# Item No: 11

**Meeting Date:** **Friday 9 December 2016**

# Glasgow City Integration Joint Board

**Report By:** **Alex MacKenzie, Chief Officer Operations**

**Contact:** **Hamish Battye**

**Tel:** **0141 427 8300**

## COMMISSIONING INTENTIONS FOR UNSCHEDULED CARE

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| **Purpose of Report:** | To consider initial commissioning intentions for 2017/18 for acute hospital services within scope. |

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| **Recommendations:** | The Integration Joint Board is asked to:<br><br>a) note progress on the development of a Strategic Commissioning Plan for Unscheduled Care;<br>b) approve the initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships in Greater Glasgow & Clyde; and,<br>c) instruct the Chief Officer to present the detailed Strategic Commissioning Plan for Unscheduled Care to the March IJB for approval for implementation from April 2017. |

**Implications for Integration Joint Board:**

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| **Financial:** | The Integration Joint Board's budget includes a "set aside" budget for the commissioning of specific acute hospital services as detailed in the Integration Scheme. The set aside budget is calculated in line with a formula set down by Scottish Government. For 2016/17 the set aside budget for the HSCPs is £280M. |

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| **Personnel:** | None |

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| **Legal:** | The integration scheme for the Integration Joint Board includes specific responsibilities for the strategic planning of certain acute hospital services. |

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| **Economic Impact:** | None |

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| **Sustainability:** | None |

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| **Sustainable Procurement and Article 19:** | The Health and Social Care Partnership's strategic commissioning plan for unscheduled care will comply with these requirements. |

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| **Equalities:** | None |

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| **Risk Implications:** | A risk analysis will be developed alongside the detailed unscheduled care plan referenced above. |

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| **Implications for Glasgow City Council:** | None |

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| **Implications for NHS Greater Glasgow & Clyde:** | The proposals for 2017/18 outlined in this paper will have implications for the planning and delivery of acute hospital services for Glasgow City residents. Further detail will be included in the Health and Social Care Partnership's unscheduled care plan due to be presented to the Integration Joint Board in March 2017. |

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| **Direction Required to Council, Health Board or Both** | Direction to: | |
| | 1. No Direction Required | |
| | 2. Glasgow City Council | |
| | 3. NHS Greater Glasgow & Clyde | ✓ |
| | 4. Glasgow City Council and NHS Greater Glasgow & Clyde | |

## 1. Introduction

1.1 A report to the Integration Joint Board on 31 October 2016 outlined how it was proposed the IJB would fulfil its strategic planning responsibilities for unscheduled care as detailed in the Integration Scheme. That report set out the planning infrastructure in place and in progress, the framework for development of a strategic commissioning plan for unscheduled care,

1.2 This report updates the IJB on progress in developing a Strategic Commissioning Plan to be presented to the IJB in March 2017, and presents initial commissioning intentions for 2017/18, and beyond, as developed by Health and Social Care Partnerships in Greater Glasgow & Clyde.

## 2. Initial Acute Commissioning Intentions 2017/18

2.1 In order to influence both the NHS Board's and the Acute Services Division's plans for 2017/18, Health and Social Care Partnerships have had initial discussions on the potential key purchasing priorities for 2017/18. Early indication of these intentions to the NHS Board and the Acute Services Division is required to enable substantive planning to take place with Acute on the detail of the final plan. The six Health and Social Care Partnerships within the Health Board area are working together on this agenda.

2.2 The initial purchasing intentions for 2017/18 developed by Health and Social Care Partnerships focus on three key themes that have formed the basis of discussion with the NHS Board and Acute, and are designed to take forward the Health Board's Clinical Services Strategy. These three themes are as follows:

**A) Enabling acute care to be focused on patients with acute needs.**

This is in order to ensure:

- A consistency of service given patients access services through different sites
- A need for fast access to investigation, diagnostic services and pharmacy services to shorten lengths of stay and prevent avoidable admissions
- A need to optimise bed use given demand pressures generated by scheduled and unscheduled care needs, access targets etc.

This will be achieved by:

- Establishing a clear picture of current variation in performance on lengths of stay (LOS) across Acute sites;
- Understanding lessons learned and actions planned by Acute from Day of Care Audits.
- Sharing lessons learned and ensure actions are addressed/implemented, where appropriate across acute sites from the Renfrewshire Development Programme
- Minimally maintaining the 75% Lost Bed Days performance during 2017/18 against benchmark
- Continuing to explore ways of safely managing AWI patients with non-acute needs into alternative safe and appropriate care arrangements
- Ensuring visible and proactive Social Work focused on improving all aspects of flow within a multi-disciplinary function both within and reaching into hospitals.

- Ensuring a joined up approaches to how and what is commissioned through Scottish Ambulance Service (SAS) to reduce admissions wherever safe and appropriate
- Risk assessing the impact of actions to further reduce bed days lost and A&E Attendance
- Quantifying the resource required and the financial and clinical / service implications to deliver the four hour A&E target
- Improving Assessment Unit performance in conversion of attendees to admission
- Developing arrangements that sees the redirection of inappropriate emergency attendances back to primary care
- Completing work on hospital based complex clinical care and the resultant resource re-direct

We expect this to result in:

- Measurable improvement in Day of Care Audit results
- Fewer AWI patients in the system
- Reduction in lost bed days
- Improvement in A&E 4-hour wait performance
- Reduction in A&E attendances
- Reduction in the conversion of A&E attendances to hospital admissions

**B) Ensuring community based health and social care services are responsive to the needs of older people and those with chronic disease.**

This is in order to ensure:

- Services are not disjointed
- Lessons are learned and implemented from 5+ years of Change Fund in a consistent way
- A significant focus on vulnerable populations which require support from community based services
- Significant reductions in hospital admissions/shorter LOS to reduce lost bed days/ensure timely discharge
- Minimise delays in Transfer of Care to community settings so that they do not impact on system resilience

This will be achieved by:

- Developing a clear action plan from Change Fund lessons and RDP that should be applied and monitored at each Acute site as appropriate
- Targeting support to nursing homes with a focus on reducing demand on primary care, reduce admissions to acute care, deaths in hospital, reduce demand for GP OOH and other OOH services
- Continuing to deliver and where possible increasing capacity to support older adults in the community through effective rehabilitation and re-

ablement services. This requires additional investment perhaps linked to release of resource from Acute

- Reviewing with GPs the effectiveness of ways of working between GP practices and nursing homes with aim we share lessons on best practice
- Having a managed medication service to ensure older people (including those with incapacity) have their medicines administered appropriately.

We expect this to result in:

- Reduction in hospital admissions and reduction in re-admissions
- Reduction in outpatient DNA rates (new and return)
- Increase in number of Anticipatory Care Plans
- Increased number of people with intensive care needs met at home
- Reduction in number of admissions to hospital from nursing homes
- Reduction in number of deaths in hospital

**C) Changes to Address Service Pressures and Inefficiencies**

This is in order to ensure:

- A need to reduce costs of Acute services by reducing demand and improving flow/performance

This will be achieved by:

- Finalising arrangements for release of resource following complex care changes and ensure appropriate patients are discharged into community based settings
- Ensuring all community services staff and GPs have access to services, information and resources to optimise decisions to avoid admission where appropriate
- Ensuring Acute service are operating to best evidence with regard to 'front door' services
- HSCPs maximising use of telehealth and telecare to enable home based supported living
- Proactive use of Practice Activity Reports and other available data with GPs to influence thinking and use of acute service
- HSCPs ensuring commissioned services are working to a clear aim to sustain home living and to monitor and proactively address emerging risks
- Agreeing actions to address services pressures on GPOOH services and where possible move activity into day time services – GPs, pharmacy through planned approach with Acute/GPOOH lead managers and with local GPs and pharmacists. This should extend to include a 'Using Local Services Appropriately' Guide
- Where relevant establishing an evidence based work programme approach. Specifically working with Health Care Improvement Scotland's

Living Well Programme and their Improvement Advisor/TRIST (Tailored Response Improvement Support Team) in collaboration with Acute Services on this

- Developing a fully integrated hospital discharge function (across current Acute hospital and HSCP teams) that in-reaches into the Acute care system and manages patient discharge.

We expect this to result in:

- Evidence of appropriate avoidance of admissions and improved use of alternative services
- Delivery of the most efficient and cost effective discharge arrangements.

2.3 In developing these intentions into a strategic commissioning plan, key principles and targets will be developed in partnership with Acute. Early considerations of these include exploring:

- the need to retain and extend capacity of community resources to deliver a shift in balance of care. This may require transitional funding sources to be explored;
- reducing and maintain delayed discharges further at low level (e.g. 20 for the city equates to a bed day reduction to 1,200 by March 2018);
- a roll out of the North East model for slow stream rehabilitation across the city;
- development of the new model of care to replace continuing care, commencing with the North East and Greenfield Park, to be managed solely by Health and Social Care Partnerships;
- an improvement in day of care audit performance from current 25% to 20% in 2017/18, and to 15% in 2018/19, and to 10% in 2019/20;
- development of GP direct access to diagnostics and next day outpatient appointments – medical GP triage model;
- an improved performance of Acute Admission Units in relation to attendance to admission ratios;
- setting ambitious targets for a reduction in deaths within hospitals of palliative/end of life care patients (25%?);
- Acknowledging that this programme would require a reduction in Acute inpatient beds across a number of hospital sites, with the immediate closure of beds as the programme's impacts are realised;
- A resource redirection of consultant geriatricians and rehabilitation staff from acute to provide more community based sessions;
- the notional 'set aside' budget of c£280m to be viewed as actual budget by Integration Joint Boards rather than 'notional'; and,
- setting a percentage target of reduction in the overall set aside budget in 2017/18 delivering significant savings and budget redirection to HSCPs with which to develop further community based provision.

## 3. Recommendations

3.1 The Integration Joint Board is asked to:

a) note progress on the development of a Strategic Commissioning Plan for Unscheduled Care;
b) approve the initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships in Greater Glasgow & Clyde; and,
c) instruct the Chief Officer to present the detailed Strategic Commissioning Plan for Unscheduled Care to the March IJB for approval for implementation from April 2017.

# DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

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| 1 | Reference number | 091216-11-a |
| 2 | Date direction issued by Integration Joint Board | 9th December 2016 |
| 3 | Date from which direction takes effect | 9th December 2016 |
| 4 | Direction to: | NHS Greater Glasgow and Clyde only |
| 5 | Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s) | No |
| 6 | Functions covered by direction | Acute hospital services delegated to the Integration Joint Board as per the Integration Scheme |
| 7 | Full text of direction | NHS Greater Glasgow and Clyde are directed to work with the Chief Officer and others to develop a Strategic Commissioning Plan for Unscheduled Care for the approval of the Integration Joint Board, as outlined in this report. |
| 8 | Budget allocated by Integration Joint Board to carry out direction | As advised by the Chief Officer: Finance and Resources |
| 9 | Performance monitoring arrangements | Within the agreed performance management arrangements of the Integration Joint Board, and NHS Greater Glasgow and Clyde Acute Services Division |
| 10 | Date direction will be reviewed | March 2017 |