

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>10 October 2024</b>
<b>Item Number:</b>	<b>10</b>
<b>Title:</b>	<b>Planning for Winter 2024/25</b>
<b>Responsible Executive:</b>	<b>Geraldine Fraser, Interim Portfolio Lead, Medicine and Unscheduled Care</b>
<b>Report Author:</b>	<b>Michael Coulthard, Programme Manager, Interface Care</b>

## 1 Purpose

**This is presented to the Board for:**

- **Endorsement** – endorse the approach outlined in this paper.
- **Future reporting** – to request that the outcome of this work be brought back to the Board at its meeting on 12 December 2024.

**This report relates to:**

- NHS Grampian Strategy: Plan for the Future – People (Citizens & Colleagues), Pathways (Whole System Working, Access)
- Delivery Plan – Population Based Approach to Health, Improving Access and Protecting Planned Care – Secondary Care, Unscheduled Care – Secondary Care
- Government policy/directive – 2024/25 Winter Preparedness Plan

**This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective
- Person Centred

## **2 Report summary**

### **2.1 Situation**

As Winter 2024/25 approaches, it is imperative that the system is prepared for the seasonal challenges it is expected to face. A different approach to winter planning was introduced last winter, seeking to build upon the winter planning undertaken at a variety of levels within the system and create further linkages between its constituent parts. It is proposed that this approach is continued and refined for the forthcoming winter, incorporating the learning from last year's winter planning process alongside new and emerging drivers which will influence this important area of work.

### **2.2 Background**

Winter planning is a key function and well-established annual process for NHS Grampian and its partners across the Local Resilience Partnership. Given the continued challenges and pressures being experienced across the Health and Social Care system in Grampian and beyond, it is particularly important that the system is prepared for the additional seasonal demand which can be expected over the impending Winter 2024/25 period.

### **2.3 Assessment**

An opportunity exists to continue to explore further linkages between the plans of partner organisations and share areas of good practice, building on progress made during the last year. Whilst opportunities may exist across the system, particular consideration of upstream actions which may contribute to reduce unmet need, which ultimately results in demand for Unscheduled Care, will be vital in supporting that crucial function during this challenging period. There has been significant work already done in this area to ensure people receive the right care in the right place e.g. through the success of the Flow Navigation Centre, 'Call before you Convey', and effective discharge planning. Unnecessary hospital admissions and delayed discharges are not beneficial for citizens, their families or those working within the system and aiming to minimise both will remain important areas of focus.

This work will specifically focus on connected winter planning within the entire Grampian area, seeking to acknowledge the significant work and learning already underway from winters past. It will explore further opportunities for connections between partners' usual winter planning processes and the sharing of best practice. This will include consideration of the awaited Scottish Government 2024/25 Winter Preparedness Plan and supporting completion of the associated readiness checklist

process. It will link to ongoing pieces of work in relation to the review of the Grampian Operational Pressure Escalation System (G-OPES) and associated meeting arrangements, and review of the System-Wide Bed Capacity Contingency Plan.

This approach is not intended to encroach upon or otherwise impact the pre-existing responsibilities of each partner organisation, nor is it intended to replace local Business Continuity Planning or Business Impact Analysis. As a system wide approach, all links to localised improvement work, resilience planning and civil contingency planning will also be respectfully acknowledged.

### **2.3.1 Quality / Patient Care**

This work should improve the quality of care as it seeks to improve the winter health and well-being of Grampian citizens and where possible alleviate some of the additional demand for unscheduled care which presents during the winter period.

### **2.3.2 Workforce**

This approach is intended to have a positive impact for those working across the system. It aims to help increase the understanding of the linkages and opportunities for joint working with partner agencies and encourage new and innovative approaches to winter preparedness. Ultimately, those working within the system are also users of the system and should benefit as citizens as well as staff. Consideration is being given as to how we best enable the Winter Plan to be easily available and accessible to staff groups.

### **2.3.3 Financial**

It is anticipated that this work will have neutral financial impact. However, the current financial context within the system and beyond is likely to impact winter plans and arrangements. Health and Social Care Partnerships will not be receiving any additional funding this winter therefore solutions implemented in previous years such as Interim Care beds are not expected to be achievable and other options will need to be explored.

Increased cost of living pressures and expected reductions in household allowances are likely to have an impact on health for those most at risk. Mitigations for this will be an additional consideration.

#### **2.3.4 Risk Assessment/Management**

There is a risk that additional pressure will be placed on a system which is already experiencing considerable demand. Unscheduled care activity over the summer of this year has not reduced as is normally the case. This combined with what is achievable within the current financial context poses a risk to the system experiencing further pressure in the winter months. The approach to partly mitigate this risk will be by encouraging the identification and implementation of upstream interventions which may reduce some of this additional demand. Ensuring that people know where to access services and support locally will be key, and this aligns to the national winter planning approach of keeping people safe at home over the winter.

#### **2.3.5 Equality and Diversity, including health inequalities**

An equality impact assessment has not been completed for this programme of work specifically, however equality, diversity and health inequalities will be routinely considered as part of planning processes within each partner organisation.

#### **2.3.6 Other impacts**

No other impacts have been identified.

#### **2.3.7 Communication, involvement, engagement and consultation**

As mentioned in Section 2.3 above, the process for responding to the anticipated winter readiness checklist from Scottish Government will include communication, involvement and engagement with a wide range of partners including the three Health and Social Care Partnerships. The System Wide Winter Preparedness 2023/24 document produced last year will be refreshed and revised with colleagues who provided input previously, with consideration of any further areas which should be included in this year's document. Draft documents and progress will be shared at regular intervals with the Unscheduled Care Improvement Programme Board and Chief Executive Team.

### 2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:

- Unscheduled Care Improvement Programme Board
- Chief Executive Team; 17 September 2024

### 2.4 Recommendation

The Board is asked to:

- **Endorsement** – endorse the approach outlined in this paper.
- **Future reporting** – to request that the outcome of this work be brought back to the Board at its meeting on 12 December 2024.

### 3 Appendix

There are no appendices included with this report.