



Item No: 14

Meeting Date: Wednesday 9th May 2018

Glasgow City Integration Joint Board

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UNSCHEDULED CARE PERFORMANCE UPDATE

Purpose of Report:	To update the IJB 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.
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Background/Engagement:	This report updates the IJB on the strategic commissioning plan approved by the IJB in March 2017. Since then there has been considerable engagement with clinicians and managers in the acute division, GPs via various primary care fora, the NHS Board, other HSCPs in GG&C and patients and carers through the HSCP's locality engagement fora, and third and independent sectors providers.
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Recommendations:	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.
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Relevance to Integration Joint Board Strategic Plan:

Fulfils the IJB's responsibilities in respect of the strategic planning of acute unscheduled care services.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Contributes to: The unscheduled care programme contributes to all nine national outcomes and in particular outcome 9 that resources are used effectively and efficiently in the provision of health and social care services.
Personnel:	None at this stage.
Carers:	Carers are positively impacted through the designing of services around the needs of individuals, carers and communities.
Provider Organisations:	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.
Equalities:	An EQIA has been undertaken on the older people's transformation programme that includes the work in our unscheduled care action plan and this was reported to the Finance & Audit Committee in February: https://glasgowcity.hscp.scot/search?keys=Item+No+11+-+Delivery+of+the+Older+People%27s+Transformation+Programme
Financial:	The Integration Joint Board's budget for 2018 /19 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). Scottish Government has advised that a review is being carried out of the process to estimate the set aside budget the results of which should be available later in 2018.
Legal:	The integration scheme for the Integration Joint Board includes specific responsibilities for the strategic planning of certain acute hospital services.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	The HSCP's strategic commissioning plan for unscheduled care will comply with these requirements.

Risk Implications:	A risk analysis will be developed alongside the detailed unscheduled care plan.
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	The approach outlined in the draft plan attached 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.
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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. Purpose

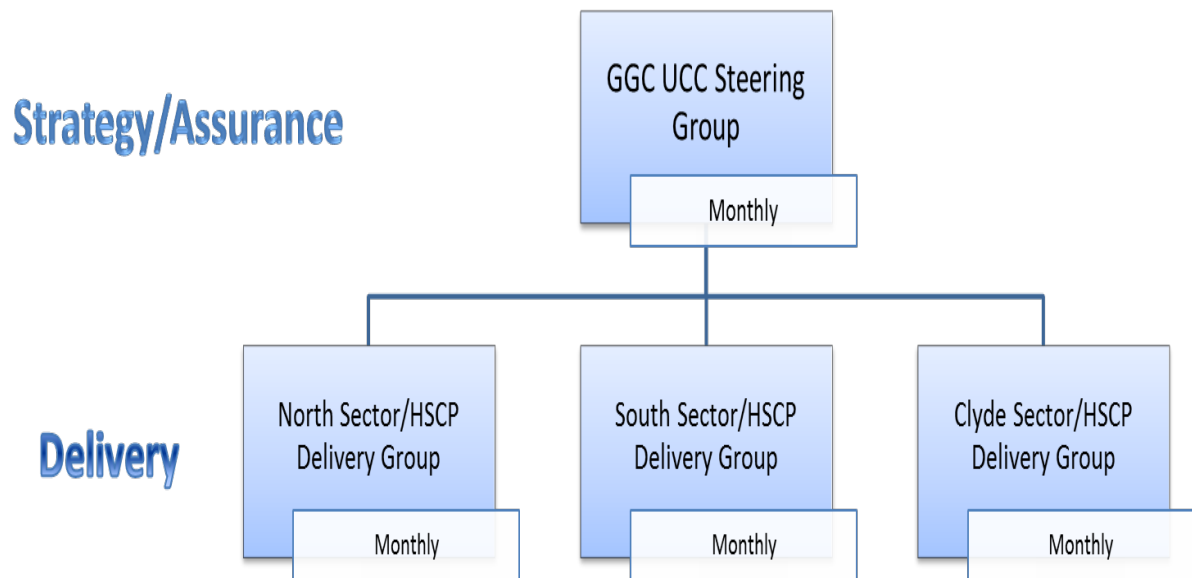
- 1.1 The purpose of this report is to update the Integration Joint Board on progress in taking forward the strategic commissioning plan for unscheduled care approved by the IJB in March 2017, and report on the key measures being used to monitor performance.

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 and sets out a programme focused on three 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 patients in the most appropriate setting.
- 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 an integral part of the GG&C Board-wide unscheduled care improvement programme as are other HSCPs' plans, and supported by joint delivery arrangements involving acute clinicians and

managers, HSCPs and the NHS Board; the governance arrangements for which are set out below.

GGC Unscheduled Care Improvement Programme – governance arrangements



- 2.4 The HSCP programme is overseen by the HSCP Unscheduled Care Planning Group and includes NHS Board and acute representation. A report on progress was made to the IJB Finance and Audit Committee in February 2018 (<https://glasgowcity.hscp.scot/publication/item-no-12-hscp-performance-report-q2>) including an update on key national performance measures.

3. HSCP Unscheduled Care Programme

- 3.1 While the HSCP unscheduled care programme is evolving and just commencing its second year, significant improvements can already be demonstrated as shown in the progress made on the six national integration indicators (Appendix 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 hospital admissions;
- unplanned acute bed days;
- A&E attendances & the 4 hour target;
- bed days lost due to delayed discharges;
- last six months of life spent in a community setting; and
- the balance of care.

- 3.2 HSCPs were asked to report on these indicators in February 2018 and provide a trajectory for performance in 2018/19. The Glasgow City trajectories are attached (Appendix 2), and progress on these indicators 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.

3.3 These indicators show that considerable progress has been made in Glasgow City, and in the context of ongoing pressures across the health and social care system in Glasgow, particularly over the winter period. Specific attention can be drawn to improvements in:

- acute bed days associated with delayed discharges for those over 65 including AWI and continuing the progress made in previous years with a decrease from 38,152 in 2014/15 to 15,557 in 2016/17, and a continuing reduction in 2017/18 expected; and,
- a reduction of 6% in unscheduled care bed days since 2015/16.

3.4 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.

4. Recommendations

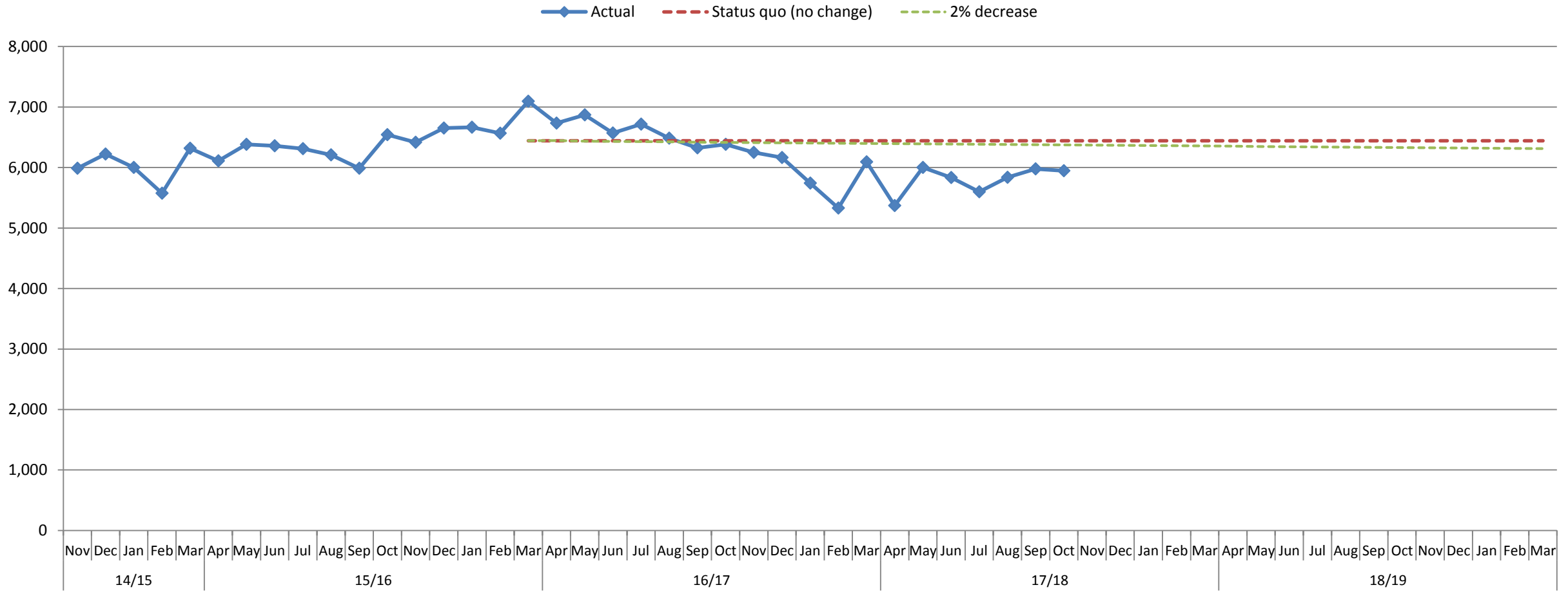
4.1 The Integration Joint Board is asked to:

- 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.

- **Six indicators identified to report on progress:**
 - emergency admissions
 - unplanned acute bed days
 - A&E attendances & 4 hour target
 - bed days lost due to delays
 - last six months of life spent in a community setting
 - balance of care
- **Updates on progress requested from HSCPs plus trajectories for 2018/19**

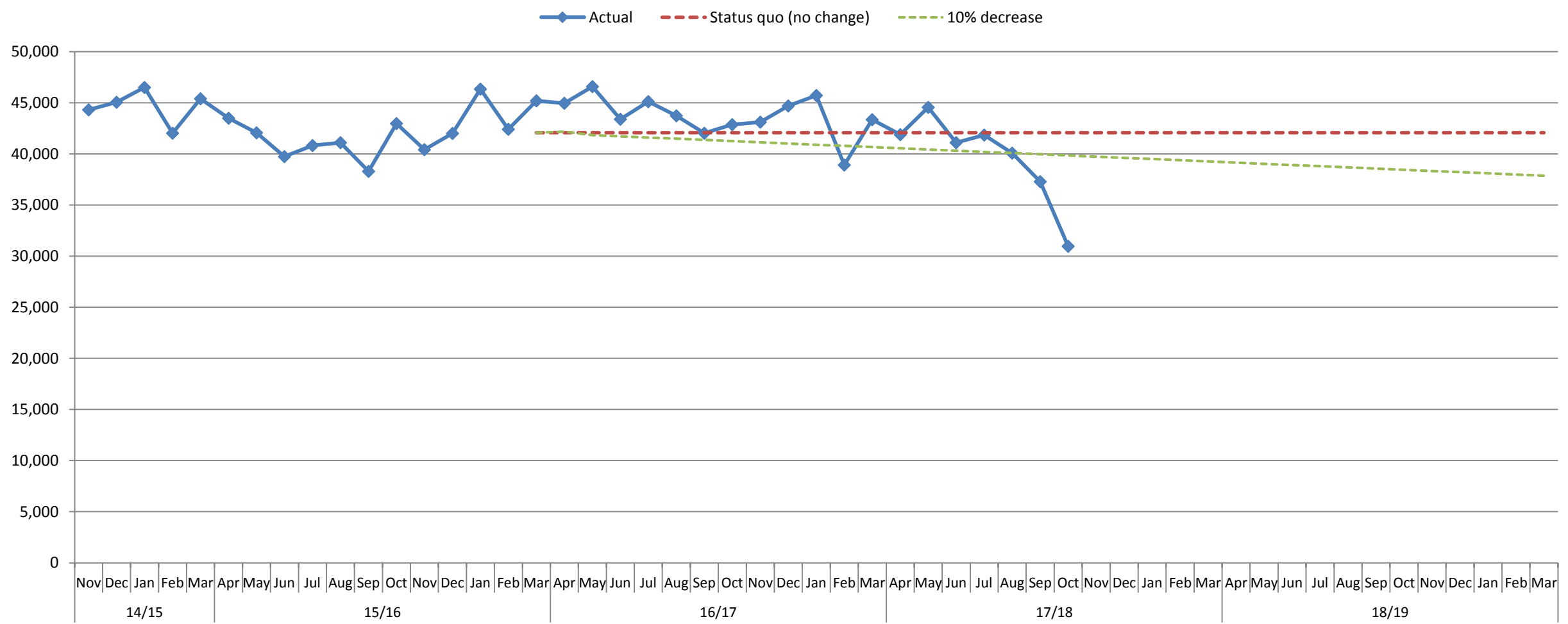
Current performance – emergency admissions

MSG targets: 1a. Number of emergency admissions, Glasgow City



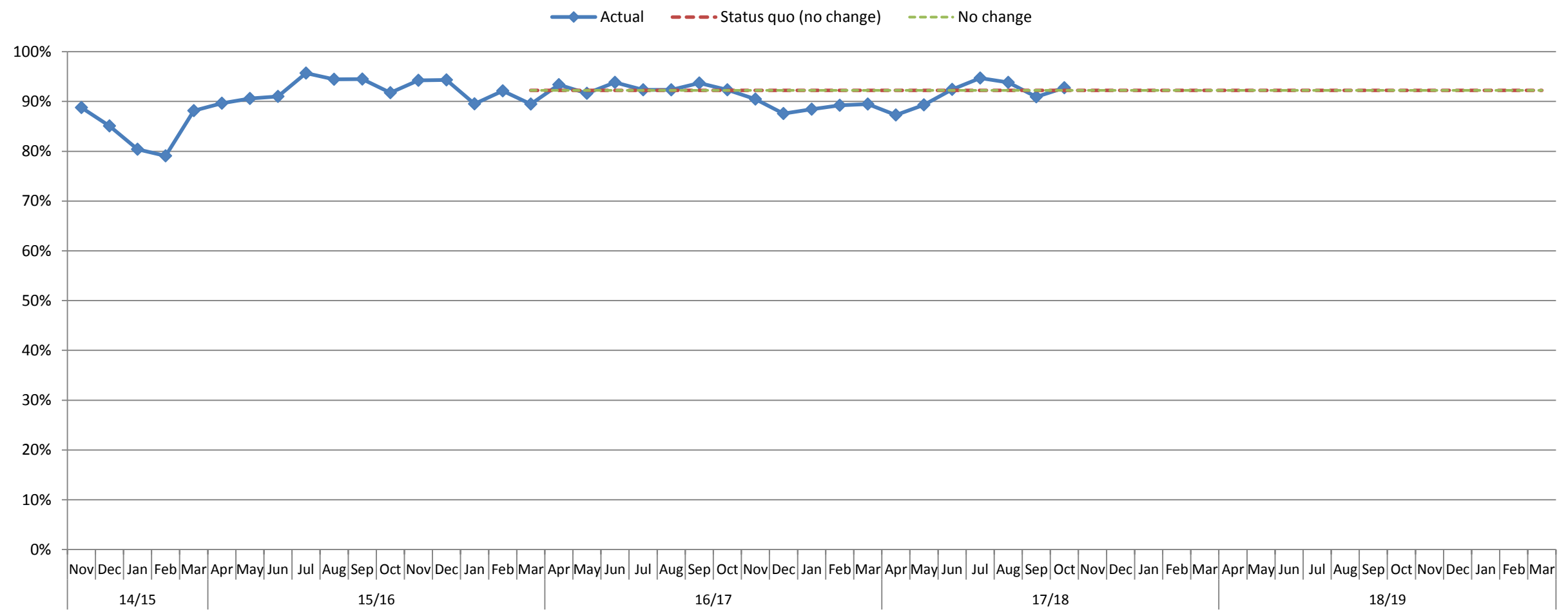
Current performance – unplanned bed days

MSG targets: 2a. Number of unscheduled hospital bed days; acute specialties, Glasgow City



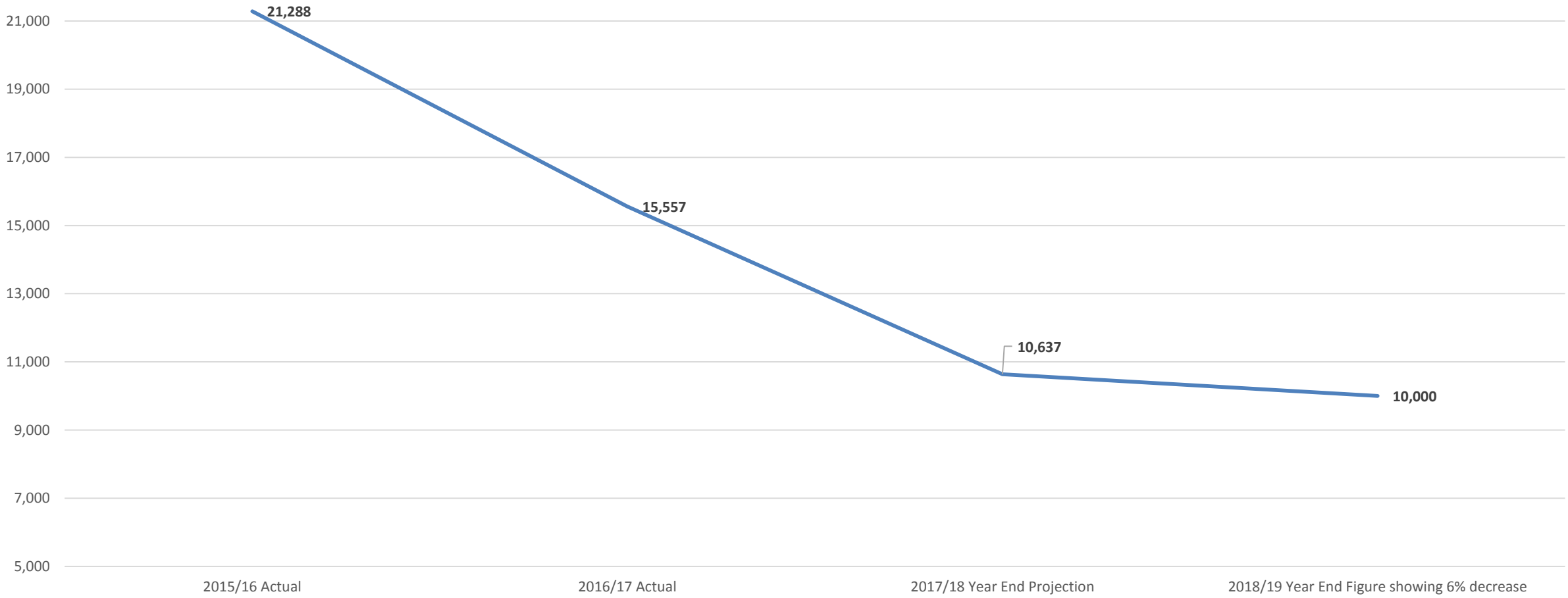
Current performance – 4 hour target

MSG targets: 3b. A&E % seen within 4 hours, Glasgow City



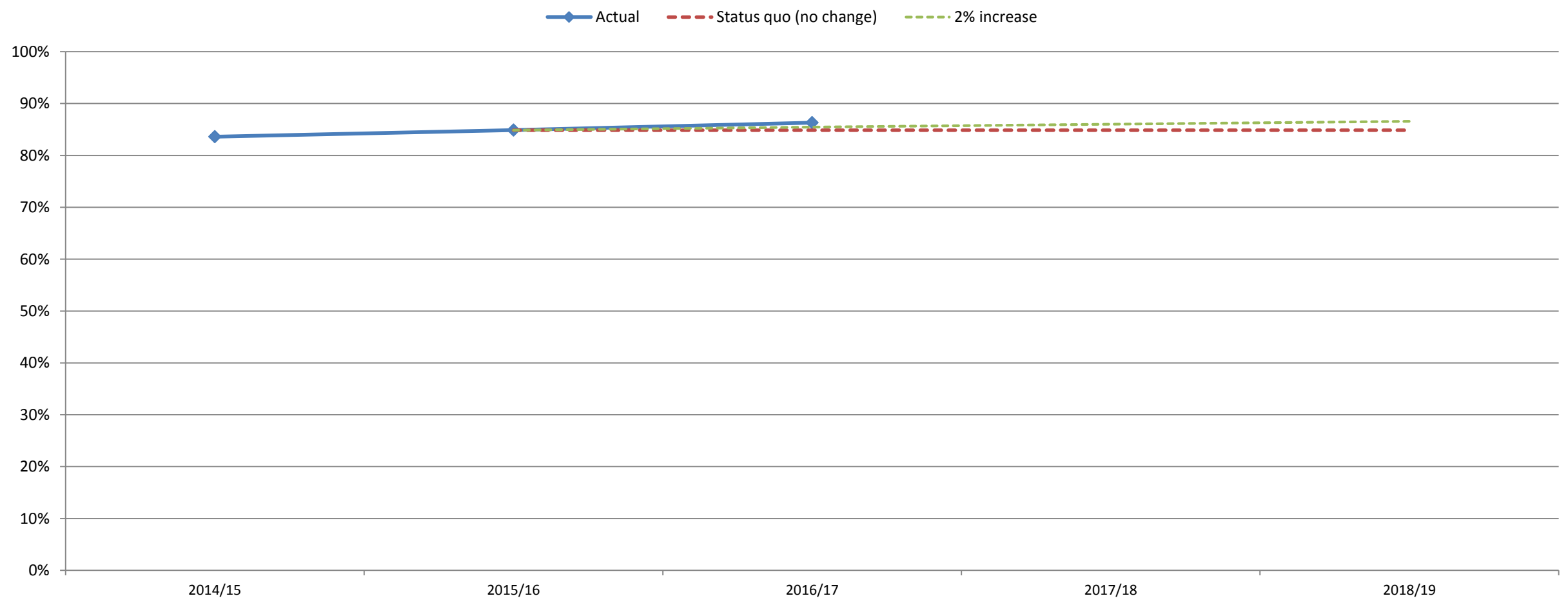
Current performance – delays

Delayed Discharges: Annual Bed Days lost (65+) showing projected reduction of 6% between 17/18 and 18/19



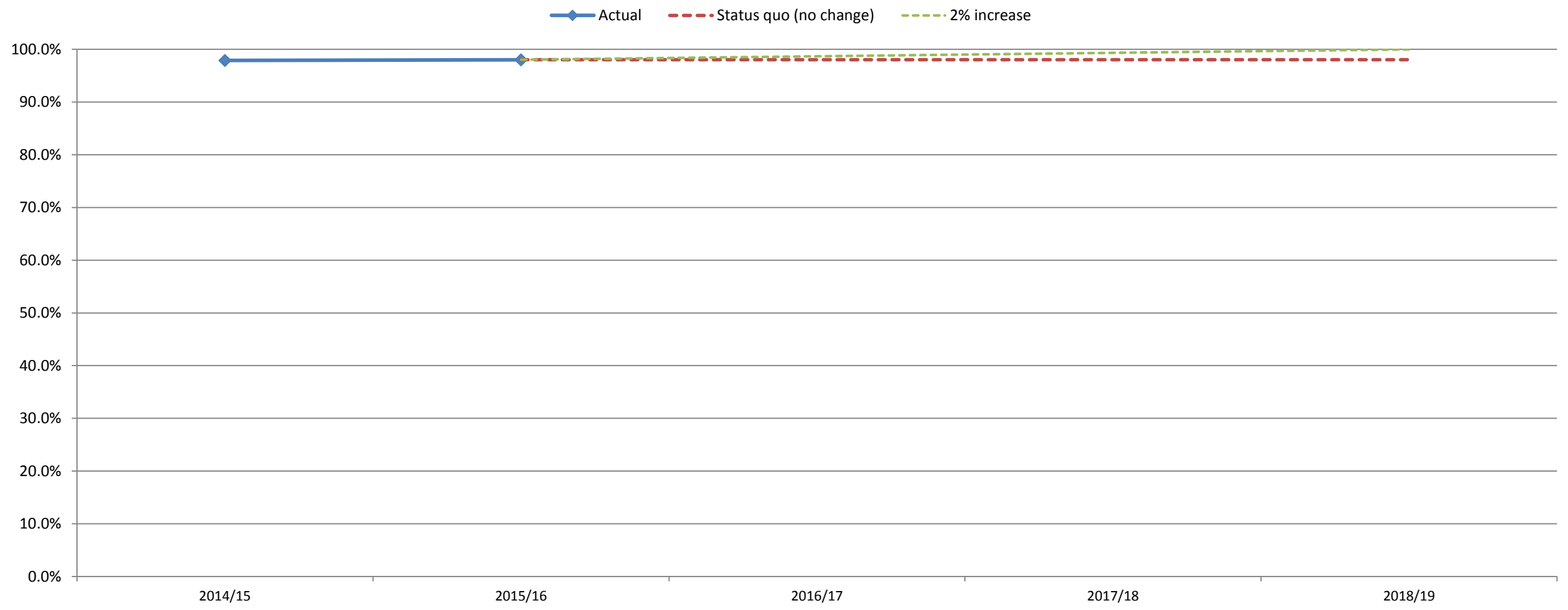
Current performance – last 6 months

MSG targets: 5. Last six months of life: Community, Glasgow City



Current performance – balance of care

MSG targets: 6.1 Balance of care: Percentage of population: Home (unsupported) - All ages, Glasgow City

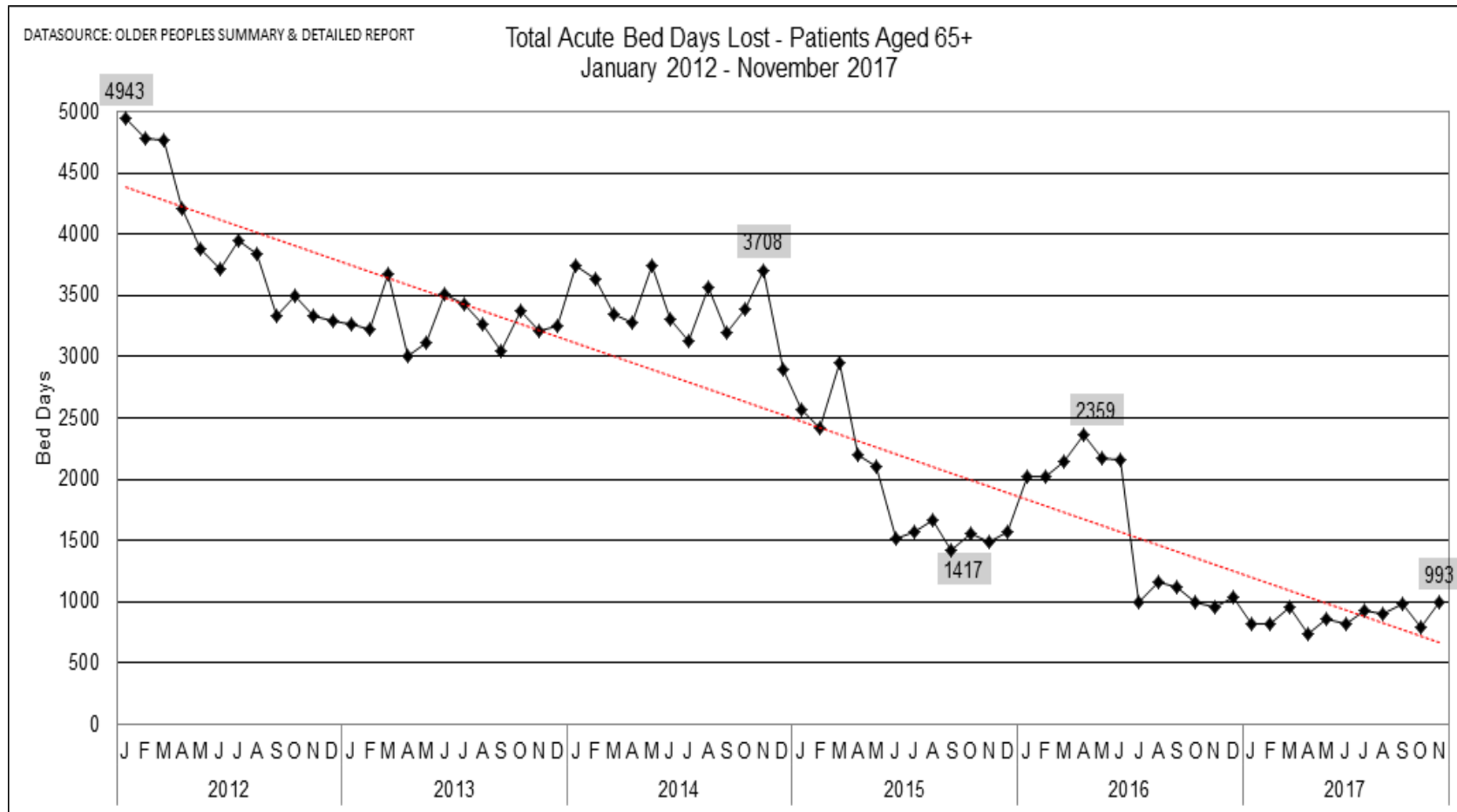


MSG Improvement Objectives – summary of objectives – Glasgow City HSCP

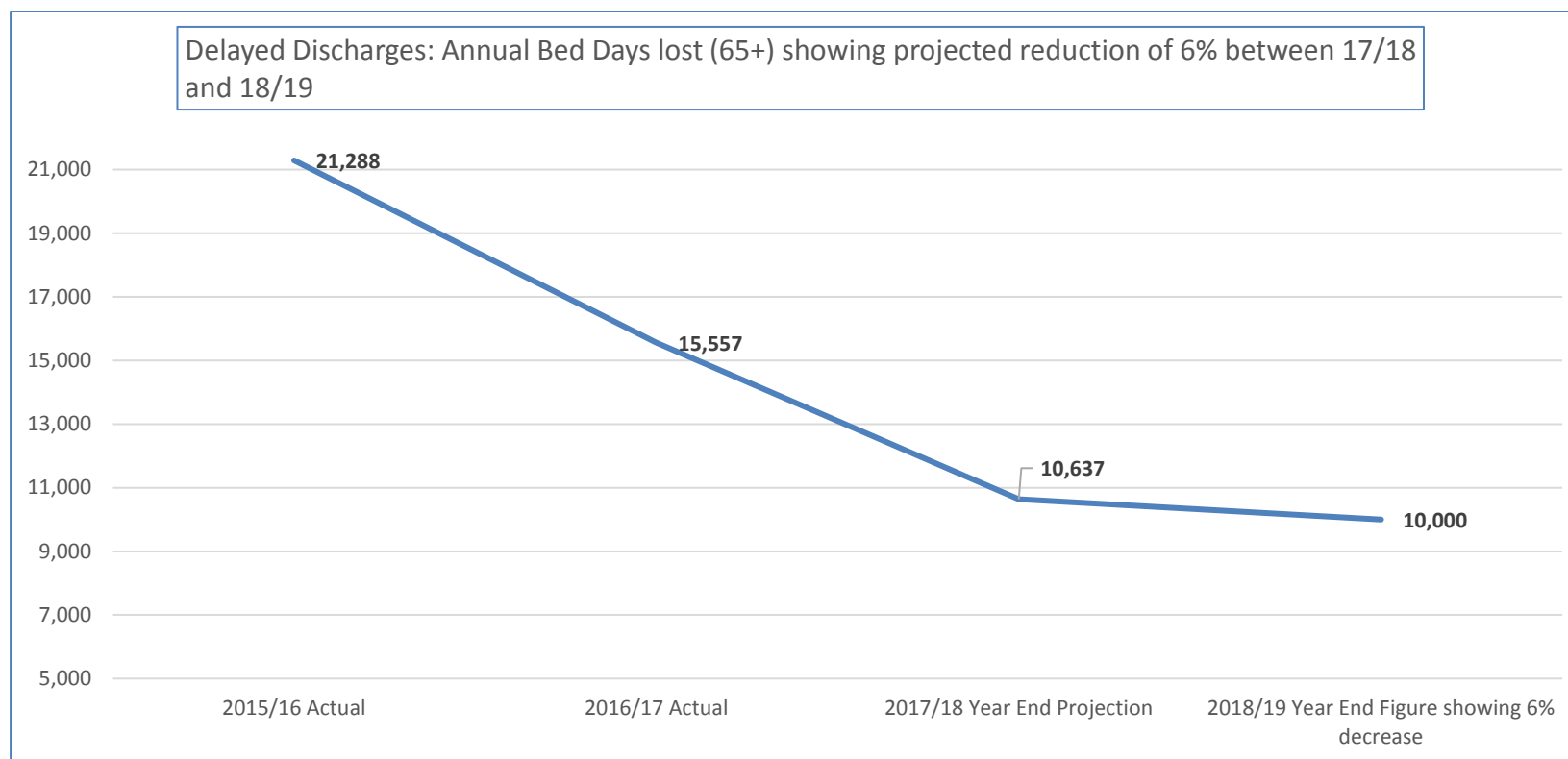
Glasgow City HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed daysⁱ	Last 6 months of life	Balance of Care
Baseline 2015/16	See slide 2 attached	See slide 3 attached	See slide 4 and 5 attached	Our baseline for acute bed days lost for over 65s including AWI is 2014/15 when it was 38,152 (see chart below and slide 6)	See slide 7 attached	See slide 8 attached
Objective 2018/19	Decrease of 2% on the baseline figure	Decrease of 10% on the baseline in line with the national target for acute, geriatric long stay and mental health	For A&E attendances a decrease of 2% on the baseline assuming actions on re-direction are implemented. For the four hour target delivery with 2018/19 assuming acute plans are implemented an system overall in balance	Continuing the reduction in acute bed days lost (66% since 2014/15) into 2018/19 to a level of approximately 10,000 (-6%)	An increase of 2% on the baseline figure.	An increase of 2% on the baseline figure
How will it be achieved (further narrative is included in the paper attached)	<ul style="list-style-type: none"> Reducing admissions from care homes & residential homes. 	<ul style="list-style-type: none"> COPD / respiratory team. Enhanced care pathways for top conditions 	<ul style="list-style-type: none"> Falls prevention – SAS pathway CPN support to EDs. 	<ul style="list-style-type: none"> Introduction of home is best team. Continued robust management of 	<ul style="list-style-type: none"> New care pathways for patients whose condition is stable. 	<ul style="list-style-type: none"> Strategic aim to shift the balance of care with more people supported at

Glasgow City HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days ⁱ	Last 6 months of life	Balance of Care
	<ul style="list-style-type: none"> • Integrated GP / geriatrician working to manage frailty in the community. • Introduction of neighbourhood teams. • Roll out of anticipatory care planning. 		<ul style="list-style-type: none"> • Re-direction test of change. • Enhanced HSCP support to frailty hubs in EDs 	<ul style="list-style-type: none"> • delayed discharges. • Enhanced transport arrangements with Red Cross. 	<ul style="list-style-type: none"> • More effective use of palliative care pathway and resources (including managed care and fast track services) to minimise hospital admission, accelerate discharge and provide effective community support 	<ul style="list-style-type: none"> • home or in community settings. • Reduction in spend on “institutional care” and shift in resources to community / primary care.

Acute bed days lost – current performance



Acute bed days lost 2018/19 Trajectory



ⁱ We have queried the data provided for charts 4a, 4b and 4c as this includes delays in mental health, OPMH and LD as well as acute delays. The set aside does not include these services and as our focus has been on reducing acute delays as part of our unscheduled care programme our trajectory is for acute bed days for over 65s including AWI.