



# Item No: 14

Meeting Date: Wednesday 8<sup>th</sup> May 2019

## Glasgow City Integration Joint Board

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### UNSCHEDULED CARE PERFORMANCE UPDATE

<b>Purpose of Report:</b>	To update on progress in taking forward the strategic commissioning plan for unscheduled care approved by the IJB in March 2017, and report on current performance.
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<b>Background/Engagement:</b>	Since 2017 the HSCP's programme has matured with key actions now implemented resulting in improved performance. The programme is being taken forward as part of the Board wide Moving Forward Together programme. The engagement process with clinicians and managers in the acute division, GPs via various primary care fora, other HSCPs in GG&C is fundamental to delivery of the programme and continues apace. Engagement has also taken place with patients, service users and carers through the HSCP's locality engagement fora, and third and independent sectors' providers, as part of Moving Forward Together and the development of the HSCP's new Strategic Plan.
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the progress made in taking forward the IJB's strategic commissioning plan for unscheduled care as part of Moving Forward Together; and  b) note the associated performance measures and trajectories for performance in 2019/20.
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#### Relevance to Integration Joint Board Strategic Plan:

Fulfills the IJB's responsibilities in respect of the strategic planning of acute unscheduled care services.
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## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The unscheduled care programme 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.
<b>Personnel:</b>	None at this stage.
<b>Carers:</b>	Carers are positively impacted through the designing of services around the needs of individuals, carers and communities.
<b>Provider Organisations:</b>	The plan ensures that HSCPs, with NHS Boards, local authorities and other care providers, make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings.
<b>Equalities:</b>	None at this stage.
<b>Fairer Scotland Compliance:</b>	None at this stage.
<b>Financial:</b>	The Integration Joint Board's budget for 2019 / 20 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). The Ministerial Strategic Group for Health and Social Care's report in February 2019 included proposals on implementation of the set aside arrangements in 2019.
<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 HSCP's strategic commissioning plan for unscheduled care will comply with these requirements.
<b>Risk Implications:</b>	A risk analysis will be developed alongside the detailed unscheduled care plan.

<b>Implications for Glasgow City Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The approach outlined in the IJB's commissioning plan 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 as part of the Moving Forward Together programme.
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<b>Direction Required to Council, Health Board or Both</b>	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 Integration Joint Board on progress in taking forward the strategic commissioning plan for unscheduled care approved by the IJB in March 2017, and report on the key measures being used to monitor performance.

## 2. Background

- 2.1 The Integration Joint Board at its meeting in March 2017 considered and approved a three year strategic commissioning plan for unscheduled care [https://glasgowcity.hscp.scot/sites/default/files/publications/iJB\\_Meeting\\_20170315\\_Item\\_11.pdf](https://glasgowcity.hscp.scot/sites/default/files/publications/iJB_Meeting_20170315_Item_11.pdf) . That plan set out a programme of work focused on three key themes:

- 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 in line with the IJB's and NHS Board's strategic direction.

- 2.2 The plan, developed in partnership with the NHS Board and Acute Services Division, and in line with the IJB's Strategic Plan, fulfilled the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme.

- 2.3 The HSCP has also contributed to the GG&C Board wide Unscheduled Care Improvement Programme (<http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf>.) The IJB's plan is also integral to the GG&C Board-wide Moving Forward Together programme ([https://www.nhsggc.org.uk/media/251904/item-10a-paper-18\\_60-mft-update.pdf](https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf)) as are other HSCPs' plans, and supported by joint delivery arrangements involving acute clinicians and managers, HSCPs and the NHS Board.

2.4 The HSCP programme is overseen by the HSCP Unscheduled Care Planning Group and includes NHS Board and acute representation. A presentation on progress was made to the IJB Finance, Audit and Scrutiny Committee in March 2019 (<https://glasgowcity.hscp.scot/publication/older-people-carers-and-unscheduled-care-performance-q3-2018-19>) including an update on key national performance measures.

### 3. HSCP Unscheduled Care Programme

3.1 Key activity within the HSCP programme includes (progress on key elements of which is reported to the IJB and Finance, Audit and Scrutiny Committee as part of our quarterly performance reports):

- **Early intervention / prevention**

- implementing anticipatory care plans within specific patient groups e.g. COPD, residential care home clients etc.;
- introducing a frailty screening tool to better manage frailty within the community;
- work with care homes to reduce hospital admissions including rolling out the red bag scheme;
- work with the SAS to reduce the number of falls conveyed to hospital as part of a wider falls prevention strategy;
- continue to develop the palliative care fast track service; and,
- extend the community respiratory service to provide a service over weekends.

- **Improving Discharge**

- implementation of the home is best team from April 2019;
- intermediate care improvement programme design to reduce length of stay and improve the number of people returning home;
- additional intermediate care capacity introduced as part of the winter planning arrangements;
- introduction of nine 72 hour supported time out beds as a test of change over winter;
- additional Red Cross transport capacity purchased to assist with hospital discharge; and,
- continued robust performance management of delays (<https://glasgowcity.hscp.scot/publication/item-no-20-glasgow-citys-hscp-delayed-discharge-performance-acute-hospital-system>).

- **Joint Primary / Secondary care programme:**

- reviewing acute assessment unit referrals discharged on the same day to explore scope for managing this activity as part of planned care;
- reviewing repeat A&E attenders to explore scope for early intervention approach to reduce attendances;
- introduction of condition specific re-direction policy at GRI;
- introducing a test of change involving consultant geriatricians and GPs to better manage care home patients; and
- introducing consultant connect at QEUH to improve GP to consultant liaison.

3.2 Progress on these actions is reported regularly to the HSCP Unscheduled Care Planning Group and co-ordinated with other HSCPs through routine performance meetings.

#### 4. **Unscheduled Care Performance**

4.1 The HSCP unscheduled care programme is in its third year and significant improvements can be demonstrated as shown in the progress made on the six national integration indicators (see Table 1). These indicators were developed by Scottish Government to report on progress to the Ministerial Strategic Group for Health and Social Care (often referred to as the MSG indicators). The indicators cover:

- emergency admissions;
- unscheduled hospital bed days: acute services, geriatric long stay and adult mental health;
- A&E attendances;
- bed days lost due to delayed discharges;
- percentage of last six months of life spent in the community; and,
- percentage of over 65s living at home (supported or unsupported).

4.2 Each year Scottish Government request all HSCPs to submit trajectories for these indicators, and report on current performance. In GG&C the six HSCPs have collaborated to prepare trajectories for 2019/20 and taken a consistent approach to this exercise with all Partnerships agreeing:

- to use 2015/16 as the baseline year for trajectories and against which performance can be measured. 2015/16 was the year prior to integration and is consistent with the approach HSCPs have taken nationally;
- not to include trajectories for under 18s as the Board wide unscheduled care work stream of Moving Forward Together is focused on adults. Partnerships do not have an unscheduled care programme for under 18s at this time, and this activity is not part of set aside arrangements; and,
- that trajectories should reflect existing programmes of work, some of which will come into full effect in 2019/20, rather than new programmes that are under development and not yet implemented; this is so a realistic approach can be applied in setting trajectories based on existing actions. HSCPs contend that further inroads into reducing unscheduled care activity is only possible through a more ambitious strategic programme of change requiring a significant shift in the balance of care in GG&C.

4.3 It is important to note that trajectories for 2019/20 are based on data up to November 2018, and so do not take into account the full impact of winter – trajectories were requested by February 2019. It should also be noted that the data used in calculating trajectories is ISD data (this is consistent with all HSCPs nationally) and there are significant differences in the performance data reported to the NHS Board. The two key differences are that (this is the same for all HSCPs in GG&C):

- the ISD data is based on resident population and represents Glasgow City residents' consumption of acute services as opposed to activity based on hospital site; and

- for A&E while this data includes minor injuries attendances and emergency department attendances it does not include acute assessment unit (AAU) activity. Board activity reports include AAU activity with minor injuries attendances and A&E attendances.

4.4 Trajectories were submitted to Scottish Government in February 2019 as draft pending IJB consideration.

4.5 The Glasgow City trajectories are outlined in the table below, progress on which will be reported as part of the HSCP's quarterly performance reports. The trajectories have been shared with the NHS Board and other HSCPs and work is in hand to assess the overall impact on the health and social care system in GG&C as a whole.

**Table 1 – Glasgow City MSG indicators 2015/16-2019/20**

	2015/16 baseline <sup>1</sup>	2016/17 actual <sup>2</sup>	2017/18 actual	2018/19 trajectory <sup>3</sup>	2018/19 performance (to November 2018)	2018/19 performance against trajectory to November 2018	Proposed trajectory 2019/20	% reduction / increase on 2015/16 baseline (actual)
<b>1) Emergency Admissions</b>	<b>70,133</b>	69,656	62,725	<b>-2% (68,727)</b>	42,645	-1,959 (-4.4%)	<b>66,624</b>	<b>-5% (-3,506)</b>
<b>2a) Unscheduled bed days (acute)</b>	<b>493,371</b>	515,275	506,792	<b>-10% (444,019)</b>	317,762	+28,680 (+9.9%)	<b>453,886</b>	<b>-8% (-39,485)</b>
<b>2b) Unscheduled bed days (geriatric long stay)</b>	<b>36,956</b>	33,278	21,377	<b>No trajectory required for 2018/19 new for 2019/20</b>	8,575 <sup>4</sup>	No trajectory for 2018/19	<b>33,260</b>	<b>-10% (-3,696)</b>
<b>2c) Unscheduled bed days (adult mental health)</b>	<b>190,791</b>	187,654	182,524	<b>No trajectory required for 2018/19 new for 2019/20</b>	145,336 <sup>5</sup>	No trajectory for 2018/19	<b>181,371</b>	<b>-5% (-9,420)</b>
<b>3) A&amp;E Attendances excluding AAU</b>	<b>153,791</b>	155,029	156,783	<b>-2% (150,715)</b>	136,438 <sup>6</sup>	+10,747 (+8.6%)	<b>153,791</b>	<b>0%</b>

<sup>1</sup> 2015/16 was identified nationally as the baseline year for all HSCPs as this was the year prior to integration.

<sup>2</sup> Actual data is as reported nationally by ISD for all HSCPs and is based on resident population and is for over 18s. The data in the table does not include children's activity.

<sup>3</sup> Trajectories are based on ISD data up to November each year as returns to Scottish Government are required in the following February for the forthcoming financial year. Each trajectory was based on certain assumptions about the effectiveness of specific programmes and activity trends up to November of the preceding year.

<sup>4</sup> Data for the latest year may be incomplete due to the long term stays of GLS patients and activity only being recorded upon discharge

<sup>5</sup> Adult mental health data is to January 2019

<sup>6</sup> A&E data is to January 2019

	2015/16 baseline <sup>1</sup>	2016/17 actual <sup>2</sup>	2017/18 actual	2018/19 trajectory <sup>3</sup>	2018/19 performance (to November 2018)	2018/19 performance against trajectory to November 2018	Proposed trajectory 2019/20	% reduction / increase on 2015/16 baseline (actual)
<b>Bed days lost to delays (all delays all reasons)</b>	<b>41,582</b>	38,870	29,897	<b>-4%</b> <b>(39,919)<sup>7</sup></b>	32,437 <sup>8</sup>	+134 (+0.4%)	<b>39,919<sup>9</sup></b>	<b>-4%</b> <b>(-1,663)</b>
<b>5) Percentage of last 6 months of life spent in community (all ages)</b>	<b>84.8%</b>	85.5%	86.8%	<b>+2%</b>	86.8% (part year data)	0.0	<b>87.8%</b>	<b>+3%</b>
<b>6) Percentage of over 65 population living at home (supported and unsupported)</b>	<b>94.4%</b>	94.6%	94.7%	<b>+2%</b>	88.2% (part year data)	-8.2%	<b>95.4%</b>	<b>+1%</b>

<sup>7</sup> For 2018/19 the HSCP submitted a trajectory for acute delays only (over 65s including AWI) that did not include adult mental health, learning disability or OPMH delays. Performance against this trajectory has been reported to the IJB as part of the routine quarterly performance reports. For consistency in compiling this table the baseline for 2015/16 is for all delays for all reasons for over 18s as reported by ISD, as is the actual data for 2016/17 and 2017/18s, and the 2018/19 trajectory recast accordingly.

<sup>8</sup> Data is to January 2019.

<sup>9</sup> The 2019/20 trajectory is for all delays for all reasons for over 18s, and is cast as -4% against the 2015/16 baseline and takes into account the projected performance to March 2019.



4.6 The table shows that considerable progress has been made in Glasgow City. This is a significant achievement given the context of ongoing pressures across the health and social care system as a whole, the particularly pressures experienced over the 2018/19 winter period. Specific attention can be drawn to improvements in:

- a reduction of 10.5% in emergency admissions since 2015/16;
- a 2.5% increase in acute unscheduled bed days over this same period;
- a 1.9% increase in A&E attendances (over 18s) – the trajectory for 2018/19 assumed the introduction of a re-direction policy which only recently has come into operation and on one acute site;
- a reduction of 28% in acute bed days lost due to delayed discharges (all ages all reasons); and,
- continued progress in increasing the percentage of last six months of life spent in community as opposed to other settings.

4.7 The pattern of increasing A&E attendances is consistent with that of other HSCPs nationally. In Greater Glasgow & Clyde there is a range of work streams underway designed to impact on A&E attendances. These include

- working with acute clinicians and GPs to develop a redirection policy, directing people from A&E to more appropriate primary care services;
- the roll out of the HSCP's Primary Care Improvement Plan, which will see the introduction of a range of new professional roles in primary care to delivery more patient activity in primary care settings; and
- focused work to support individuals who frequently attend A&E to be managed more effectively in the community.

4.8 The HSCP will continue to focus on these areas to further improve performance and make progress towards:

- reducing A&E attendances;
- increasing the percentage number of people who spend the last six months of life in a community setting and,
- shifting the balance of care by increasing the percentage of over 65s living at home.

## 5. Recommendations

5.1 The Integration Joint Board is asked to:

- a) note the progress made in taking forward the IJB's strategic commissioning plan for unscheduled care; and
- b) note the associated performance measures and trajectories, and that progress will be reported as part of the HSCP's quarterly performance reports.