
Report To: Inverclyde Integration Joint Board **Date:** 4 November 2019

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Inverclyde Health & Social Care
Partnership **Report No:** IJB/70/2019/HW

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Subject: **OUT OF HOURS SERVICES REVIEW UPDATE**

1.0 PURPOSE

- 1.1 This report provides an update to the Integration Joint Board on work to develop an appropriate and sustainable response to health and social care need that emerges outwith standard working hours. This relates to evenings and night-time, weekends and public holidays.

2.0 SUMMARY

- 2.1 Inverclyde's out of hours services and responses have grown over the years, but not always in a consistent or joined up way. The reality has been that individual services have been developed reflecting specific initiatives, government priorities or individual service gaps. Recent pressures due to increased demand, demographic pressures, changes to the workforce and reduced financial resources mean that we need to review our out of hours services, with a view to channelling our resources (both staff and money) to deliver the best possible response to planned and unplanned out of hours need.
- 2.2 Initial scoping of out of hours resources and demand indicates that services working outwith standard working hours respond to a range of need, some planned and some unplanned. There is a degree of joint working between services, but this is variable and tends to be anchored in relationships rather than defined policy.
- 2.3 The issues relating to staffing and resources are being experienced across the whole of the NHS Greater Glasgow and Clyde area, so a review is underway across the wider system too. Alongside this, we are undertaking some Inverclyde-specific review work, which is being guided by the principles of the wider review, but takes account of important local strengths that we would wish to preserve.

3.0 RECOMMENDATIONS

- 3.1 That the Inverclyde Integration Joint Board notes the work to date and comment to the Chief Officer as appropriate.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Since the HSCP was established, it has been working in a context of rising levels of need and demand, within both in-hours and out of hours provision. These rising levels were predicted within the Commission on the Future Delivery of Public Services, 2011 (otherwise known as the Christie Commission Report), and it was recognised that integrating health and social care services was an important enabler to ensuring that people received the best possible support in terms of both quality and value for money.

4.2 In Inverclyde, officers have taken a wide view of integration, recognising that to be fully effective, integration of health and social care services presents an opportunity to redefine our relationship with service users; carers, and third and independent sector providers. This is true for both in-hours and out of hours services, so much can be learned from the work to date on in-hours services.

4.3 Our local review therefore aims to:

- identify the totality of HSCP out of hours working
- identify associated but non-HSCP out of hours working
- review the connections between these, with a view to strengthening links, referral routes and handovers
- define how local supports and services will link with the proposed NHS Greater Glasgow and Clyde (NHSGGC) Urgent Care Resource Hub (UCRH) model.

4.4 A local out of hours review group has been established, including representatives from services that currently provide a 24/7 or extended hours response. These services include:

- Homecare
- District Nursing
- Technology Enabled Care
- Allied Health Professions
- Learning Disability
- GP OOH and Primary Care
- Addictions
- Homelessness
- Mental Health
- Children & Families
- Criminal Justice
- Social Work Standby
- Home1st and Hospital Discharge
- Mental Health Inpatients

Although the HSCP does not manage the Inverclyde Royal Hospital, the group also includes representation from the hospital, to support the development of clear referral and redirection routes relating to unplanned out of hours activity at the IRH. This will also support clarification of how local activity fits with the wider NHSGGC urgent out of hours care review and its proposed Urgent Care Resource Hub model.

4.5 The local review will consider the totality of our out of hours response, including both planned and unplanned care. This recognises that in order to sustain people safely and comfortably in their own homes, there can be a need for routine out of hours or through the night care.

4.6 The local review will submit an initial report to the Senior Management Team early in the new year.

4.7 Related to the NHSGGC-wide work, the NHS Board has commissioned a review of GP Out of Hours services. This recognises that GPs are independent contractors and that their responsibilities are defined within the context of the new General Medical Services (nGMS) contract. It also recognises that each HSCP has a Primary Care Improvement Plan (PCIP) in place as part of a significant change programme within primary care and GP practices. The PCIPs will take at least 3 years to fully implement, and although substantial progress has been made, a number of system-wide challenges have been identified which will have to be addressed to ensure delivery. These include:

- The time required to engage with GPs and others to develop and implement new models while continuing to deliver services under pressure;
- Time and capacity required to recruit new staff and support into new roles;
- Addressing the increasing number of closures of GP out of hours service, due to GP availability;
- Accommodation challenges to host new Multi-Disciplinary Team (MDT) members in or near to practices;
- Availability of key groups of staff and risks of destabilisation as staff move from existing roles;
- Balancing locally identified needs and priorities with the requirements set out in the contract and the MoU;
- Developing approaches which work for all practices, in particular small practices;
- Local deployment of resource to ensure fairness, transparency and equity;
- Capacity for change management within HSCPs and within GP practices, to implement new ways of working and maximise the impact of the MDT and new roles.

4.8 Inverclyde HSCP is in a unique position insofar as we have already begun to deliver on many areas through the New Ways test of change programme that began here in 2015/16, funded through the former Primary Care Transformation Fund. Local Inverclyde GPs and the HSCP have been clear on priorities and have been progressing these however the funding now allocated by Scottish Government has meant that essentially Inverclyde has been at a standstill position since 2018 as there is no capacity to increase staffing levels or services within current funding until 2022/22. We are keen to ensure that the progress to date is fully anchored and that our wider out of hours review enhances and strengthens the quality of provision that we are able to deliver.

5.0 IMPLICATIONS

5.1 FINANCE

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

5.2 There are no legal implications from this report

HUMAN RESOURCES

5.3 There are no implications from this report

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	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

5.4.1 The intelligence contained in this report reflects on the performance of the HSCP against the equality outcomes.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Our out of hours response will be sensitive to the specific needs of people with protected characteristics.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The same high standards are expected for services addressing the full range of vulnerabilities without discrimination or stigma
People with protected characteristics feel safe within their communities.	Having clarity about what can be accessed at all hours of the day or night will help to foster confidence that people will get the right support when it is needed.
People with protected characteristics feel included in the planning and developing of services.	We will share our progress with the Strategic Planning Group and Locality Planning Groups to ensure that all members of our communities have ample opportunity to contribute to or challenge our plans.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	By bringing together all services that provide out of hours responses, staff will gain a better understanding of the needs and challenges facing people with protected characteristics.
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.
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CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 Any changes to out of hours provision will be reviewed by the Clinical and Care Governance Group to ensure that strong governance is in place.

5.6 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.	Our aim is to promote good health and to prevent ill health. By offering the right support, from the right service and at the right time, we will foster a culture of supported self-management and service user 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	People's care needs will be increasingly met in the home and in the community, so the out of hours support needs to reflect this shift.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	In Inverclyde, individuals and communities have come to expect services that are of a high quality and are well co-ordinated. The out of hours review will retain this requirement.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient focused and sustainable services which maintain the quality of life for people who use the services.
Health and social care services contribute to reducing health inequalities.	Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including housing, income and poverty, loneliness and isolation and employment.
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 clear, appropriate and reliable out of hours response will support carers to have the

	confidence to continue in their caring role.
People using health and social care services are safe from harm.	Under the Adult Support and Protection (Scotland) Act 2007, staff have a duty to report concerns relating to adults at risk. All out of hours responders will be appropriately trained.
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.	The inclusive format of the working group will ensure that all affected staff will have ample opportunity to ensure that their contribution is defined and appropriate to their skills and training.
Resources are used effectively in the provision of health and social care services.	By reviewing the totality of our out of hours service we will ensure that we make the most of the skills and expertise that are available.

6.0 DIRECTIONS

6.1	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	

7.0 CONSULTATION

7.1 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.

8.0 LIST OF BACKGROUND PAPERS

8.1 Terms of Reference for the Review Group.