate Comms teams for proactive messaging to the public and staff.

MORAY PRIORITY 3

3. Support delivery of health and social care services that are safe and sustainable.

Priority Linked	Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
b	Robust Out of Hours service, plans in place for times of high activity	12/10/2023	01/12/2023	GMed Management		Work Ongoing to update plans
c	Embed principles of Safe Transfer to Hospital	12/10/2023	01/12/2023	NHSG/DGH		Work Ongoing, should complete by delivery deadline
	Dental winter and festive surge plans completed	12/10/2023	01/12/2023	PDS		Work Ongoing, should complete by delivery deadline
	Pharmacy winter and festive surge plans completed	12/10/2023	01/12/2023	CT		Work Ongoing to secure local pharmacy opening over festive period - plans to IW for collation
	All recruitment completed by 01/12/23	12/10/2023	01/12/2023	Locality Managers		Work Ongoing, should complete by delivery deadline
	Ensure all managers can access bank staff	12/10/2023	01/12/2023	Locality Managers		Bank access information available on intranet

Care at Home winter and festive surge plans completed	12/10/2023	01/12/2023			Work Ongoing, should complete by delivery deadline
Social work winter and festive surge plans completed	12/10/2023	01/12/2023	JC		SW festive on call plans being developed
Festive Staffing Plans collated	12/10/2023	01/12/2023	IW		All plans to IW to collate for Festive Plan
Ensure managers are aware of HR policies relating to recruitment and retention, Retire and Return etc	12/10/2023	01/12/2023	Service Managers		The Partnership will work with both NHS Grampian (NHSG) and MC on any redeployment requirements, within the employers' policies if required. Working Groups will be stood up to discuss this if required during periods of severe staff shortages as agreed across sectors.

MORAY PRIORITY 4

4. Maximising capacity and supporting our valuable workforce to meet demand.

Priority Linked	Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
a	MDT assessment in ED	12/10/2023	01/12/2023	**GH**		Part of Frail Elderly collaborative work
b	Dental and Optometry surge winter and festive surge plans in place	12/10/2023	01/12/2023	PDS/Optometry Lead		Plans to IW for collation for Festive Plan
d	Early effective Discharge planning	12/10/2023	01/12/2023	Home First		Monitored via Portfolio meeting, barriers to discharge discussed and managed. Access to short term care (START) challenging, work to be completed around accessing other intermediate services during the winter period
c	Agree performance dashboard	12/10/2023	01/12/2023	Home First		Weekly and Daily Dashboard available on Illuminate, attach both weekly (Monday) at Daily Response Group for review
f	Promote and Deliver Covid and flu Vaccinations	12/10/2023	01/12/2023	Public Health and Lead Nurse		Operational delivery of autumn/winter vaccination ongoing – public and staff.
f	Staff Absence Reporting	12/10/2023	01/12/2023	SMT/PM		Managers' report any staffing issues at Daily Response meetings.

| e | Develop Volunteer Protocol including a list of tasks with associated risk assessments | 12/10/2023 | 12/10/2023 | Care for People Group and Volunteer Coordinator ? | | A new Volunteer Coordinator has been recruited at DGH. Volunteer protocols with the 3rd and Voluntary Sectors were in place during the pandemic response. This is part of a larger Moray project. They continue to work with NHSG Volunteer Oversight Group to ensure risk assessments and roles are consistent etc. Funding in place to increase the Social Care (MC) Volunteer department to 2 WTE coordinators and plans are underway to review the roles, paperwork and align/compliment both the NHS and Social Care volunteer services where appropriate to meet need and demand. The Oaks (NHS) also has Part -time Volunteer Coordinator. MC is doing a separate piece of work regarding non HSCM volunteers and groups who supported services during the pandemic response. Policies and protocols for HSCM Volunteers will be both MC and NHSG, alongside insurance cover etc. |
| e | Promote volunteer register | 12/10/2023 | 01/12/2023 | Care for People Group and ? | | If utilising non NHSG/MC (HSCM) volunteers, it is worth noting there is no information sharing agreement in place with NHSG yet to allow the sharing of personal information. All current HSCM volunteers are recruited to specific roles, but there would be scope, with additional resource to support, to recruit volunteers specifically to support resilience. |

| e | Deliver volunteer training if required | 12/10/2023 | 01/12/2023 | Volunteer Coordinator | | All HSCM Volunteers undertake induction training via NHSG or MH and then role specific training before commencing |

MORAY PRIORITY 5

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

Priority Linked	Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
a	Escalation of risk of cancellation of surgery for patients with cancer	12/10/2023	01/12/2023	DGH		Work Ongoing, should complete by delivery deadline
c	Waiting list plan	12/10/2023	01/12/2023	DGH		Work Ongoing, should complete by delivery deadline
d	Maximising theatre sessions	12/10/2023	01/12/2023	DGH		Work Ongoing, should complete by delivery deadline
e	Cancer waiting lists	12/10/2023	01/12/2023	DGH		Work Ongoing, should complete by delivery deadline
f	ACRT and PIR to reduce demand and release capacity	12/10/2023	01/12/2023	DGH		Work Ongoing, should complete by delivery deadline
g	Optimising digital solutions, reduce unnecessary appointments and cancellations releasing capacity	12/10/2023	01/12/2023	DGH		Work Ongoing, should complete by delivery deadline

MORAY PRIORITY 6

6. Prioritise care for the most vulnerable in our communities.

Priority Linked	Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
a	Identification of frailty in ED, in acute and in primary care	12/10/2023	01/12/2023	GH/Home First		Part of Frail Elderly Collaborative Action Plan
b	Monitor ASP referrals, monitor AWI delays	12/10/2023	01/12/2023	ASP Team		Monitored by ASP team
c	Monitor COVID 19 booster and flu uptake for vulnerable groups, ensure system wide knowledge of data	12/10/2023	01/12/2023	Vaccination Team		Programme commenced
d	Monitor the delays in discharge for patient with LD	12/10/2023	01/12/2023	LD Team		Monitored at 11.30 meeting
e	Develop links with third and voluntary sectors to support older and frailer people who may need practical help to keep them safe and well	12/10/2023	01/12/2023	Volunteer Co-ordinator		Action Completed

MORAY PRIORITY 7

7. Work in partnership to deliver this Plan.

Priority Linked	Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
a	Ensure a mechanism that provides governance and strategic oversight to recognise and mitigate evolving risks (including system pressures). Develop a surge plan for periods of high activity	12/10/2023	01/12/2023	SMT		Daily Response Group and Daily Portfolio Meeting.
b	Ensure escalation of whole system pressures to NHSG, MC and SG and other appropriate organisations/departments	12/10/2023	01/12/2023	SMT		Escalation of information to relevant departments in place
c	Ensure monitoring and improvement activity over the winter period, this includes emergency preparedness	12/10/2023	01/12/2023	SMT		Monitored at OMT and SMT
d	Ensure that there are mechanisms in place to identify when SAS and NHS 24 are under pressure	12/10/2023	01/12/2023	SMT		In place Nationally