
Report To:	Inverclyde Integration Joint Board	Date:	19 March 2019
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)	Report No:	IJB/10/2019/HW
Contact Officer:	Helen Watson Head of Strategy & Support Services	Contact No:	01475 715285
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 12th December 2018 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.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board approves the completed template for submission. The submission to the Scottish Government is due by 28 February 2019 and the template has been submitted with a caveat that it is a draft, pending approval from the IJB.

Louise Long
Chief Officer
Inverclyde Health and Social Care Partnership

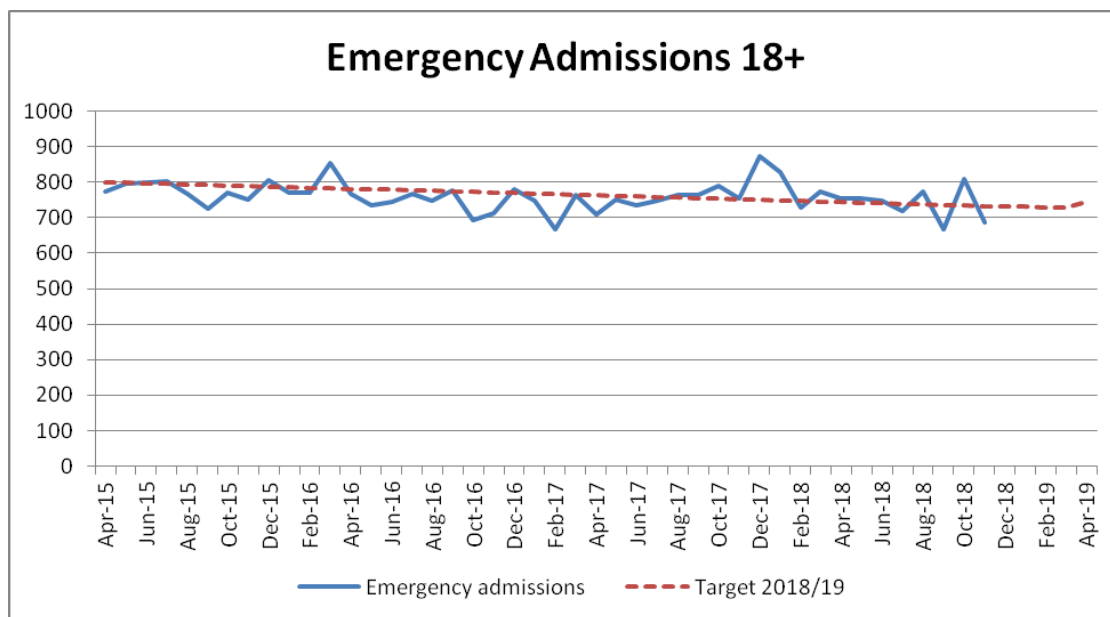
4.0 BACKGROUND

4.1 On 12 December 2018, 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:

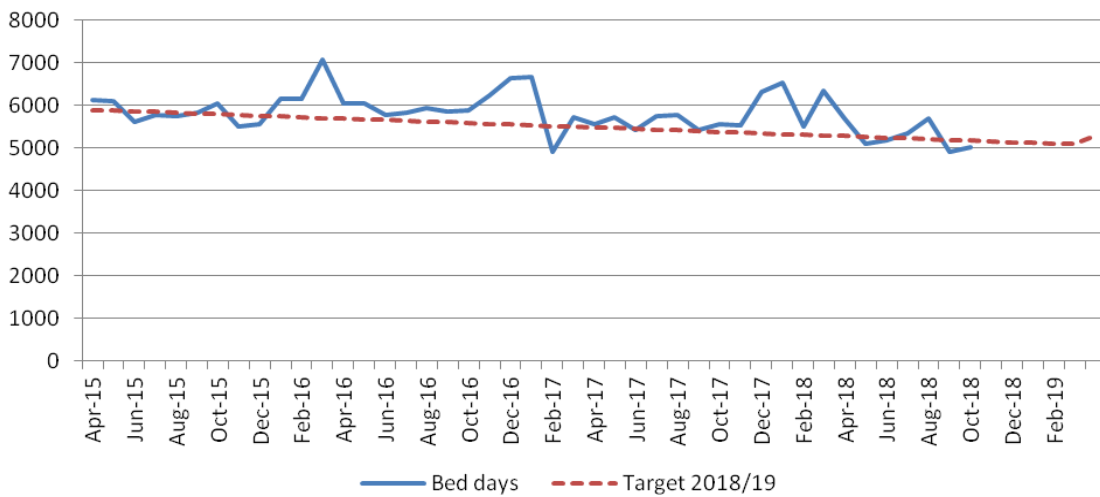
1. Number of emergency admissions into Acute (SMR01) specialties.
2. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.
3. Number of A&E attendances
4. Number of delayed discharge bed days. An objective 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 65+ population living at home.

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.

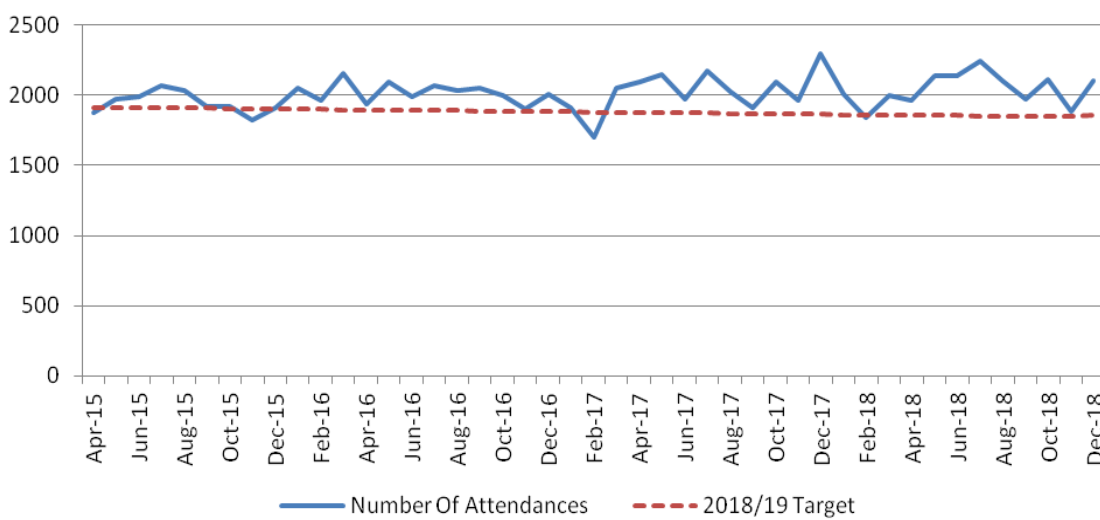
4.3 The targets were developed based on local performance since the baseline year of 2015/16, and reflect the aspirations of our new Strategic Plan, to ensure that people can get access to the right support, in the right place, from the right service, and at the right time. The most challenging target is likely to be reducing the number of A & E presentations, as this figure has been increasing. However we are aware that outcomes can be improved by accessing the right part of the overall system, rather than attending A & E for complaints that are not of an urgent nature. The graphs below outline our trajectories on each of the six key MSG indicators.



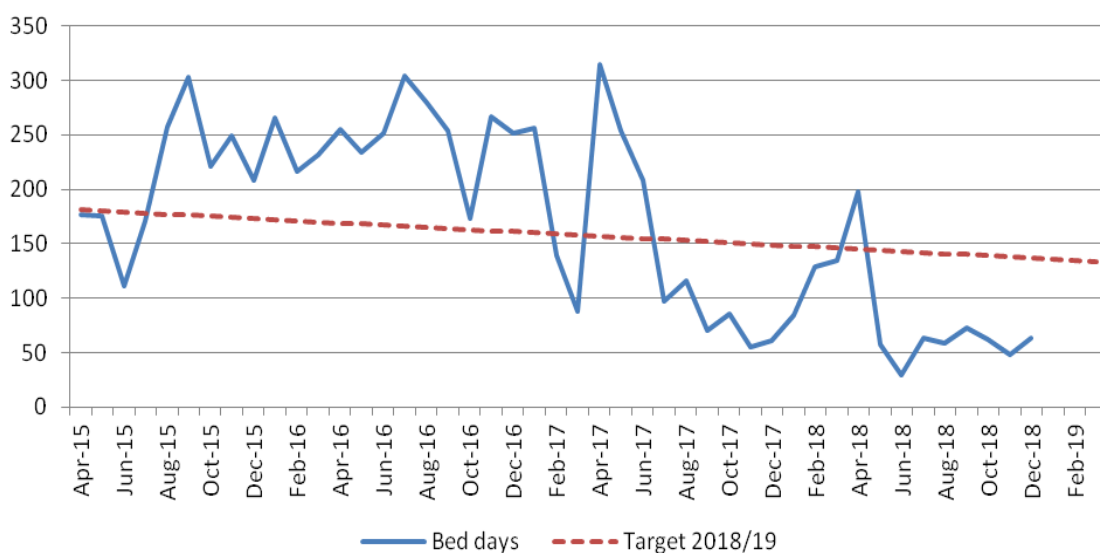
Unscheduled Bed Days - Acute Specialties 18+



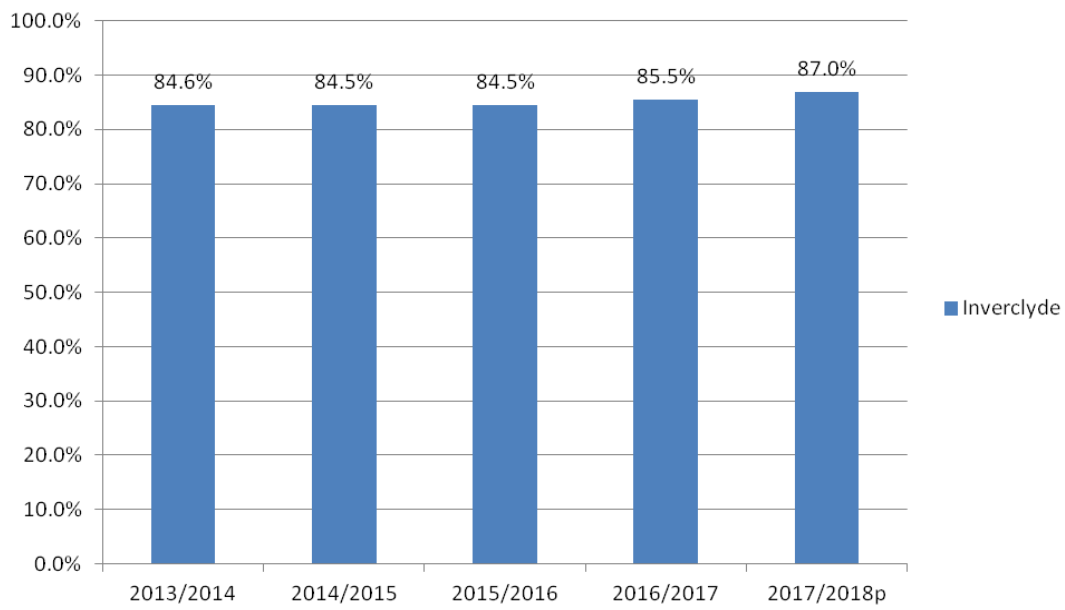
A&E Attendances 18+



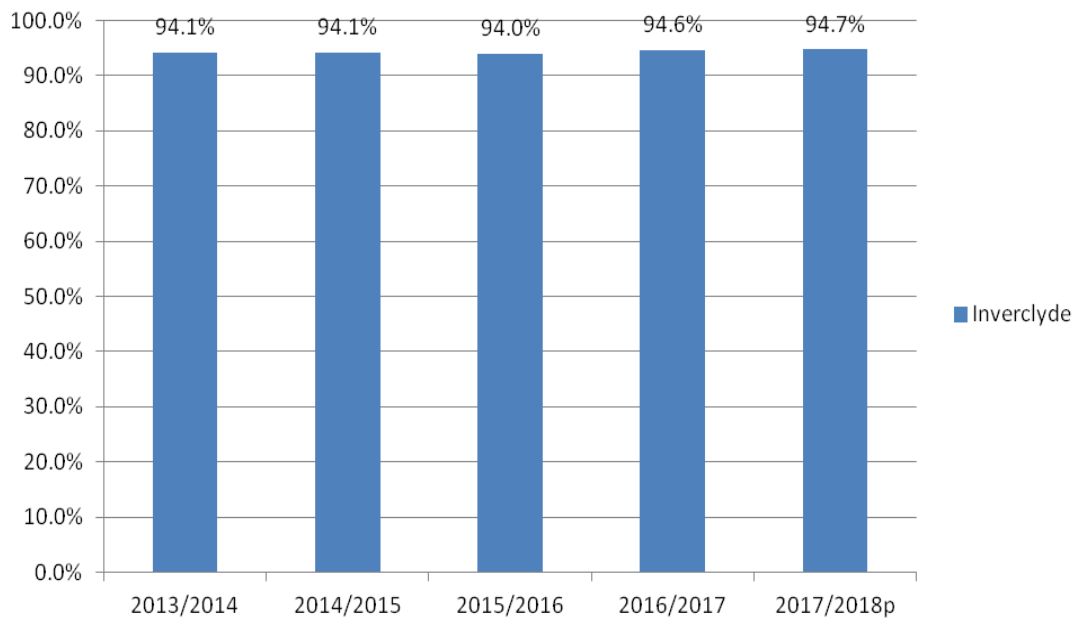
Delayed discharge Bed Days 18+



Percentage of last six months of life: Community



Balance of care: Percentage of population 65+ home (supported and unsupported)



4.4 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, the Integration Joint Board, the Scottish Government, and the NHS Board will be updated regularly on the targets.

5.0 PROPOSALS

5.1 That the Integration Joint Board approves the completed template for submission. The submission to the Scottish Government is due by 28 February 2019 and the template has been submitted with a caveat following approval from the IJB.

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)
<input type="checkbox"/>	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 DIRECTIONS

7.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

- 8.1 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.

9.0 LIST OF BACKGROUND PAPERS

- 9.1 Letter from Scottish Government, 12 December 2018.

Template for MSG 2019/20 objectives

Health and Social Care Partnership:
 Age Group for indicators 1 to 3: 18+

	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				4. Delayed discharge bed days (18+)				5. Percentage of last 6 months of life spent in community (all ages)				6. Proportion of 65+ population living at home (supported and unsupported)					
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total	All reasons	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %	Baseline year	Baseline percentage	Percentage point change	Expected 2019/20 %
Objective	2015/16	9,388	-7	8,731		2015/16	71,679	-6	67,378	2015/16	23,689	-3	22,978		2015/16	2,588	-20	2,070	2015/16	84.5%	2	86.5%	2015/16	94.0%	1	95.0%
					Geriatric Long Stay	Baseline year	Baseline total	% change	Expected 2019/20 total					H&SC/patient and family related reasons	Baseline year	Baseline total	% change	Expected 2019/20 total								
					Mental Health	2015/16	6,342	-6	5,961					Code 9	Baseline year	Baseline total	% change	Expected 2019/20 total								
How will it be achieved	Continue with ACPs to be completed within all care homes and within community, Care Homes to continue with Red Bag process, Care Home Liaison Nurses working within care homes. Two Band 5 long term conditions in primary care. Increase capacity on step up beds.				Home 1st Service - all service users to be assessed to go home first.				Continue to promote choose the right service programme, community link worker to continue to direct service users to right service. Publicity campaign similar to choose the right service campaign. Information available at A and E for choose the right service and potential community link worker to be present at a and e. Enhanced approach to managing distress which includes addictions in mental health. Move towards a seven day service.				Home 1st Service - all service users to be assessed to go home first.				Future role for acute staff in completion of ACP Palliative care service in place Shifting the balance of care through Home 1st									
Notes																										

Health and Social Care Partnership:
 Age Group for indicators 1 to 3: < 18

	1. Emergency admissions				2. Unplanned bed days				3. A&E attendances				
	Baseline year	Baseline total	% change	Expected 2019/20 total	Acute	Baseline year	Baseline total	% change	Expected 2019/20 total	Baseline year	Baseline total	% change	Expected 2019/20 total
Objective													
How will it be achieved					Menal Health								
Notes													