INVERCLYDE HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/26/2019/HW**	
Contact Officer:	**Helen Watson** **Head of Service Strategy and Support**	**Contact No: 01475 715285**	
Subject:	**Review of Out of Hours Provision**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Inverclyde Integration Joint Board members on work being undertaken by the six HSCPs that fall within the NHS Greater Glasgow and Clyde catchment in relation to out of hours provision of Primary Care and a range of community-based health and social care services.

2.0 SUMMARY

2.1 The Scottish Government commissioned a national review of Primary Care Out of Hours Services in January 2015, led by Professor Sir Lewis Ritchie. The 28 recommendations from that review included the need for a whole-system approach to health and social care during the out of hours period, to enable a safe, sustainable, person-centred service model.

2.2 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 people will be seen by the most appropriate professional to meet individual needs. That might not always be a GP, but could be a nurse, physiotherapist or social worker, for example. The review also states that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for more complex cases.

2.3 Following the publication of the report, a local review of health and social care out of hours provision has been commissioned across the six HSCPs, led by Glasgow City HSCP.

3.0 RECOMMENDATIONS

3.1 That the Inverclyde Integration Joint Board notes the progress of the Out of Hours Review to date, and endorses the whole-system approach in line with the Professor Sir Lewis Ritchie Report.

3.2 That the Inverclyde Integration Joint Board notes that a future report will be presented as the model progresses.

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Scottish Government commissioned a national review of Primary Care Out of Hours Services in January 2015, led by Professor Sir Lewis Ritchie. The recommendations from that review included the need for a whole-system approach to health and social care during the out of hours period. That review has been progressing across the NHS Greater Glasgow and Clyde catchment.

4.2 The Out of Hours (OOH) services within that programme scope are:

- GP OOH;
- District Nursing
- Home Care
- Community Rehabilitation
- Children's Social Work Residential Services
- Emergency Social Work Services
- Homelessness Services
- Mental Health Services
- Community Pharmacy

5.0 CURRENT CHALLENGES

5.1 The present situation for the ongoing provision of Health and Social Care OOHs Services across Greater Glasgow and Clyde is that the current configuration lacks resilience and is probably not sustainable. The reasons for this are multi-factorial and include:

- Lack of workforce capacity across parts of the health and social care system, as it is challenging to attract and retain staff to work in the OOHs period.
- Ageing workforce, resulting in the loss of experienced and skilled staff.
- Growing numbers of people living with multiple and complex conditions, resulting in an increasing demand on services in an age of austerity which requires us to achieve more through better use of resources.
- Expectations of the population in terms of increasing demands for care when convenient rather than a focus on need.
- Services needing to work more effectively together in the out of hours period - the current fragmented nature of the health and social care service provision makes communication, day-to-day management and co-ordination of services extremely challenging and resource intensive. The current configuration of provision can result in a number of services working in isolation to provide support to one patient / service user during the OOHs period.

5.2 Within Professor Sir Lewis Ritchie's review, 28 recommendations were made which have provided us with a clear framework in which to review our current situation and for the provision of consistent urgent OOHs care that is sustainable over time throughout Greater Glasgow and Clyde.

6.0 DEVELOPMENT PROCESS

6.1 The process undertaken to develop an Integrated Health and Social Care OOHs Service Model included four half day events, across May to September 2018 to enable a broad range of staff the opportunity to work through and agree actions and next steps for a proposed new system-wide OOHs service model. These events involved members of the Health and Social Care Out of Hours Programme Board, and a range of clinical and managerial colleagues and staff side representatives. The central aim of the first three sessions was to develop a finalised position on changes and improvements to the Health and Social Care OOHs models, including changes to the GP OOH model and wider improvements to how other services work together.

6.2 A key output of the sessions was that an Urgent Care Resource Hub (UCRH) approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social care OOHs services across the Greater Glasgow and Clyde area. During these sessions 6 principal elements emerged (for each of the services within the project scope) which required clarity and agreement. These were:

- Service Purpose – defining what the service should do in the OOHs period and defining what service users and carers should expect, and what staff can provide.
- Service Access – describing how the service is accessed by a service user, carer or other professional service.
- Service Location – confirming the location of service delivery and the numbers of services and staff required.
- Workforce Mix – agreeing the right mix of workers supported with the right training and development to meet the OOH need.
- Service Interfaces – describing and agreeing how services engage and coordinate across the health and social care system in hours and out of hours.
- Technology – developing and using technology to enable interfaces and to support care delivery and information sharing across the OOHs Health and Social Care System.

6.3 The fourth session provided the opportunity to robustly test the high level concept of an Urgent Care Resource Hub (UCRH) and the potential to enhance integration, co-ordination and access to Health and Social Care OOHs services by applying service user and professional focused scenarios.

7.0 CURRENT OUT OF HOURS SERVICE DEMAND

7.1 **GP Out of Hours**

GP Out of Hours services in Greater Glasgow and Clyde are currently facing a number of challenges which impact on delivering a sustainable service. These include:

- Ensuring appropriate numbers of GPs and other staffing across Greater Glasgow and Clyde to respond safely to current demand.
- Recruiting and retaining GPs to work out of hours.
- Current GP workload pressures in day time adversely impact on recruitment to work in OOH services.
- Inconsistent use of the service by the public.
- Reinforcing that GP OOH is not an extension of in-hours general practice when patients are struggling to or do not attempt to obtain an appointment.

Activity data highlight locations and trends.

	2014/15	2015/16	2016/17	2017/18
Number of Cases *	233507	239869	222552	219264
**Number of Consultations ** **	261565	265599	243855	239498
Home Visit	38109	37690	35377	35766
Primary Care Emergency Centre	155440	161744	150635	151834
Speak to Dr/Nurse	52996	48578	40162	37444
Other	14960	17587	17681	19427

*Number of cases defined as an individual patient who had contact with the GP OOH Service
**Number of consultations defined as the individual contact which take place within the OOHs episode. Cases may have more than one consultation recorded e.g. patient referred by NHS24 as 'Speak to Dr/Nurse' then referred to PCEC as an outcome of the telephone consultation.

GP OOH Activity
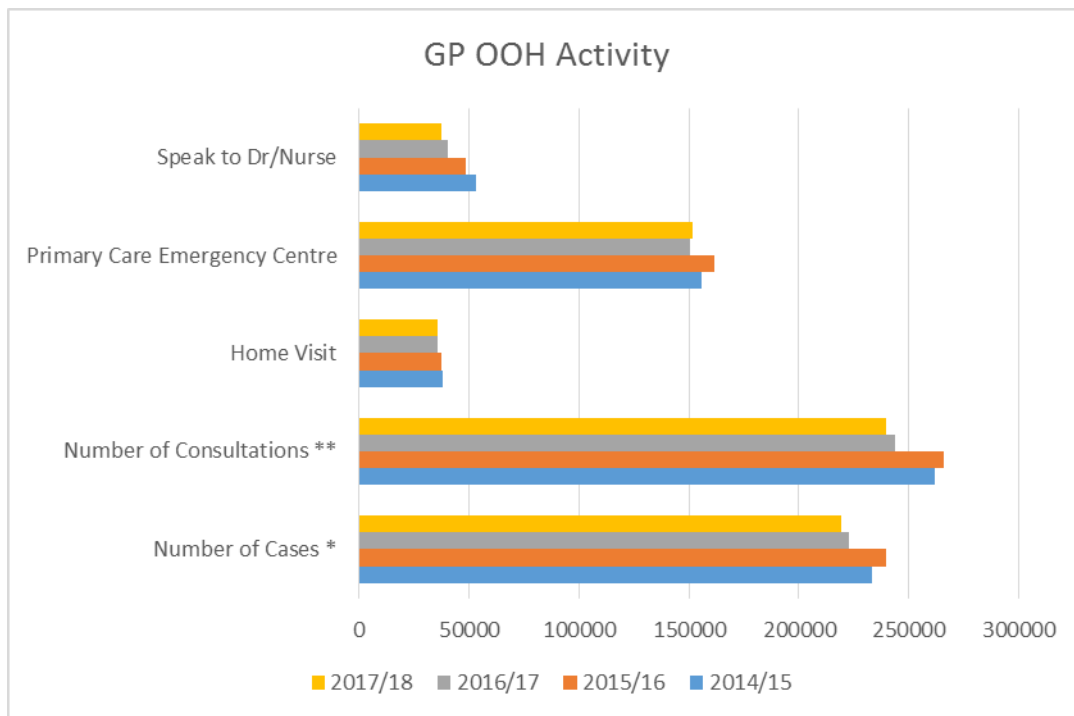
The data demonstrate consistency of use of GP OOH over four financial years, however this is against a backdrop of an ageing GP workforce and an increase in the challenges described above. In this context it will be difficult to sustain out of hours cover to meet equivalent demand levels.

7.2 **District Nursing and Home Care**

Out of hours District Nursing provision is managed by Inverclyde HSCP. The majority of patients who receive OOH support do so as part of an overall care package that includes OOH visits to maintain people safely in their own homes. As the Home 1st service grows, there is likely to be an increase in the need for OOH District Nursing, which will be aligned with OOH Home Care provision (the need for which is also likely to rise). It is essential that the District Nursing and Home Care OOH provision is monitored and managed locally rather than on a system-wide basis, however our data will inform the wider OOH review and any future whole-system redesign.

District Nursing Out of Hour

	Sum of Total Visits	Sum of Total Patients	Sum of Visit Duration
October 2017	389	305	647.8
November 2017	287	235	616.8
December 2017	245	203	654.5
January 2018	428	373	711.3
February 2018	328	280	694.4
March 2018	331	288	832.6
April 2018	506	427	726.2
May 2018	472	403	778.8
June 2018	445	376	700.1
July 2018	557	462	762.4
August 2018	538	446	801.1
September 2018	418	360	739.3
October 2018*	279	219	339
Grand Total	5223	4377	9004.3

*October 2018 data incomplete.
Data may include some 'in-hours' shifts.
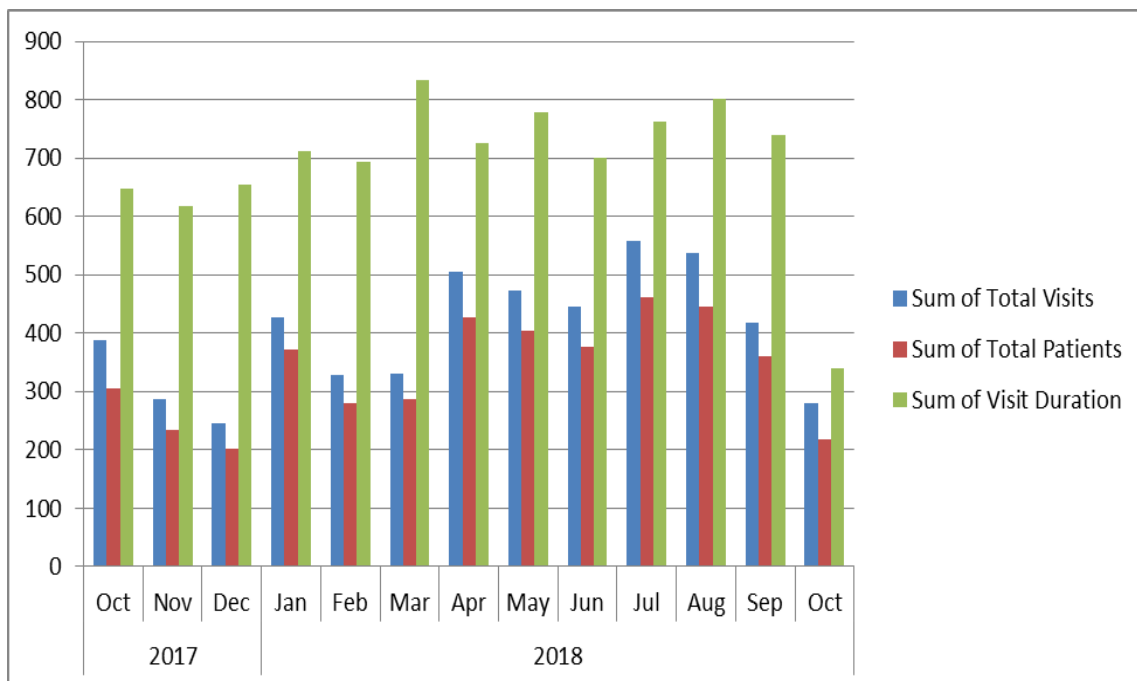
The Home 1st service will continue to monitor activity to ensure that capacity keeps pace with need, and will actively seek to identify and address any OOH recruitment or retention challenges.

7.3 **Community Alarms and Technology Enabled Care**

The Community Alarm/Technology Enabled Care Service provides an out of hours response 24/7 and supports people to remain safe within their own home. The service has its own mobile team that provides a physical response to over 20% of all alarm activations and who support and assist over 1400 fallers per annum.

The service is reactive and helps to prevent hospital admissions and facilitates hospital discharges. As services which allow people to remain at home for longer increase such as Home 1st, the demand for a community alarm/technology enabled care service will continue to grow. Having a local response team with a knowledge of the users of the service provides for a speedier and more appropriate response.

Community Alarms – Number of Clients and Activations (All Ages)

| Month	Number of Clients	Number of Activations
October 2017	2747	9454
November 2017	2705	9595
December 2017	2734	9650
January 2018	2779	10264
February 2018	2773	9294
March 2018	2790	10686
April 2018	2801	11329
May 2018	2832	11168
June 2018	2650	9987
July 2018	2315	9571
August 2018	2351	8977
September 2018	2380	9280
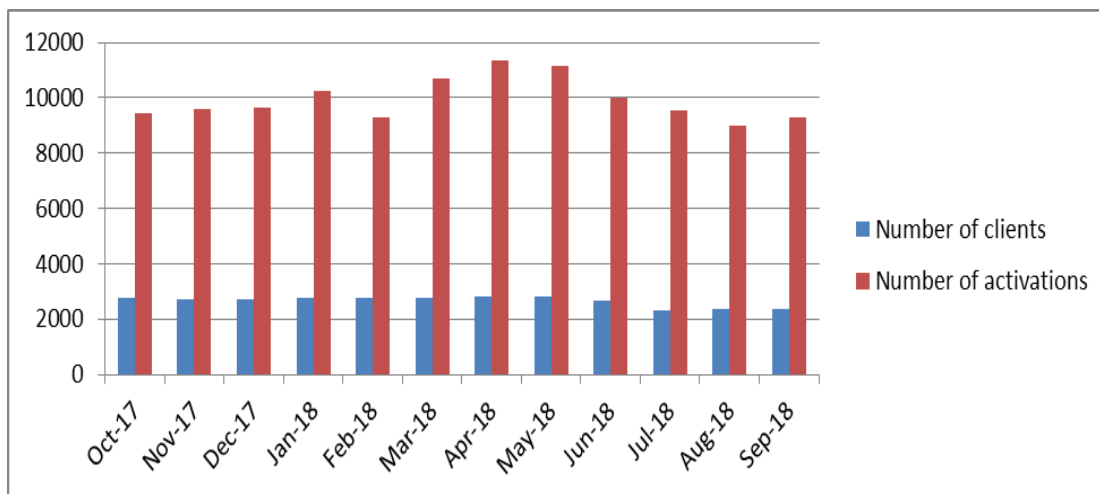
7.4 Community Rehabilitation

Most community rehabilitation support can be delivered in-hours, and we have local arrangements for those times when out of hours support is required. Generally this would be support to prevent hospital admission, or to ensure successful discharge from hospital back to the community. Again, this element will be retained locally to ensure the appropriate level of responsiveness.

Equipment provided to support OOH activity by area.   *2018 data up to 14/10/18

	2016	2017	2018*
DN	68	31	23
Hillend	23	25	9
IRH		19	12
Grand Total	**91**	**75**	**44**
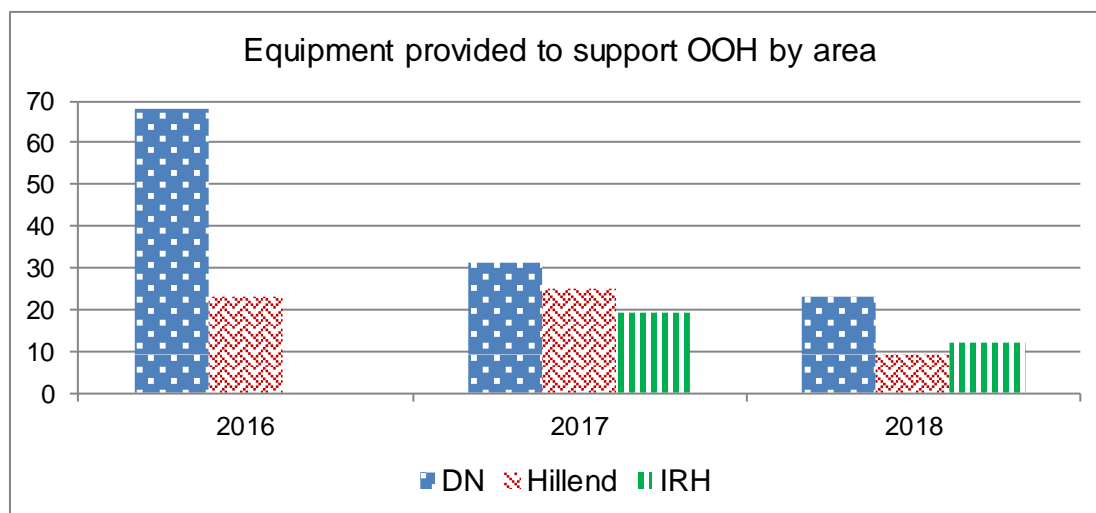
7.5 Children's Social Work Residential Services

Inverclyde HSCP runs its own Children's Houses, which are staffed 24/7. We are engaging with the wider review of Emergency Social Work Services to ensure that liaison and referral routes are clear during the OOH times.

7.6 Emergency Social Work Services

Although the need for OOH Emergency Social Work Services might be relatively seldom, when these services are needed, the levels of risk are often too high to wait for

an in-hours response. The OOH Emergency Social Work Service provides the out of hours Mental Health Officer service, which is a statutory duty and provides response to assessments required under the Mental Health (Care and Treatment) (Scotland)] Act 2003. Historically we have purchased our emergency services from Glasgow City Council, and this arrangement has worked well.

Standby Out of Hours

	2017	2018	Total
Adults	43	40	83
ASP	3	0	3
Children	145	171	316
CPR	0	75	75
Home Care	1	5	6
MHO	0	15	15
Total	192	306	498
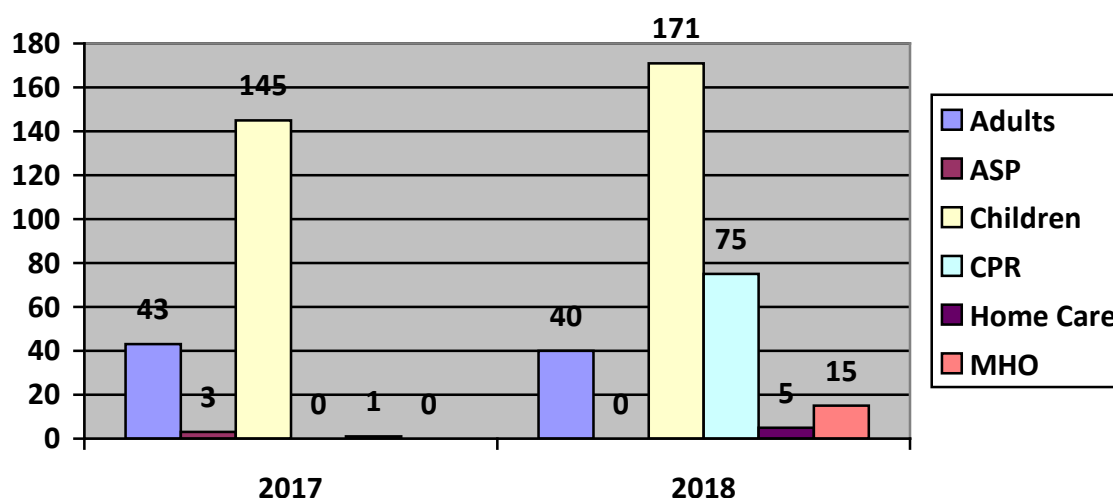
However in response to changing patterns of OOH provision in a number of health and care services, it is timely for a review of the existing service arrangements. Officers from Inverclyde HSCP are fully involved in the review, which is considering the full range of OOH cover.

7.7 **Homelessness**

The Inverclyde Homelessness Service currently provides an out of hours response to people presenting as homeless. This is provided through the Inverclyde Centre, which operates over 24 hours, 7 days a week.

7.8 **Mental Health**

Currently the Inverclyde Mental Health service provides an out of hours response through the local Crisis Response Service, operating on extended days and at the weekend, and the NHS GG&C board wide mental health out of hours service after 9pm, and between 5pm and 9am at weekends. Further development of responses to unscheduled care and out of hours and crisis response is being undertaken through the 5 year Mental Health Strategy, and this element of the strategy is aligned to this work.

Crisis:

2016/17				2017/18				2018/19
Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun
149	142	150	167	176	138	183	170	167
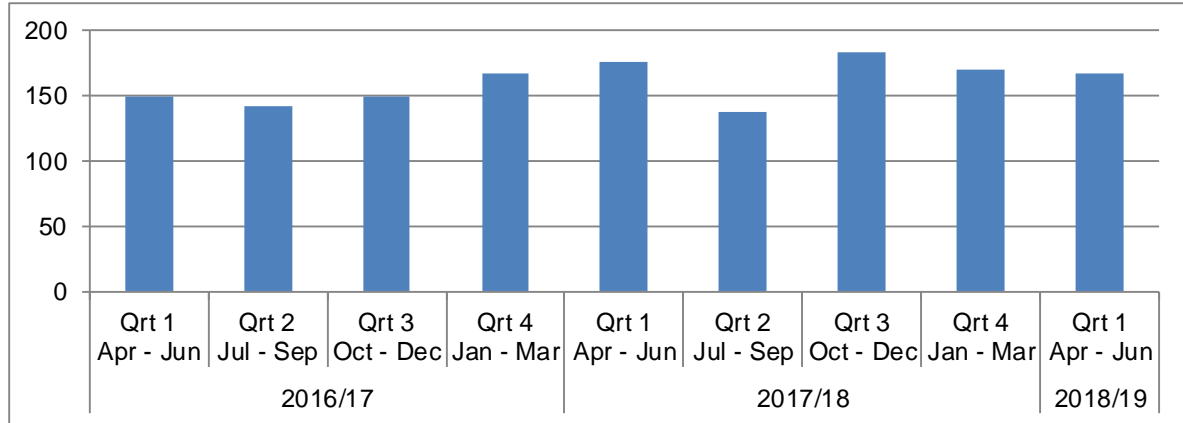
8.0 PROPOSAL

8.1 Whilst the Professor Sir Lewis Ritchie Report recommends a whole-system approach to out of hours services, it is recognised that some areas of provision require local knowledge and responsiveness. The aspects of out of hours care outlined in this report will be considered as described, but we will retain an overview to ensure that no part of the review will impact negatively on any other part.

8.2 We have temporarily taken one of our most experienced Team Leaders away from her usual role, to free up some capacity to take forward the development of the Inverclyde interface with the wider system out of hours response. We expect this will be based at Hillend. Hillend seems to be a logical choice, as our out of hours District Nursing, Homecare and Falls Services already operate out of Hillend. By consolidating our local out of hours response, we will provide a professional to professional interface, and streamline OOH communications and pathways.

8.3 On that basis, we ask that the Inverclyde Integration Joint Board members note the progress of the Out of Hours Review to date, and endorse the whole-system approach described, which will be supported locally through our OOH arrangements.

9.0 DIRECTIONS

9.1

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

10.0 IMPLICATIONS

FINANCE

10.1

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	Other Comments
N/A					

LEGAL

10.2 N/A

HUMAN RESOURCES

10.3 There are no specific human resources implications arising from this report.

EQUALITIES

10.4 Has an Equality Impact Assessment been carried out?

☐	YES
✓	NO – This report does not introduce a new policy, function or strategy or recommend ☐ change to an existing policy☐ function or strategy. Theref☐re, no Equ☐lity Impact Assessment is required.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	All aspects of the review will pay particular attention to ensuring that people from the protected characteristics groups are not adversely affected.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	All aspects of the review will pay particular attention to ensuring that people from the protected characteristics groups do not face any discrimination.
People with protected characteristics feel safe within their communities.	Not applicable
People with protected characteristics feel included in the planning and developing of services.	Not applicable
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Not applicable

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

10.5 Any changes to OOH provision must take due cogniscence of clinical or care governance implications, and will be monitored through our local Clinical and Care Governance Group.

11.0 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	By encouraging more appropriate use of urgent care resources, we will also support self-management and empowerment.
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	Our Home 1st service will help to avoid the unnecessary use of urgent care, but will also support successful hospital discharges and avoid unnecessary admissions.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Reducing unnecessary use of urgent care will generate more capacity for those who really do need urgent care.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Quality will remain paramount in the reviewed OOH framework.
Health and social care services contribute to reducing health inequalities.	N/A
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.	N/A
People using health and social care services are safe from harm.	N/A
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	Staff will have greater job satisfaction when dealing with appropriate levels of need.

treatment they provide.	
Resources are used effectively in the provision of health and social care services.	As above.

12.0 CONSULTATION

12.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

13.0 BACKGROUND PAPERS

13.1 Professor Sir Lewis Ritchie Report.