AGENDA ITEM NO: 15

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**26 June 2023**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/34/2023/AB**
Contact Officer:	**Alan Best Interim Head of Health &Community Care Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715212**
Subject:	**UNSCHEDULED CARE WINTER UPDATE**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 To update members on developments in the Governance of the Unscheduled Care agenda and Scottish Government's high impact change areas for Winter 22/23.

2.0 RECOMMENDATIONS

2.1 The Integration Joint Board is asked to:

Note the content of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Previously the IJB received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022/23 to 2024/25. Ratified by all six IJBs, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs.

3.2 The enduring and significant impacts of unscheduled care on NHS Scotland have led to Scottish Government to seek assurances from NHS boards and HSCPs aligned to eight specific themes, termed High Impact Change areas (HIC). Further detail can be found at Appendix 1. NHSGGC partnerships are participating actively in three of these HIC areas;

- High Impact Change (HIC) 3 – Virtual Capacity
- High Impact Change (HIC) 5 – Rapid Assessment & Discharge
- High Impact Change (HIC) 8 – Community Focussed Integrated Care

3.3 Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

4.0 URGENT & UNSCHEDULED CARE GOVERNANCE

4.1 The NHS GG&C Board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan;

- **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 patient care in the most appropriate setting.

4.2 This new governance structure is shown at Appendix 2. Operational delivery remains largely unchanged with acute sector and individual HSCP implementation groups driving activity locally. Tactical co-ordination has been aligned with the HIC structure, with HSCP senior officers leading on the “Discharge without Delay and Rapid Acute Assessment” and “Community Focussed Integrated Care” work streams. In the strategic space, a new Urgent and Unscheduled Care Oversight Board draws together all activity and is jointly led by Chief Operating Officer NHSGGC and Chief Officer GCHSCP. This group links to both the COVID-19 Recovery Tactical Group and Moving Forward Together Program Board, ensuring whole-system integration and ultimately reports into the Board’s Corporate Management Team.

4.3 **High Impact Change (HIC) 3 – Virtual Capacity**

Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across GG&C. Our HIC 3 work stream is targeted to deliver on four key areas:

- Reduced number and proportion of patients self-presenting to Emergency Departments (ED) as unplanned/unscheduled care attendance
- Increase the number of patients assessed and discharged through the use of the 'Near Me' consultation IT platform via the Flow Navigation Centre (FNC)
- Increase the number of patients attending /scheduled into more clinically appropriate alternative pathways via FNC e.g. Minor Injury Units
- Scottish Ambulance Service (SAS) hospital conveyance rates - work with SAS to reduce conveyancing rates to hospital to be aligned closer to the average NHS Scotland Board rates

Inverclyde HSCP will continue to establish strong links with SAS to build on care pathways to manage falls patients that could have community intervention, rather than emergency admission. SAS continue to work with all 6 HSCPs on a new pathway for referring into appropriate services and reducing rates of conveyance to hospital. Arrangements through the flow navigation hub whereby the ambulance crews can call one central number and the call centre staff will take details and refer onwards to community rehab teams (Inverclyde RES) for follow-up. All 6 HSCPs across GGC have seen a 91% increase in referral rates from SAS since the pilot began in Sept.

4.4 **High Impact Change** (**HIC) 5 – Rapid Assessment & Discharge**

The HIC 5 work stream seeks to optimise flow by aligning capacity with demand across the system. Much of this is synonymous with the existing Discharge to Assess policy and ongoing Discharge without Delay activity. Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process and improve length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the planned day of discharge. The interface care work stream is also monitored under HIC 5, however is a primarily acute endeavour.

For Discharge without Delay, HSCPs are equipped with dedicated multi-disciplinary teams. The team proactively reaches into hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand, complexities of need to inform local responses around recruitment. This includes the re-alignment of resources and use of local intermediate care facilities to provide a more suitable alternative pathway to acute hospital in-patient services offering a step up/step down approach. The use of interim beds across GG&C will be optimised over the winter period.

KPI targets are still being developed for HIC 5 around increasing the proportion of patients effectively discharged within 48 hours of admission and increasing the proportion of patients discharged pre-noon to improve patient flow through the hospital and improve access for new patients.

Working closely with acute teams, Inverclyde HSCP staff proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person it medically fit.

Our Home 1st approach supports our discharge processed with;

- Early Referral
- Rapid Assessment Process
- Discharge Planning from Admission

Establish Estimated and Planned Discharge Dates for all service users requiring Social care support on discharge.

4.5 **High Impact Change HIC 8 – Community Focussed Integrated Care**

Our well-established Unscheduled Care Design and Delivery plan has allowed us to progress existing initiatives through HIC 8. We are delivering on 3 key priorities;

- GG&C Community Falls Pathway
- Hospital at Home
- Home First Response Service

The GG&C Community Falls Pathway launched in September 2022, linking SAS crews with professional advice through the FNC in order to reduce conveyance for those fallers for whom it was deemed clinically appropriate to direct to scheduled care. When compared with the previous year, data from September/October 2022 showed a 108% improvement in the rate of referral to Community Rehabilitation by SAS, demonstrating that the pathway is working. Further review is intended one-year post-implementation to demonstrate the utility and financial impacts of the pathway in addition to aspirations to make the pathway accessible to SAS crews responding to fallers in Care Homes.

The NHS GGC wide Hospital at Home test of change has published its first phase evaluation and is delivering reduced admittance by providing care direct to patients within their home or homely setting. With 187 patients having used the service it is estimated that 906 bed days have been saved in that period as a result of Hospital at Home. Governance discussions are underway as to the timeline of expanding the 10 bed model to 15.

The Home First Response Hub delivers a multidisciplinary virtual team at the ED front door of the Inverclyde Royal Hospital who review frail patients with a view to avoiding admittance through community care provision.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial			x
Legal/Risk			x
Human Resources			x
Strategic Plan Priorities	x		
Equalities			x
Clinical or Care Governance			
National Wellbeing Outcomes	x		
Children & Young People's Rights & Wellbeing			x
Environmental & Sustainability			x
Data Protection			x

5.2 **Finance**

The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

The IJB's budget for 2022/23 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). Our set aside budget is £35,398 m. The unscheduled care financial plan is currently being refreshed and will be passed to NHS GGC for incorporating in the overall plan once finalised.

One off Costs **N/A**

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs / (Savings) **N/A**

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 **Legal/Risk**

N/A

5.4 **Human Resources**

N/A

5.5 **Strategic Plan Priorities**

This report sets out the new refreshed priorities for unscheduled care linked to the refreshed Strategic Plan.

5.6 **Equalities**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	x
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	x
People with protected characteristics feel safe within their communities.	x
People with protected characteristics feel included in the planning and developing of services.	x
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	x
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	x
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	x

5.7 **Clinical or Care Governance**

The NHS GG&C Board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan.

5.8 **National Wellbeing Outcomes**

The unscheduled care program contributes to all nine national outcomes and in particular is fundamental to the delivery of outcome 9 that resources are used effectively and efficiently in the provision of health and social care services.

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.	√
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 who use health and social care services have positive experiences of those services, and have their dignity respected.	√
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	√
Health and social care services contribute to reducing health inequalities.	√
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.	√
People using health and social care services are safe from harm.	√
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.	√
Resources are used effectively in the provision of health and social care services.	√

5.9 **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.10 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.11 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

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 BACKGROUND PAPERS

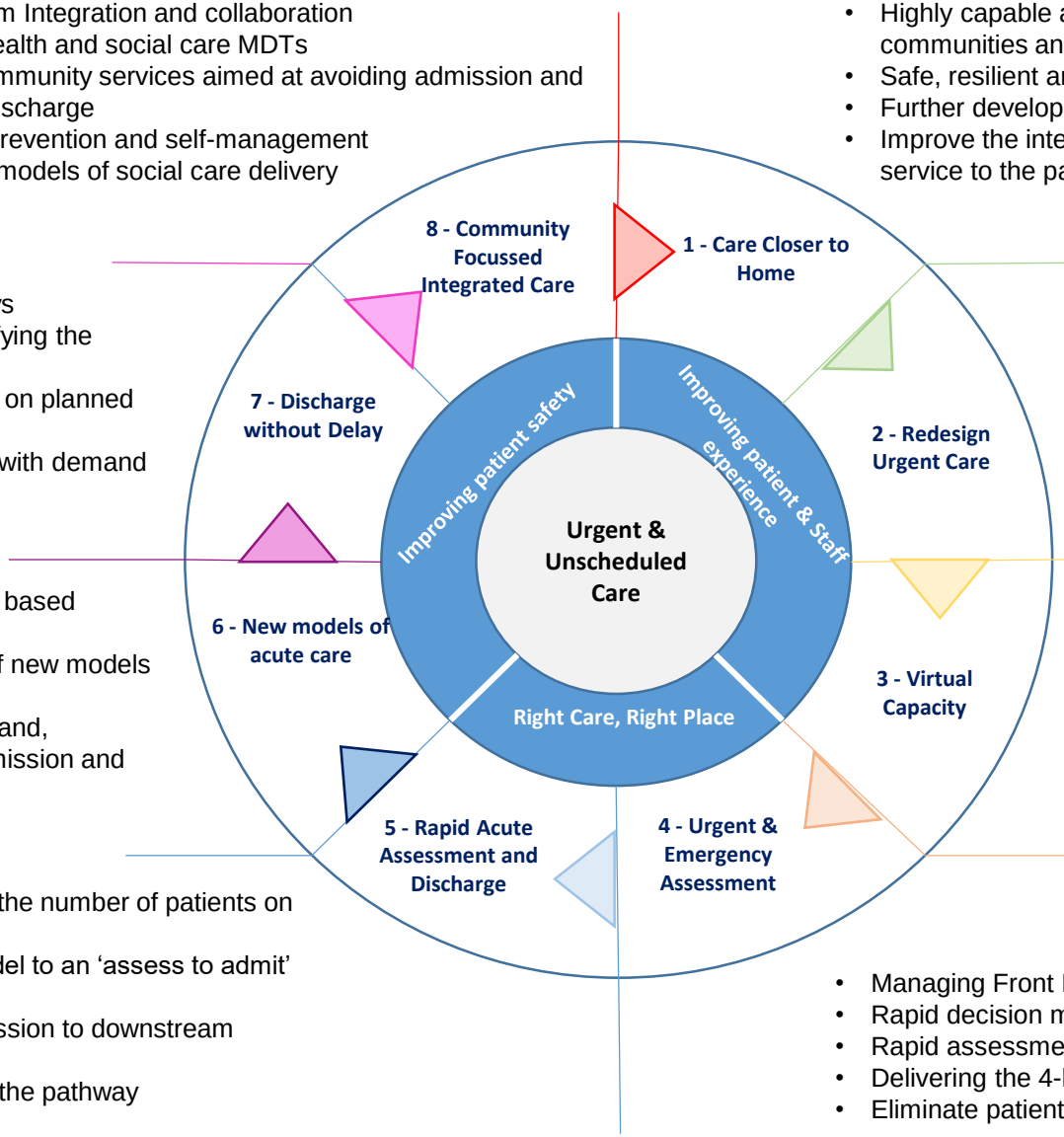
8.1 Appendix 1 to GC IJB Unscheduled Care Winter Update - High Impact Changes and Aims
Appendix 2 to GC IJB Unscheduled Care Winter Update - New Governance Structure

Urgent & Unscheduled Care Collaborative
The Right Care, in the Right Place, for Every Person, Every Time
High Impact Changes and Aims

Appendix 1 to GC IJB Unscheduled Care Winter Update – 25 Jan 23

- Whole system Integration and collaboration
- Integrated health and social care MDTs
- Range of community services aimed at avoiding admission and supporting discharge
- Supporting prevention and self-management
- Sustainable models of social care delivery

- Highly capable and accessible MDTs built around the needs of communities and people
- Safe, resilient and sustainable Out of Hours primary care services
- Further develop the digitally enabled gateway to the NHS in Scotland
- Improve the interface before and after urgent care to provide a seamless service to the patient



- Optimise discharge without any delays
- Improve patient experience by simplifying the discharge process
- Improve LOS by discharging patients on planned day of discharge
- Optimising Flow by aligning capacity with demand across the system

- Supporting people to choose the right care delivered at the right time and in the right place
- Reduce avoidable ED attendances by directing patients to more appropriate urgent care settings
- All Flow Navigations Centres will be 24/7 with immediate access to senior clinical decision maker
- Improve patient safety by scheduling urgent appointments to ED and MIU and avoiding waits in busy A&E departments

- Developing new models of acute care based around patient need
- Use of data to support development of new models of acute care
- Understand current capacity and demand, realigning footprint and managing admission and discharge balance

- Improve patient experience by reducing the need to travel for care
- Offering alternatives to in-patient care
- Ambulatory Interface Care, Hospital at Home, Remote Monitoring
- Create Virtual Capacity

- Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway
- Moving from an ‘admit to assess’ model to an ‘assess to admit’ model
- Alternative pathways to prevent admission to downstream ward areas where appropriate
- Introducing clinical decision earlier in the pathway

- Managing Front Door Flow – Every Patient, Every Time
- Rapid decision making and streaming
- Rapid assessment and diagnostics
- Delivering the 4-hour Emergency Access Standard
- Eliminate patient waits over 12 hours

Appendix 2 to GC IJB Unscheduled Care Winter Update – 25 Jan 23

New Governance Structure – NHS GGC Urgent and Unscheduled Care Programme
New Whole systems Oversight Board
New Rapid Discharge Group
New Virtual Pathways Group (replacing FNC group)
Community Integrated Care Group (currently HSCP unscheduled care group)