



# Item No: 11

Meeting Date: Monday, 31<sup>st</sup> October 2016

## Glasgow City Integration Joint Board

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

**Contact:** Hamish Battye

**Tel:** 0141 427 8300

### UNSCHEDULED CARE

<b>Purpose of Report:</b>	To consider proposals on how the Integration Joint Board should fulfil its strategic planning responsibility for unscheduled care.
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the report and b) approve the development of high level Strategic Commissioning intentions for Unscheduled Care to be provided to the Integration Joint Board in December 2016 with the full plan being provided in February/March 2017.
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#### Implications for IJB:

<b>Financial:</b>	The Integration Joint Board's budget includes a "set aside" budget for the commissioning of acute hospital services within scope. The set aside amount for each Health and Social Care Partnership for 2016/17 is in the process of being calculated in line with formula set down by Scottish Government. For 2016/17 the set aside budget for Glasgow City is currently estimated at £117m.
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<b>Personnel:</b>	None
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<b>Legal:</b>	The integration scheme for the Integration Joint Board includes specific responsibilities for the strategic planning of certain acute hospital services.	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	None	
<b>Sustainable Procurement and Article 19:</b>	The Health and Social Care Partnership's commissioning plans for unscheduled care will comply with these requirements.	
<b>Equalities:</b>	None	
<b>Risk Implications:</b>	A risk analysis will be developed alongside the detailed unscheduled care plan referenced above.	
<b>Implications for Glasgow City Council:</b>	None.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The approach outlined in this paper will have implications for the planning and delivery of acute hospital services for Glasgow City residents. These are currently being discussed with the NHS Board and will be detailed in the Health and Social Care Partnership's unscheduled care plan.	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction to:</b>	
	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 This paper outlines an approach to how the Integration Joint Board might fulfil its strategic planning responsibilities for unscheduled care. Following consideration by the Integration Joint Board, the approach outlined will be developed further into a more detailed framework paper for wider discussion with the NHS Board, the Acute Services Division, Health and Social Care Partnerships and other key partners.
- 1.2 All care groups have been asked to consider the implications of this paper for managing unscheduled care.

## 2. Definition

- 2.1 At present there is no agreed definition of unscheduled care in use at either national or NHS Board level. The following definition is proposed in order that we can be clear about our aim to shift towards more care being delivered on a planned basis:

***“Unscheduled care is any unplanned contact with health and / or social work services by a person requiring or seeking help, care or advice. It follows that such demand can occur at any time, and that services must be available to meet this demand 24 hours a day. Unscheduled care includes urgent care and acute hospital emergency care.”***

## 3. Integration Joint Board Responsibilities - Integration Scheme

- 3.1 The integration scheme for Health and Social Care Partnerships in NHS Greater Glasgow & Clyde includes the following in respect of acute hospital services:

“The Integration Joint Board will assume lead responsibility jointly with the five other Health and Social Care Partnerships within the Greater Glasgow and Clyde area for the strategic planning of the following:

- accident and emergency services provided in a hospital.
- inpatient hospital services relating to the following branches of medicine:
  - i. general medicine;
  - ii. geriatric medicine;
  - iii. rehabilitation medicine;
  - iv. respiratory medicine; and
- palliative care services provided in a hospital.”

- 3.2 Scottish Government guidance on strategic planning for Health and Social Care Partnerships states that:

“Integration Authorities will be expected to set out clearly, in their strategic commissioning plans, how improvement will be delivered against the statutory outcomes and associated indicators. In addition, they should set out how rebalancing care will enable the delivery of key NHS targets in respect of Accident & Emergency performance, the 18 Week Treatment Time Guarantee, and assuring financial balance.”

## 4. National Context

- 4.1 The Scottish Government launched an Unscheduled Care Improvement Programme in May 2015. The programme included six essential actions (6EAs) that were identified as fundamental to improving patient care, safety and experience for the unscheduled care pathways. The 6EAs are:

- 1) clinically focused and empowered hospital management;

- 2) capacity and patient flow realignment;
- 3) patient rather than bed management;
- 4) medical and surgical processes arranged for optimal care;
- 5) targeted seven day services; and,
- 6) ensuring patients are cared for in their own homes.

4.2 In February this year Scottish Government also launched the National Clinical Services strategy (NCS). The NCS sets out a framework for the development of health services across Scotland for the next 10-15 years. It gives an evidence-based high level perspective of why change such is needed and what direction change should take. The strategy sets out the case for:

- planning and delivery of primary care services around individuals and their communities;
- planning hospital networks at a national, regional or local level based on a population paradigm;
- providing high value, proportionate, effective and sustainable healthcare;
- transformational change supported by investment in e-health and technological advances.

4.3 The full strategy is available at <http://www.gov.scot/Publications/2016/02/8699>

## **5. NHS Greater Glasgow & Clyde Context**

5.1 In NHS Greater Glasgow & Clyde the Board's Clinical Services Strategy (CSS) was approved in January 2015 and since endorsed by the Integration Joint Boards. The key aims of the strategy are to ensure:

- care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
- services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
- sustainable and affordable clinical services can be delivered across NHS Greater Glasgow & Clyde; and,
- the pressures on hospital, primary care and community services are addressed.

5.2 The strategy provides a framework to ensure that best clinical outcomes are achieved for patients and that services are:

- safe and sustainable;
- patient centred;
- integrated between primary and secondary care;
- efficient, making best use of resources;
- affordable, provided within the funding available; and,
- accessible, provided as locally as possible.

5.3 The NHS Board has also recently established an Unscheduled Care Programme Board chaired by the Board Chief Executive and on which the Health and Social Care Partnership is represented. The NHS Board's programme has a number of work streams, one of which relates to Health and Social Care Partnership activity. Discussions are taking place with the NHS Board to support this work. The outcome of the Board's programme will need to be reflected in the Integration Joint Board's unscheduled care plan.

## **6. Way Forward – a whole systems approach**

6.1 There is a considerable focus on improving performance within the acute hospital sector, as evidenced by the Scottish Government's 6EAs programme.

6.2 A review of strategic commissioning plans for unscheduled care across the UK has highlighted that many focus on the whole patient pathway from primary / community care to acute / emergency care and discharge home. The advantages of this approach are that the whole care system is working in tandem for the benefit of patients and service user, with care and treatment being delivered at the right time and in the right location and to system wide agreed outcomes and targets.

6.3 A whole system approach that extends to social care, housing and the third and independent sectors is required to effect the change envisaged in the National Clinical Services and the Board's Clinical Services Strategy and reduce demand on hospital services by supporting more people within their own communities.

6.4 Integration Joint Boards with their strategic planning responsibilities, and connections with other key partners, including GPs, are well placed to develop a coherent whole system plan for unscheduled care. Key to this will be:

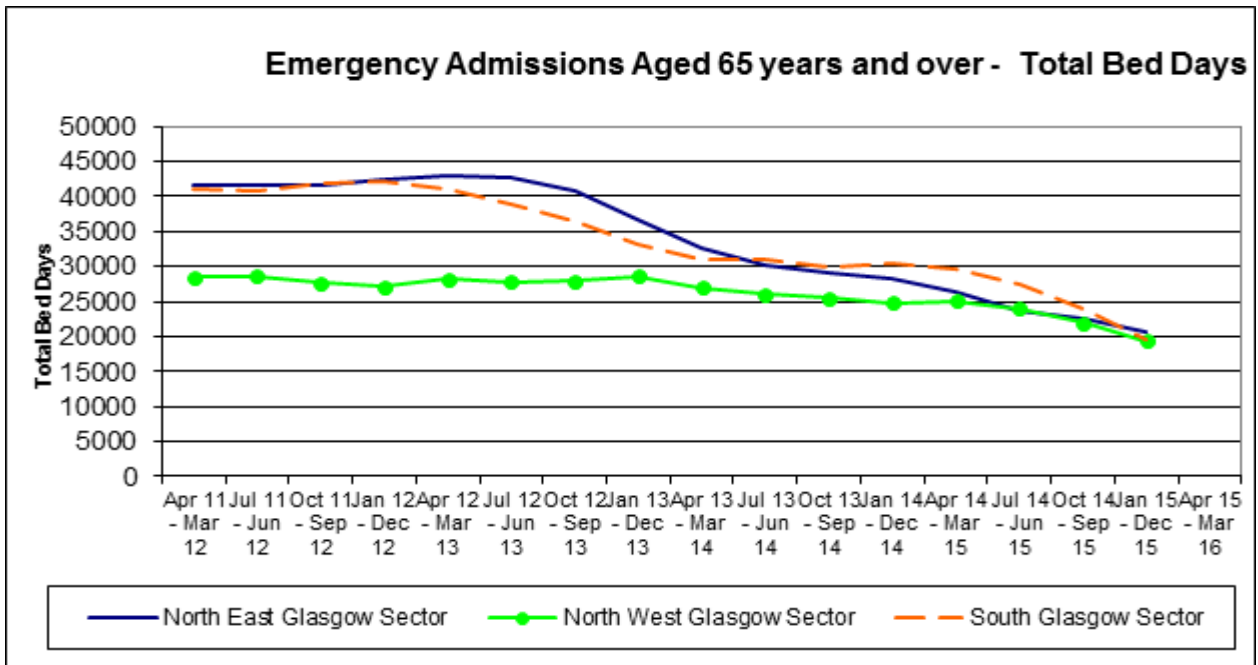
- identifying what are we trying to achieve and its scope;
- analysing and understanding demand (discussions have begun on this with public health) and establishing a baseline from which future activity/ improvements and impacts can be monitored and evaluated;
- identifying the key issues/ improvements we wish to address;
- the outcomes we are seeking;
- how these might be delivered, by whom and over what timescale;
- how improvements will be measured (including a performance framework and the baseline from which we can measure progress); and,
- the financial framework to support it (including how resource changes / shifts are dealt with, the business case process for these and how future commissioning intensions are made).

6.5 It is proposed that the Health and Social Care Partnership develop a strategic commissioning plan for the delivery of acute services within the scope of the Integration Joint Board covering the three year timeframe of 2017-2020 as this fits with the Board's time horizon for the Clinical Services Strategy.

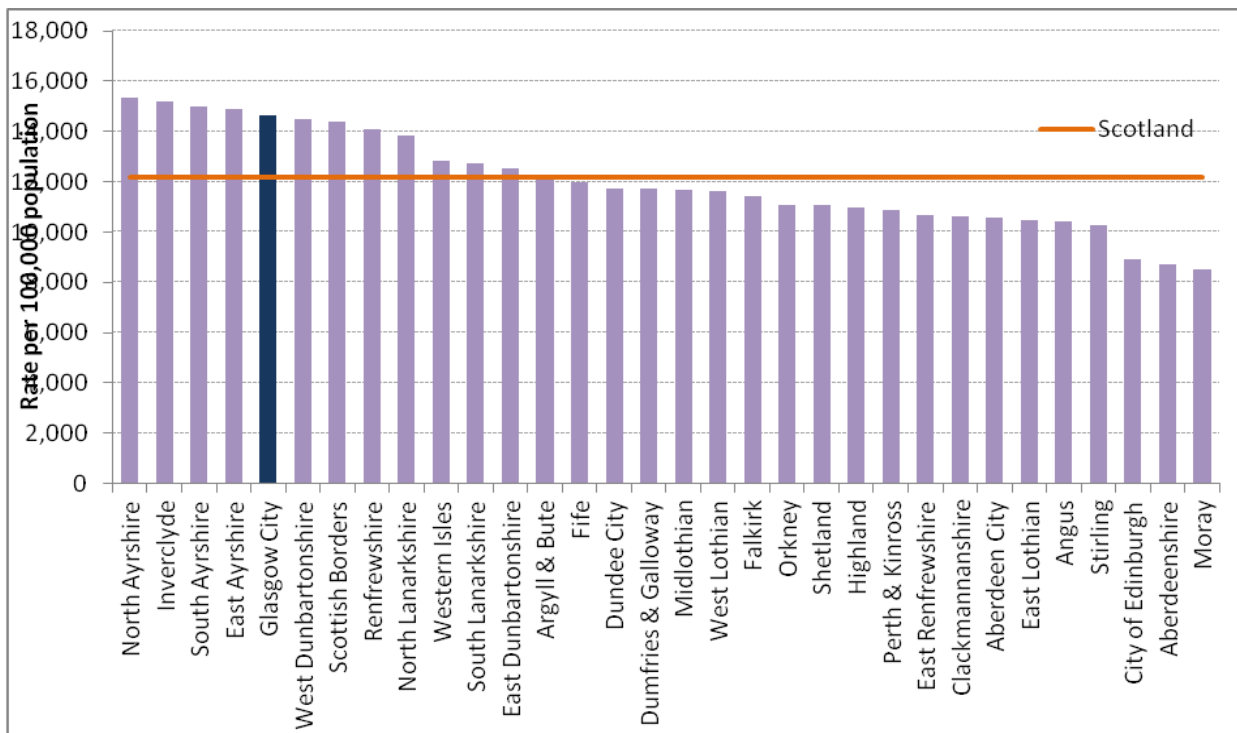
- 6.6 For acute services, the commissioning plan would need to identify the levels of activity required, quality standards and delivery of national and/ or local targets, and the agreed financial resources, together with other commissioning plans in respect of the third and independent sectors. Discussions are taking place with acute colleagues to scope the level of activity anticipated in 2017/18 based on current levels of performance in acute system and phased thereafter over the life-cycle of the Plan.
- 6.7 The next step is to develop a more detailed framework document, which would then form a basis to engage with other key partners, principally acute, GPs, housing, the third and independent sectors.
- 6.8 It is anticipated that the final draft Unscheduled Care Strategic Commissioning Plan will be presented to the Integration Joint Board for approval in February 2017.

## **7. Current Programme and Performance**

- 7.1 The Health and Social Care Partnership has an existing programme of activity that is designed to prevent emergency hospital admissions and support people to receive care and treatment within community settings (see Annex A). Elements of this programme have been in place for some considerable time while others are at the development stage.
- 7.2 Acute unscheduled care performance is currently measured by the following indicators, (which are included in the Health and Social Care Partnership's routine operational performance report):
- new Accident & Emergency attendances (rate per 100,000 population);
  - new Accident & Emergency attendances by GP referral (rate per 100,000 population);
  - emergency admissions by age (rate per 1,000 population); and,
  - emergency acute bed days 65+ and 75+ (rate per 1,000 population).
- 7.3 Glasgow City's current performance shows that while in recent years overall Accident & Emergency attendances are on a downward trend, there has been a rise in emergency admissions for older people. However, the rate of emergency acute bed days for older people is also on a downward trend, which would indicate a shorter length of stay and improved discharge – see chart below.



7.4 Nationally based comparisons of the latest data also show Glasgow’s rate of emergency admissions compares favourably with other Health and Social Care Partnerships.



## **8. Recommendation**

8.1 The Integration Joint Board is asked to:

- a) note the report and
- b) approve the development of high level Strategic Commissioning intentions for Unscheduled Care to be provided to the Integration Joint Board in December 2016 with the full plan being provided in February/March 2017.



## UNSCHEDULED CARE – HEALTH & SOCIAL CARE PARTNERSHIP PROGRAMME

The following programme of activity is currently being progressed by the Health and Social Care Partnership and will form a corner stone of the Integration Joint Board's strategic commission plan for unscheduled care:

Activity	Outcomes
Development of Integrated Older People's Teams	Effective, efficient, coherent integrated operational structure
Intermediate Care step up / step down	Alternative to admission, efficient Acute discharges, high numbers returning home
Assistive Technology Strategy	Significantly growth in support via assistive technology packages
Occupational Therapy Review	Integrated, effective, efficient Occupational Therapy model
End of Life/ Palliative Care Strategy	Growth in number of people dying in the community/ reduction in deaths in hospital
Development of Glasgow Frailty Model	Evidence-based understanding of frailty and most effective service responses to manage it
Public Information Campaign	A more informed and socially responsible public
Development of Directly Provided Care Home Services	A stable, high quality, strategically important service
Supported Living for Older People	Significant growth in numbers
Wider Accommodation-Based Strategy	Effective contribution from the housing sector to the health and social care strategy
Personalisation for Older People	Support growth in older people choosing to return/ remain living at home
ICF Management	Efficient deployment of service reform funding
Dementia Strategy Implementation	Improved outcomes for people affected by dementia and their carers
Anticipatory Care Strategy	Reduced unplanned admissions to Acute
Falls Strategy	Reduced unplanned admissions to Acute
Review of Day Care/ IGF Transfer	Conclude transfer of responsibility to Democratic Services
Review of Housing Support (£1m saving)	Re-direction of resource and service model to support older people with more complex needs
Carer Support Strategy	Growth in number of carers able to sustain their caring role for longer
District Nurse Review	Improved service quality, skill mix and patient facing time
Primary Care Strategy / GP clusters	Improved quality, access in primary and integrated care pathways, including out of hours
Long Term Conditions / chronic disease	Improved pre hospital care

While the bulk of this activity is overseen by the older people's Strategic Planning Group, other programmes within mental health, addictions, learning disability will also have an impact on unscheduled care activity overall.