



Item No: 13

Meeting Date: Wednesday 25th March 2020

Glasgow City Integration Joint Board

Report By: Stephen Fitzpatrick, Assistant Chief Officer, Older People Services and South Operations

Contact: Kirsty Orr, Programme Manager – Health and Social Care OOHs and Maximising Independence

Tel: 0141 287 0391

<p>GREATER GLASGOW AND CLYDE HEALTH AND SOCIAL CARE OUT OF HOURS SERVICES (OOHS) – PLANNING FOR CHANGE AND IMPLEMENTATION OF THE URGENT CARE RESOURCE HUB MODEL</p>
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Purpose of Report:	The purpose of this report is to brief Glasgow City Integration Joint Board on the progress to date of the planning for change and implementation of the Urgent Care Resource Hub Model.
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Background/Engagement:	<p>A Review of Primary Care Out of Hours Services was commissioned by the Cabinet Secretary for Health, Sport and Wellbeing and led by Professor Sir Lewis Ritchie in January 2015, in light of the challenges being faced in delivering services during the out of hours period.</p> <p>Professor Ritchie's report advised that a whole system approach to enable a safe, sustainable, patient-centered service model was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.</p> <p>The review recommended a model for out of hours and urgent care in the community that is clinician-led, but delivered by a multi-disciplinary team where patients will be seen by the most appropriate professional to meet their individual needs. That might not always be a GP, but could be a nurse or a physiotherapist or social services worker.</p> <p>Following the publication of that report a local review of Health and Social Care Out of Hours provision was commissioned across the 6 Health and Social Care Partnerships led by Glasgow HSCP.</p>
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	<p>The two year review commenced in September 2017 and was completed ahead of schedule in June 2020.</p> <p>Consequently the programme has now shifted to the Change and Implementation Phase.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) Note the successful completion of the Review of Health and Social Care OOHs Programme;b) Note the progression to the Change and Implementation Programme;c) Note the outline planning process to ensure successful implementation of the Urgent Care Resource Hub across the Health and Social Care OOHs system; and,d) Note the conclusion of the GP OOHs Review and the transition to operational delivery of the work.
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Relevance to Integration Joint Board Strategic Plan:

Implementation of the Review of Health and Social Care OOHs Services is a key element of the IJB's Strategic Plan.
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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Relates to a number of outcomes, including: delivery of high quality public services; people, including those with disabilities or long term conditions or who are frail, are able to live as far as independently as possible; resources are used effectively; provision of strong resilient communities where people take responsibility for their health; and, best value.
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Personnel:	Staff Partnership colleagues are engaged in the process.
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Carers:	Linked to the HSCP's Carers Strategy.
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Provider Organisations:	To be determined.
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Equalities:	A baseline EQIA has been undertaken for all services within the programme scope. This will be repeated prior to implementation of the model.
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Fairer Scotland Compliance:	N/A
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Financial:	The financial implications of the model are being assessed, including resources required to support the model. The model implementation mainly relates to a re-configuration of existing resources.	
Legal:	None	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	A risk assessment framework has been developed to support the change and implementation phase.	
Implications for Glasgow City Council:	None at this time.	
Implications for NHS Greater Glasgow & Clyde:	None at this time.	
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 provide an update to the IJB which outlines the process, progress and planning for change and implementation of the Urgent Care Resource Hub model to support the Health and Social Care OOHs system.
- 1.2 The report also provides an update on the GP OOHs review work which has been undertaken as an aligned programme to the Health and Social Care OOHs System wide work.

2. Background

- 2.1 A Review of Primary Care Out of Hours Services was commissioned by the Cabinet Secretary for Health, Sport and Wellbeing and led by Professor Sir Lewis Ritchie in January 2015, in light of the challenges faced in delivering services during the out of hours period.

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- 2.2 Professor Ritchie's report advised that a whole system approach to enable a safe, sustainable, patient-centered service model was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.
- 2.3 A detailed outline of the wider strategic context, drivers for change and proposed model was reported to the IJB on 27 March 2019 and can be accessed here: <https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2015%20-%20GGC%20Review%20of%20Health%20and%20Social%20Care%20OOHs%20Services%20-%20UCRH%20Proposal.pdf>.

3. Greater Glasgow and Clyde Urgent Care Resource Hub Model and Engagement Process

- 3.1 A key output from the review was that an Urgent Care Resource Hub (UCRH) approach would be developed to facilitate integrated, person-centered, sustainable, efficient and coordinated health and social OOHs services across the GG&C area.
- 3.2 It is essential that the UCRH role does not duplicate NHS 24's role and remit. The key outcome for services coordinated within or via the Urgent Care Resource Hub(s) for GG&C will be to:
- Facilitate the co-location of some OOHs Services to enhance integration and co-ordination of care.
 - Provide direct professional to professional access across the Health and Social Care OOHs system through enhanced communication by co-locating staff and developed virtual links across the Greater Glasgow and Clyde area.
 - Provide OOHs staff with a single point of access across the system, along with the facility for professional to professional advice.
 - Enable a whole system approach to the provision of changes to scheduled care and unscheduled and/ or emergency care via NHS 24.
 - Support an increase in the number of multi-agency and multi-disciplinary responses that would match patient, service user and carers needs through a wide range of health and social care based resources.
- 3.3 The development of an UCRH model will add value to what is already provided by NHS 24 and other existing services working in the OOH period, including:
- Secure, appropriate and confidential access to electronic records, including ACPs to support Health and Social Care professionals in their decision making during the OOHs period.
 - Asset Optimisation – managing demand and capacity across OOHs services by having up to date information about activity and available resources.
 - Civil Contingencies – supporting coordination of resources during major incidents.
 - Training and Development – providing a supportive and safe environment to provide training opportunities through rotational posts and advanced or extended roles, which will help to develop a flexible and skilled workforce across in-hours and OOHs services.

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- 3.4 A diagram which depicts the UCRH model is shown in Appendix 1.
- 3.5 The high level UCRH service model has been endorsed by the OOHs Programme Board members, Chief Officers, NHS Board, LMC and GP Sub Committee. We have shared the UCRH model with members of the OOHs Programme Expert Reference Group which endorsed the model and the outcomes that the UCRH should provide across the Health and Social Care OOHs system.
- 3.6 We undertook a programme of engagement sessions with a range of service user representative groups, underpinned by our EQIA process. Specific engagement has been undertaken to ensure that vulnerable and hard to reach groups have been informed about this work. This includes face to face sessions with Mental Health Network, Recovery Communities and Homelessness Services. To date we have not received any negative views on the planned change. We will continue to undertake face to face engagement sessions across the NHS Board area.
- 3.7 We delivered a Greater Glasgow and Clyde system-wide engagement event for staff, partner agencies, public and third and voluntary sector to share the model and to help us identify the opportunities and stress points of the model.
- 3.8 We held a system-wide Operational Planning and Options Development session on the 21 May 2019 to create the list of options for implementation of the UCRH, with Board-wide representation from the majority of the key Health and Social Care OOHs service groups.
- 3.9 Following completion of the initial consultation and engagement process a report which finalised the outcome of the review process was presented to the OOHs Programme Board in June 2019. The OOHs Programme Board endorsed a Hub and Satellite UCRH model with a phased approach to implementation. This will mean that an UCRH is established in Glasgow City first to co-ordinate local and Board-wide service provision during the OOHs period, with virtual connections to and from local HSCP response hubs and services. The diagram in Appendix 2 illustrates how the system-wide model will work.
- 3.10 In addition a phased approach will help develop a further understanding of the presentations of the population who will require a response/ access to multiple services.

4. Confirming the current planning process to ensure successful change and implementation of the Urgent Care Resource Hub Model

- 4.1 An OOHs Change and Implementation Programme Board was established in October 2019 along with an updated governance structure to support the next phase of the work.
- 4.2 The go-live date for the Glasgow City UCRH has been agreed as summer 2020. Local Response Hubs will be implemented in each of the HSCPs in a phased approach thereafter. Consequently we have continued with a system-wide planning approach to ensure connections are maintained and interdependencies understood.

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- 4.3 The Glasgow City Urgent Care Resource Hub will be located within Blair Court, Borron Street, Port Dundas, Glasgow. Work is currently underway to ensure that that the infrastructure of the location will support the UCRH requirements.
- 4.4 The following services will be co-located within Glasgow City's UCRH – Emergency Social Work, OOHs District Nursing Services (North West and North East Localities), Home Care Services, Alarm Services and OOHs Mental Health Services. Virtual links will be established with services or parts of services not physically located within the UCRH.
- 4.5 The Glasgow City UCRH will co-ordinate complex and multi-sectoral responses as part of its Board-wide function. Therefore a key benefit of the UCRH will be to provide call handling functionality to support and co-ordinate responses across the Board area (e.g. call handlers based in the Glasgow City UCRH will action a request for Emergency Social Work practitioners to respond to a case in West Dunbartonshire).
- 4.6 The Glasgow City UCRH will also provide a 'business as usual' function for the Glasgow City Health and Social Care OOHs Services. This means that administrative staff will provide a call handling function which will release our practitioners to focus on their public facing role.
- 4.7 The planned next steps are underway to ensure system readiness for successful implementation. This includes:
- OOHs Change and Implementation plans developed and approved for the 6 Health and Social Care Partnerships.
 - A Risk Management Framework has been developed.
 - We have linked with the Organisational Development leads across the system to support our OOHs Change Programme.
 - As part of our communication strategy we have updated our engagement framework to support the change and implementation phase of our work. We are linking with other transformational change programmes across the Health Board.
 - To assess the service and workforce state of readiness for the change we have held three "To Be" planning state sessions through December 2019 to February 2020. This has provided a detailed map of the end to end process for the functionality of the UCRH model. These sessions have included representatives from all 6 HSCPs and across the Health and Social Care OOHs system.
 - As the Glasgow City UCRH will be implemented first a specific "To Be" planning session will be held on the 22 April 2020. This will be to confirm final arrangements prior to our go-live date.
 - The UCRH will predominately be resourced by existing staff and a workforce planning template has been developed for each of the services to capture this information. We recognise that it is essential that we maximise the contribution of our Health and Social Care workforce and challenge the existing boundaries that exist; e.g. district nurses and home care workers undertaking joint visits where there is a health and social care need in the new model. It is essential to develop and transform roles to meet the current and future needs of GG&C's health and social care OOHs system. We also acknowledge the intrinsic links between day time and OOHs and

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acknowledge that our workforce plan needs to support the system to help to secure a sustainable multi-disciplinary team (MDT) workforce to meet the immediate and future needs. Our HR and Staff Partnership colleagues continue to support this programme of work.

- We recognise that this model will require our staff to work differently and therefore the services are currently considering the Team Leader and Senior Manager support that will be required within the UCRH.

5. GP OOHs Review - Recommendations and Current Position

- 5.1 A review of GP OOHs services commenced in August 2017 and concluded in December 2018. The review ran alongside the system wide review process and was led by the Chief Officer, Renfrewshire HSCP on behalf of the 6 HSCPs.
- 5.2 In recognition of the challenges in maintaining sustainable GP OOHs services across NHS Scotland the Scottish Government allocated some additional funding to each of the Board areas for winter 2018/19. NHS Greater Glasgow and Clyde was allocated an additional £1.1m. This provided the service with the opportunity to implement some immediate actions to create some sustainability within the service. This included recruitment of additional GPs; additional shifts for GPs; additional Advanced Nursing Practitioners (ANPs); and, the opportunity to increase rates of pay for hard to fill shifts.
- 5.3 The additional resources described above were put in place to ensure a full service across all Primary Care Emergency Centres (PCECs) and to respond to home visiting requests promptly. In order to develop a new service model more significant changes were developed and agreed. These included:
- Enhancing professional to professional support: all professionals requiring to contact a GP in the OOHs service had to do this via NHS 24.
 - Details of frequent attender patients are passed to the HSCPs so that they can incorporate this into their work on people who frequently attend Emergency Departments.
 - An implementation plan to support people to call NHS 24 was developed with the aim that the service will not see people unless they have called NHS 24 or been directed by another professional such as Emergency Department or community pharmacy. This required stakeholder and staff engagement which was supported by a detailed EQIA and communications plan. Three go-live dates were agreed for this change, however the service has been unable to deliver the operational change thus far.
- 5.4 The GP OOHs Steering Group members acknowledged that the impact of this work would lead to a revised profile of demand on the service and it was recognised that further development work would be needed to:
- Determine the number and location of the centres from which GP OOHs Urgent Care is available. This work will also describe the links to the Urgent Care Resource Hub. The patient transport service should also be considered as part of this work.
 - As part of the changes that are being delivered through the 6 HSCP Primary Care Implementation Plans through to March 2021 and beyond, ensure a clear

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focus to ensure GP Practices and the expanded MDTs are working to ensure the use of day time and planned services are maximised.

- Develop a communication and engagement strategy which supports the recommendations of the site options appraisal and service re-branding.
- Develop a risk management framework as part of the site options appraisal which considers all possible consequences of the reconfiguration of GP OOHs services (e.g. increased attendances at Emergency Departments); and, work in partnership with all services across the system to describe and establish appropriate mitigation actions.

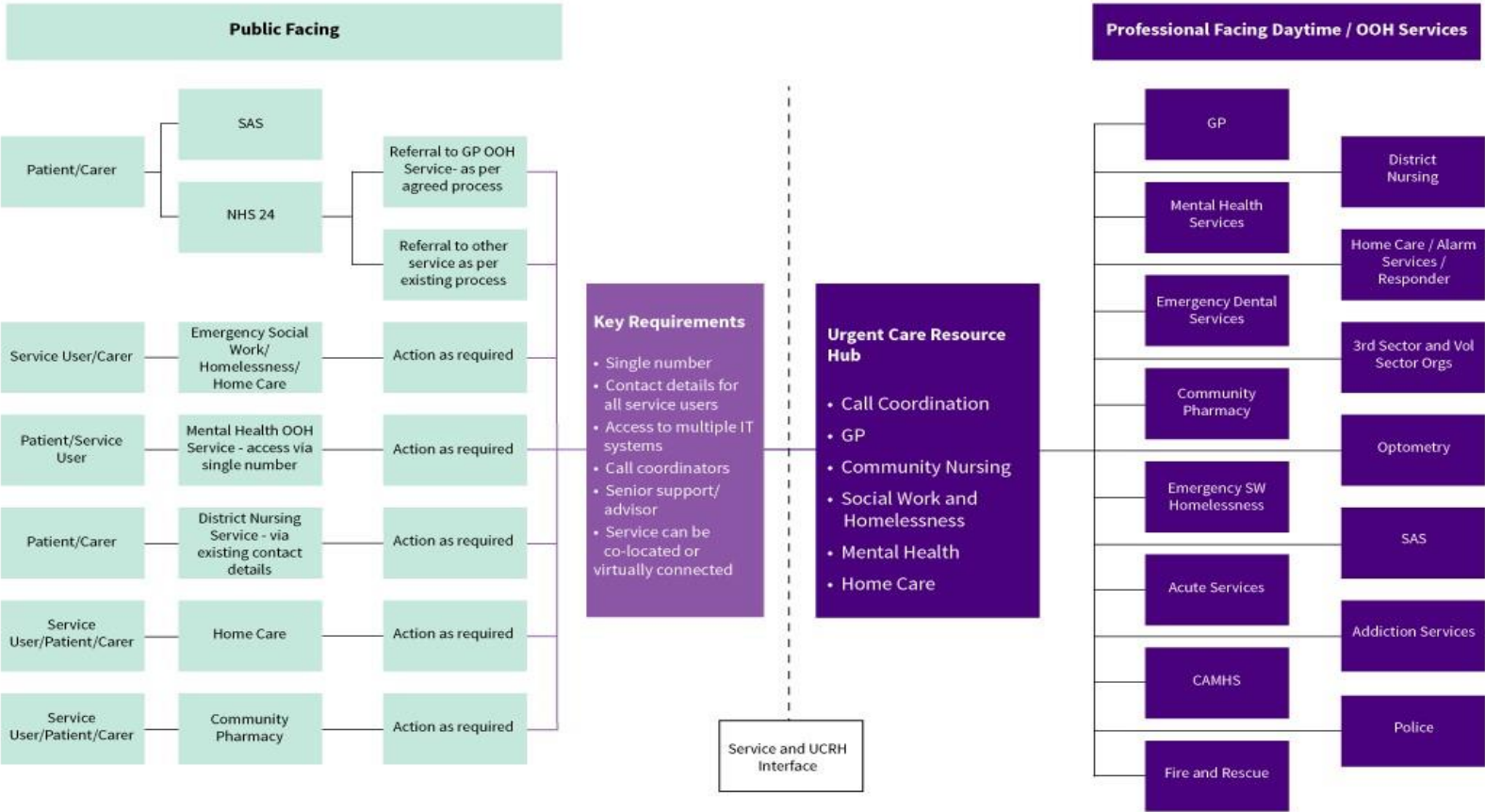
- 5.5 The GP OOHs Service has continued to face significant challenges in maintaining an urgent care service in the OOHs period, resulting in a number of the PCECs being closed at short notice. The Cabinet Secretary for Health and Sport announced the Scottish Government's decision to escalate NHS Greater Glasgow and Clyde as a whole to stage 4 of the escalation framework. This means that the government introduced additional external support and scrutiny regarding performance in a number of areas, which includes the operational delivery of the GP OOHs Service.
- 5.6 Consequently a new GP OOHs Leadership Group has been established, chaired by Calum Campbell, to ensure focus on the recovery and sustainability within the GP OOHs service. This will include delivery of the GG&C review recommendations and implementation of the agreed contingency arrangements which were approved by the NHS GGC's Board on 25 February 2020.

6 Recommendations

- 6.1 The Integration Joint Board is asked to:
- a) Note the successful completion of the Review of Health and Social Care OOHs Programme;
 - b) Note the progression to the Change and Implementation Programme;
 - c) Note the outline planning process to ensure successful implementation of the Urgent Care Resource Hub across the Health and Social Care OOHs system; and,
 - d) Note the conclusion of the GP OOHs Review and the transition to operational delivery of the work.

Appendix 1

Health and Social Care Services and Urgent Care Resource Hub Interface



Appendix 2

Glasgow Greater Clyde Urgent Care Resource Hub and satellite Model

