
Report To: Inverclyde Integration Joint Board **Date:** 30 January 2018

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Inverclyde Health & Social Care Partnership (HSCP) **Report No:** IJB/12/2018/HW

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Subject: Ministerial Strategic Group Return

1.0 PURPOSE

- 1.1 The purpose of this report is to seek approval from the Integration Joint Board to submit the appended Ministerial Strategic Group (MSG) return, developed by officers in collaboration with the other HSCPs within the NHS Greater Glasgow and Clyde catchment.

2.0 SUMMARY

- 2.1 On 22nd November 2017 the Scottish Government issued a letter and template on behalf of the MSG, asking partnerships to provide an update on their progress and future intentions with regard to six key performance areas.
- 2.2 The template was completed in collaboration with the other five HSCPs in a bid to achieve consistency of approach across NHS Greater Glasgow and Clyde. However, due to timing issues, ISD Scotland have been unable to provide the full data set required to set firm objectives. The objectives within the return might therefore be subject to change, depending on the revised data from ISD.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board approves the completed template for submission to the Scottish Government by the due date of 31st January 2018, with the caveat that objectives might change, depending on further data yet to be received.

4.0 BACKGROUND

4.1 On 22nd November 2017 the Scottish Government issued a letter and template on behalf of the Ministerial Strategic Group (MSG), asking partnerships to provide an update on their progress and future intentions with regard to six key performance areas. These areas are:

1. Number of emergency admissions into Acute (SMR01) specialties.
2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialities.
3. Number of A&E attendances and the percentage of patients seen within 4 hours.
4. Number of delayed discharge bed days. An objective can be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family-related, Code 9.
5. Percentage of last 6 months of life spent in the community.
6. Percentage of population residing in non-hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).

4.2 These indicators focus mainly on unscheduled hospital activity, and the MSG recognises that this is only one dimension of the work of HSCPs, albeit an important one.

4.3 The template was completed in collaboration with the other five HSCPs in a bid to achieve consistency of approach across NHS Greater Glasgow and Clyde. Going forward, once the full data has been received from ISD and the objectives reviewed in light of that, it is expected that the Integration Joint Board, the Scottish Government, and the NHS Board will seek updates against the objectives within the attached template.

5.0 PROPOSALS

5.1 That the Integration Joint Board approves the completed template for submission to the Scottish Government by the due date of 31st January 2018, with the caveat that objectives might change, depending on further data yet to be received.

6.0 IMPLICATIONS

Finance:

6.1 There are no financial implications at this time.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal:

6.2 There are no legal implications in respect of this report.

Human Resources:

6.3 There are no staff implications in respect of this report.

Equalities:

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or Strategy. Therefore, no Equality Impact Assessment is required

6.4.1 **How does this report address our Equality Outcomes?**

- a) **People, including individuals from the protected characteristic groups, can access HSCP services.**

Not applicable.

- b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Not applicable.

- c) **People with protected characteristics feel safe within their communities.**

Not applicable.

- d) **People with protected characteristics feel included in the planning and developing of services.**

Not applicable.

- e) **HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.**

Not applicable.

- f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

Not applicable.

- g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

Not applicable.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

- a) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

In order to reduce the level of unscheduled care, supported self-management and anticipatory care will be promoted.

- b) **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

Not applicable.

- c) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

Not applicable.

- d) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

Most people would prefer not to be admitted to hospital.

- e) **Health and social care services contribute to reducing health inequalities.**

Not applicable.

- f) **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

A stronger focus on anticipatory care will potentially support carers as equal partners in care.

- g) **People using health and social care services are safe from harm.**

Not applicable.

- h) **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

Not applicable.

7.0 CONSULTATION

- 7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the other HSCPs within the Greater Glasgow and Clyde catchment.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 Letter from Scottish Government, 22nd November 2017.

Inverclyde MSG – Table

MSG Improvement Objectives

Inverclyde HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline	<u>15/16 Fin Year (Total Number of Unplanned Admissions)</u> N = 10,568	<u>15/16 Fin Year (Total Number of Unplanned Bed Days - Acute)</u> N = 73,026	<u>15/16 Total Number of Attendances at A&E</u> N = 29,397	<u>15/16 Total Number of Delayed Discharge Bed Days (All Reasons)</u> N = 2,588	<u>15/16 Percentage of Last 6 Months of Life by Setting</u> Community 84.7% Hospice/ Palliative Care unit 1.4% Community Hospital 0% Large Hospital 13.9%	Proportion of people (all ages) living at home has gradually increased from 96.9% in 2013/14 to 97.0% in 2015/16. For the same time period for 75+, there has been a decrease from 76.5% to 76.2%
	<u>16/17 Fin Year (Total Number of Unplanned Admissions)</u> N = 9,890	<u>16/17 Fin Year (Total Number of Unplanned Bed Days - Acute)</u> N=72,187	<u>16/17 Total Number of Attendances at A&E</u> N = 31,920	<u>16/17 Total Number of Delayed Discharge Bed Days (All Reasons)</u> N=2,754	<u>16/17 Percentage of Last 6 Months of Life by Setting</u> Community 85.8% Hospice/ Palliative Care unit 1.2% Community Hospital 0%	

Inverclyde HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
					Large Hospital 12.9%	
	<u>Percentage Reduction</u> Decrease of 6.4%	<u>Percentage Change – Acute</u> Decrease of 1.1%	<u>Percentage Increase</u> Increase of 8.6%	<u>Percentage Increase</u> Increase of 6.4%	<u>Percentage Changes</u> Community 1.1% Increase Hospice/ Palliative Care unit 0.2% Decrease Community Hospital 0% Constant Large Hospital 1% Decrease	
		<u>Quarter Ending Mar 16 (Total Number of Unplanned Bed Days – Mental Health)</u> N = 6,977				

Inverclyde HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
		<p><u>Quarter Ending Mar 2017 (Total Number of Unplanned Bed Days – Mental Health)</u></p> <p>N=7,268</p> <p><u>Percentage Change – MH</u></p> <p>Increase of 4.2%</p> <p><u>Quarter Ending Mar 2016 (Total Number of Unplanned Bed Days – GLS)</u></p> <p>N = 1,549</p> <p><u>Quarter Ending Mar 2017 (Total Number of Unplanned Bed Days – GLS)</u></p> <p>N=1,541</p> <p><u>Percentage Change – GLS</u></p> <p>Decrease of 0.5%</p>				

Inverclyde HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Objective	<u>2017/18 % Change on 2015/16</u> Decrease of 7.9 % N = 9,725	<p><u>ACUTE</u></p> <u>2017/18 % Change on 2015/16</u> Decrease of 2.5 % N = 71,200	<u>2017/18 % Change on 2015/16</u> Increase of 4 % N = 30,573	<u>2017/18 % Change on 2015/16</u> Decrease of 5% N = 2,459	<p><u>COMMUNITY</u></p> <u>2017/18 % Change on 2015/16</u> Increase of 1% New = 85.7%	<p>Expect to maintain % of all adults living at home. However 75+, expected to increase to 90% in 2018/19.</p>
		<u>2018/19 % Change on 2015/16</u> Decrease of 5% N = 69,374			<u>2018/19 % Change on 2015/16</u> Increase of 1.5 % New = 86.2%	
		<p><u>MENTAL HEALTH</u></p> <u>Quarter Ending Mar 18 % Change on Quarter Ending Mar 16</u> Increase of 2.1 % N = 7,123			<p><u>HOSPICE/ PALLIATIVE CARE UNIT</u></p> <u>2017/18 % Change on 2015/16</u> Increase of 0.3% New = 1.7%	
		<u>Quarter Ending Mar 19 % Change on Quarter Ending Mar 16</u> Constant at 0% N = 6,977			<u>2018/19 % Change on 2015/16</u> Increase of 0.5 % New = 1.9%	

Inverclyde HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
		<p><u>GLS</u></p> <p><u>Quarter Ending Mar 18 % Change on Quarter Ending Mar 16</u></p> <p>Decrease of 3.3 % N = 1,498</p>				
					<p><u>COMMUNITY HOSPITAL</u></p> <p><u>2017/18 % Change on 2015/16</u></p> <p>Constant at 0 % New = 0%</p> <p><u>2018/19 % Change on 2015/16</u></p> <p>Constant at 0 % New = 0%</p> <p><u>LARGE HOSPITAL</u></p> <p><u>2017/18 % Change on 2015/16</u></p> <p>Decrease of 1 % New =12.9 %</p>	

Inverclyde HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Objective expressed as target	<u>2018/19 % Change on 2015/16</u> Decrease of 10% N = 9,511 Unplanned Admissions	<u>ACUTE</u> <u>2018/19 % Change on 2015/16</u> Decrease of 5% N = 69,374 <u>MENTAL HEALTH</u> <u>Quarter Ending Mar 2019 % Change on Quarter Ending Mar 16</u> Constant at 0% N = 6,977 <u>GLS</u> <u>Quarter Ending Mar 2019, % Change on Quarter Ending Mar 2016</u> Decrease of 5% N = 1,472	<u>2018/19 % Change on 2015/16</u> Constant at 0% N = 29,397	<u>2018/19 % Change on 2015/16</u> Decrease of 10 % N = 2,329	<u>2018/19 % Change on 2015/16</u> Decrease of 1 % New = 11.9%	90% of people aged 75+, maintained at home in 2018/19.

Inverclyde HSCP	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
<p>How will it be achieved</p>	<p>Inverclyde will use anticipatory approaches to get the right care and support in place at an early stage, to help avoid crises that can lead to unplanned admissions to hospital.</p>	<p>Inverclyde will continue to prioritise work that avoids or reduces delayed hospital discharge, and also reduces the number of unplanned hospital bed days. We will also engage with the Board's Enhanced Care Pathways work around COPD; Chest Pain; Cellulitis; Deliberate Self-Harm; Falls, and Abdominal Pain supporting multi-disciplinary team. This will support better care at the right time, and where possible, in settings other than hospital.</p>	<p>Inverclyde the Right Service work will continue. It will be evaluated alongside other New Ways tests of change.</p> <p>Frequent Attendees workshop has been organised for March 2018. From that we will identify specific and targeted actions to divert people to more appropriate services whenever possible.</p>	<p>Continuing to prioritise DD work, with a focus on anticipatory care planning. Early assessment will continue, ensuring that the next stage of care is in place prior to being fit for discharge whenever possible, and that people are discharged promptly.</p>	<p>Inverclyde will engage with the NHS Board around Realising Realistic Medicine.</p> <p>Inverclyde will continue to develop our relationship with Ardgowan Hospice, and in particular, sustain the "No-one Dies Alone" work.</p>	<p>Greater use of anticipatory care planning, and the implementation of the Carers' Act and Carers' Toolkit will support our ambition to maintain more people in their own homes rather than admitting to hospital or care homes. We are working with local providers, as part of our Market Facilitation work, to help them develop non-residential options as part of their offer to commissioners.</p>

Progress (updated by ISD)						
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Some important notes with regard to the data and objectives:

- Further work needs to be done to separate out admissions relating to children. Once this has been done, the objectives might need to be revised.
- Mental Health – Since the baseline year, there has been an increase of 4.2%. This is reflective of increasing demand due to demographic change, and associated higher incidence of dementia.
- The vast majority of Mental Health admissions are on an emergency or unplanned basis. Partnerships wish to have further discussion as to the appropriateness of having a target against unplanned MH bed days, however MH delayed discharges should continue to be included under the delayed discharge indicator (but perhaps shown separately).
- Geriatric Long-Stay (GLS) – Partnerships wish to have further discussion as to the appropriateness of having a target against GLS as patients are not admitted to GLS from the Emergency Department (ED). However we would continue to monitor the number of GLS bed days in the context of the Enhanced Care Pathways work, as this will help highlight the requirements for Long-Term Conditions (LTCs) and multi-morbidities.
- Further work needs to be done to separate out attendances relating to children. Once this has been done, the objectives might need to be revised.
- We expect to maintain our percentages of all adults living at home, however with regard to 75+, we aim to increase to 90%.
- It is unlikely that we will be able to report on this any more frequently than on an annual basis, as the care home census only takes place once each year.