Item No: 12

Meeting Date: **Wednesday 25th January 2023**

Glasgow City Integration Joint Board

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Unscheduled Care Winter Update

Purpose of Report:	To update members on developments in the Governance of the Unscheduled Care agenda and Scottish Government's high impact change areas for Winter 2022/23.
Background/Engagement:	At its meeting in March 2022 the IJB received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022/23 to 2024/25. Subsequently the NHS GG&C Board and HSCP Chief Officers have adapted to the requirement for Scottish Government assurance through refinement of the governance structure for Urgent and Unscheduled Care.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☒ Other ☐ Not Applicable ☐
Recommendations:	The Integration Joint Board is asked to: a) note the content of this report.

Relevance to Integration Joint Board Strategic Plan:

Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	The unscheduled care program contributes to all nine national outcomes and in particular is fundamental to the delivery of outcome 9 that resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	No Implications
Carers:	Carers are positively impacted through the designing of services around the needs of individuals, carers and communities.
Provider Organisations:	No Implications
Equalities:	No Implications
Fairer Scotland Compliance:	No Implications
Financial:	The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation. The IJB's budget for 2022/23 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to be £247,251,000 for Glasgow City.
Legal:	The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.
Economic Impact:	No Implications
Sustainability:	No Implications
Sustainable Procurement and Article 19:	No Implications

Risk Implications:	No Implications

Implications for Glasgow City Council:	No Implications

Implications for NHS Greater Glasgow & Clyde:	The approach outlined will have implications for the planning and delivery of acute hospital services for all 6 GG&C HSCPs.

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. Purpose

1.1 The purpose of this report is to update the IJB on developments in Urgent and Unscheduled (U&UC) care governance across NHSGGC and how HSCPs are delivering against Scottish Government U&UC priorities to minimise the impact of unscheduled care during winter.

2. Background

2.1 In March 2022 IJBs received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022/23 to 2024/25. Ratified by all 6 IJBs, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs.

2.2 The enduring and significant impacts of unscheduled care on NHS Scotland have led to Scottish Government to seek assurances from NHS boards and HSCPs aligned to eight specific themes, termed High Impact Change areas (HIC). Further detail can be found at Appendix 1. NHSGGC partnerships are participating actively in three of these HIC areas;

- HIC 3 – Virtual Capacity
- HIC 5 – Rapid Assessment & Discharge
- HIC 8 – Community Focussed Integrated Care

3. Urgent & Unscheduled Care Governance

3.1 The NHS GG&C Board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan;

- early intervention and prevention of admission to hospital to better support people in the community;
- improving hospital discharge and better supporting people to transfer from acute care to community supports; and,
- improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting.

3.2 This new governance structure is shown in Appendix 2. Operational delivery remains largely unchanged with acute sector and individual HSCP implementation groups driving activity locally. Tactical co-ordination has been aligned with the HIC structure, with HSCP senior officers leading on the "Discharge without Delay and Rapid Acute Assessment" and "Community Focussed Integrated Care" workstreams. In the strategic space, a new Urgent and Unscheduled Care Oversight Board draws together all activity and is jointly led by Chief Operating Officer NHSGGC and Chief Officer GCHSCP. This group links to both the COVID-19 Recovery Tactical Group and Moving Forward Together Program Board, ensuring whole-system integration and ultimately reports into the Board's Corporate Management Team.

4. HIC 3 – Virtual Capacity

4.1 Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across GG&C. Our HIC 3 workstream is targeted to deliver on four key areas:

- Reduce the number and proportion of patients self-presenting to Emergency Departments (ED) as unplanned/unscheduled care attendance
- Optimising the use of the Flow Navigation Centre (FNC) to;
  - Increase the number of patients assessed and discharged through the use of the 'NearMe' consultation IT platform
  - Increase the number of patients attending /scheduled into more clinically appropriate alternative pathways e.g. Minor Injury Units
- Scottish Ambulance Service (SAS) hospital conveyance rates - work with SAS to reduce conveyancing rates to hospital to be aligned closer to the average NHS Scotland Board rates

4.2 14 virtual pathways are now live across GGC with ongoing discussions with partner agencies e.g. SAS and NHS24 as to how their use can be further maximised. Flow Navigation Centre capacity is likely to be the rate limiting step in the short term, however options to expand this are being considered.

5. HIC 5 – Rapid Assessment & Discharge

5.1 The HIC 5 workstream seeks to optimise flow by aligning capacity with demand across the system. Much of this is synonymous with the existing Discharge to Assess policy and ongoing Discharge without Delay activity. Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process and improve length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the

planned day of discharge. The interface care workstream is also monitored under HIC 5, however is a primarily acute endeavour.

5.2 For Discharge without Delay, HSCPs are equipped with dedicated multi-disciplinary teams including Allied Health Professionals (AHPs), Elderly Care Advanced Nurses or Specialist Nurses. The team proactively reach into hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand and predict complexities of need to inform local responses around recruitment. This includes the re-alignment of resources and use of local intermediate care facilities to provide a more suitable alternative pathway to acute hospital in-patient services offering a step up/step down approach. The use of interim beds across GG&C will be optimised over the winter period including Bonnyton intermediate care facility (East Renfrewshire), 6 additional care beds provided in Inverclyde and a new Intermediate Care contract being tendered in Glasgow City (75 beds).

5.3 KPI targets are still being developed for HIC 5 around increasing the proportion of patients effectively discharged within 48 hours of admission and increasing the proportion of patients discharged pre-noon to improve patient flow through the hospital and improve access for new patients. Opportunities have already been identified to build on a successful rapid discharge practice through a test of change in Ward 54 of the Queen Elizabeth University Hospital by rolling this process out to 17 other wards before application across GG&C.

6. HIC 8 – Community Focussed Integrated Care

6.1 Our well-established Unscheduled Care Design and Delivery plan has allowed us to progress existing initiatives through HIC 8. We are delivering on 3 key priorities;

- GG&C Community Falls Pathway
- Hospital at Home (H@H)
- Home First Response Service

6.2 The GG&C Community Falls Pathway launched in September 2022, linking SAS crews with professional advice through the FNC in order to reduce conveyance for those fallers for whom it was deemed clinically appropriate to direct to scheduled care. When compared with the previous year, data from Sep/Oct 2022 showed an 108% improvement in the rate of referral to Community Rehabilitation by SAS, demonstrating that the pathway is working. Further review is intended one-year post-implementation to demonstrate the utility and financial impacts of the pathway in addition to aspirations to make the pathway accessible to SAS crews responding to fallers in Care Homes.

6.3 The Hospital at Home test of change has published its first phase evaluation and is delivering reduced admittance by providing care direct to patients within their home or homely setting. With 187 patients having used the service it is estimated that 906 bed days have been saved in that period as a result of H@H. Governance discussions are underway as to the timeline of expanding the 10-bed model to 15.

6.4 The Home First Response Service, hosted by Renfrewshire and Glasgow City HSCPs conducted the first of a series of phased launches on 1st November 2022. This service delivers a multidisciplinary virtual team at the ED front door of the Royal Alexandra Hospital and Queen Elizabeth University Hospital who review frail patients with a view to avoiding admittance through community care provision. Recruitment is ongoing at time of writing to establish 11 Advanced Practice Frailty Practitioners in post, however even with limited staff the initial phase of the service has proved promising with several patients having been urgently referred to Community Rehabilitation opposed to being unnecessarily admitted. Full data will be gathered once the service is deemed fully operational.

7. Recommendations

7.1 The Integration Joint Board is asked to:

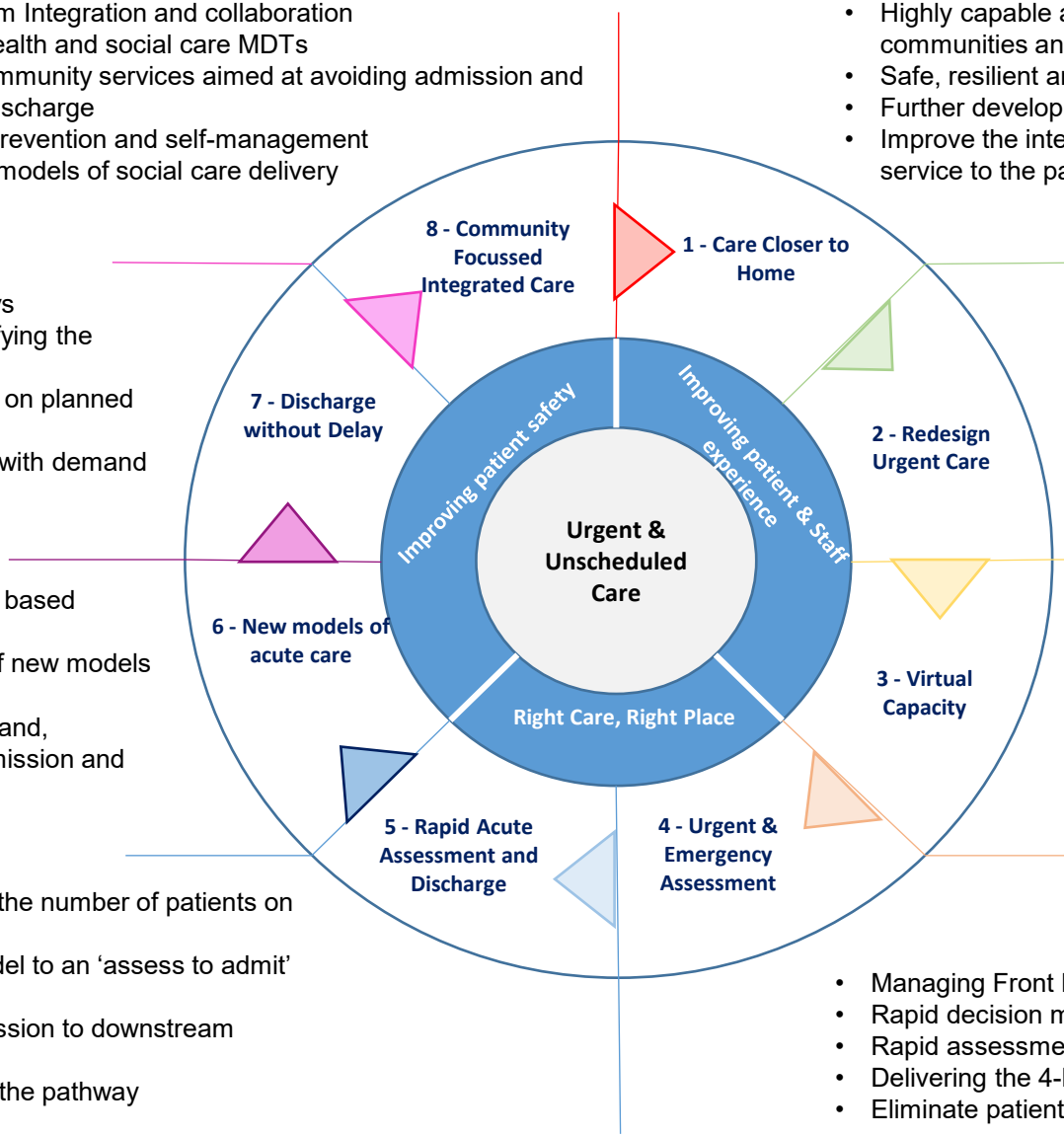
a) note the contents of this report.

Urgent & Unscheduled Care Collaborative
The Right Care, in the Right Place, for Every Person, Every Time
High Impact Changes and Aims

Appendix 1 to GC IJB Unscheduled Care Winter Update – 25 Jan 23

- Whole system Integration and collaboration
- Integrated health and social care MDTs
- Range of community services aimed at avoiding admission and supporting discharge
- Supporting prevention and self-management
- Sustainable models of social care delivery

- Highly capable and accessible MDTs built around the needs of communities and people
- Safe, resilient and sustainable Out of Hours primary care services
- Further develop the digitally enabled gateway to the NHS in Scotland
- Improve the interface before and after urgent care to provide a seamless service to the patient



- Optimise discharge without any delays
- Improve patient experience by simplifying the discharge process
- Improve LOS by discharging patients on planned day of discharge
- Optimising Flow by aligning capacity with demand across the system

- Supporting people to choose the right care delivered at the right time and in the right place
- Reduce avoidable ED attendances by directing patients to more appropriate urgent care settings
- All Flow Navigations Centres will be 24/7 with immediate access to senior clinical decision maker
- Improve patient safety by scheduling urgent appointments to ED and MIU and avoiding waits in busy A&E departments

- Developing new models of acute care based around patient need
- Use of data to support development of new models of acute care
- Understand current capacity and demand, realigning footprint and managing admission and discharge balance

- Improve patient experience by reducing the need to travel for care
- Offering alternatives to in-patient care
- Ambulatory Interface Care, Hospital at Home, Remote Monitoring
- Create Virtual Capacity

- Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway
- Moving from an ‘admit to assess’ model to an ‘assess to admit’ model
- Alternative pathways to prevent admission to downstream ward areas where appropriate
- Introducing clinical decision earlier in the pathway

- Managing Front Door Flow – Every Patient, Every Time
- Rapid decision making and streaming
- Rapid assessment and diagnostics
- Delivering the 4-hour Emergency Access Standard
- Eliminate patient waits over 12 hours

Appendix 2 to GC IJB Unscheduled Care Winter Update – 25 Jan 23

New Governance Structure – NHS GGC Urgent and Unscheduled Care Programme
New Whole systems Oversight Board
New Rapid Discharge Group
New Virtual Pathways Group (replacing FNC group)
Community Integrated Care Group (currently HSCP unscheduled care group)