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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	15 February 2017
<b>Agenda Item</b>	12
<b>Title</b>	Commissioning Intentions for Unscheduled Care
<p><b>Summary</b></p> <p>This paper outlines on Scottish Government expectations regarding unscheduled care and cross system work to develop a commissioning strategy for unscheduled care for 2017/18 and beyond. It gives an indication of the key commission themes, activities and result areas. More work is required to fully develop an unscheduled care commissioning strategy. The report indicates a number of areas for further development.</p>	
<b>Presented by</b>	Candy Millard, Head of Strategic Services
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>▪ Note progress on the development of a Strategic Commissioning Plan for Unscheduled Care;</li> <li>▪ Approve the initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships in Greater Glasgow &amp; Clyde; and,</li> <li>▪ Instruct the Chief Officer to present a Strategic Commissioning Plan for Unscheduled Care to the March IJB for approval for implementation from April 2017.</li> </ul>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input checked="" type="checkbox"/> Financial      <input checked="" type="checkbox"/> Policy      <input type="checkbox"/> Legal      <input type="checkbox"/> Equalities  <input type="checkbox"/> Efficient Government      <input type="checkbox"/> Staffing      <input type="checkbox"/> Property      <input type="checkbox"/> IT </p>	

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## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

15 FEBRAURY 2017

Report by Chief Officer

### COMMISSIONING INTENTIONS FOR UNSCHEDULED CARE

#### **PURPOSE OF REPORT**

1. This report updates the Integration Joint Board on Scottish Government expectations regarding unscheduled care and cross system work to develop a commissioning strategy for unscheduled care for 2017/18 and beyond.

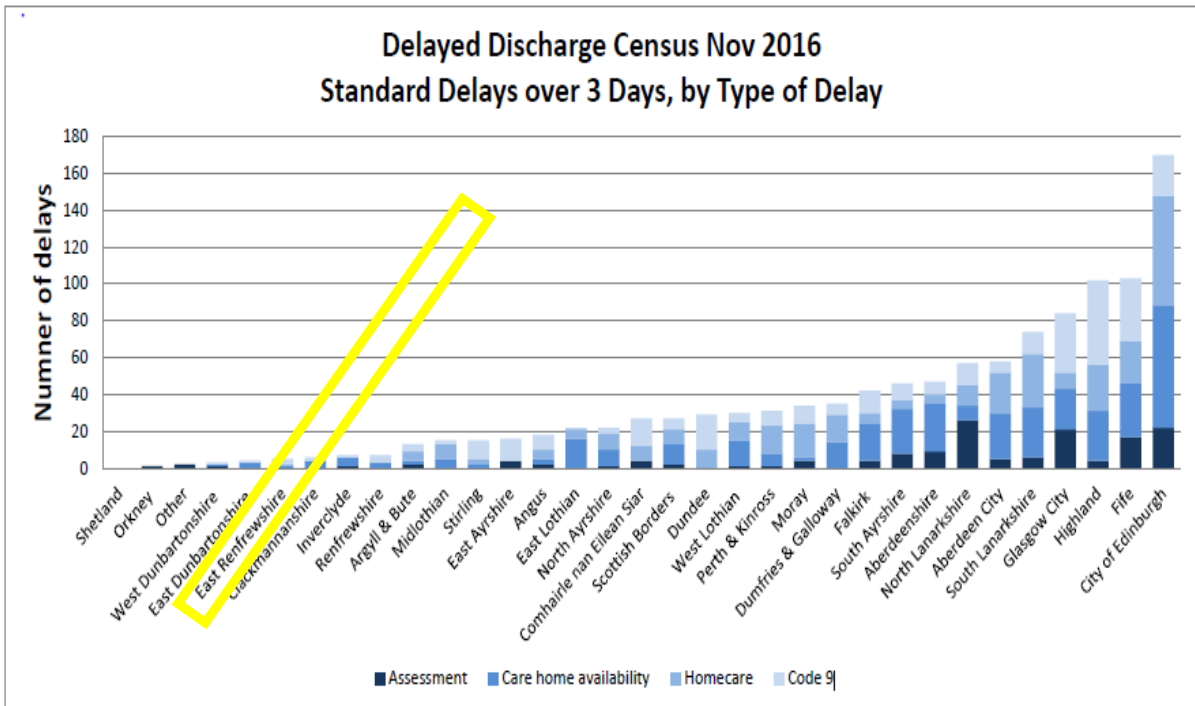
#### **RECOMMENDATION**

2. The Integration Joint Board is asked to:
  - Note progress on the development of a Strategic Commissioning Plan for Unscheduled Care;
  - Approve the initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships in Greater Glasgow & Clyde; and,
  - Instruct the Chief Officer to present a Strategic Commissioning Plan for Unscheduled Care to the March IJB for approval for implementation from April 2017.

#### **BACKGROUND**

3. The Integration Joint Board is responsible for strategic commissioning for unscheduled care services for our East Renfrewshire population. In undertaking this work, NHSGGC is responsible for planning for Acute Service delivery but in doing so the Health Board must consult with the six Integration Joint Boards to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such Acute Services is appropriately co-ordinated with the delivery of services across the Greater Glasgow and Clyde area.
4. A Whole Systems Planning seminar was held on 22 August at which all parts of the Greater Glasgow and Clyde system shared planning and commissioning work to date on unscheduled care. In order to influence both the NHS Board's and the Acute Services Division's plans for 2017/18, Health and Social Care Partnerships have had further discussions on the potential key purchasing priorities for 2017/18. Early indication of these intentions to the NHS Board and the Acute Services Division is required to enable substantive planning to take place with Acute on the detail of the final plan. The six Health and Social Care Partnerships within the Health Board area are working together on this agenda
5. The Scottish Government's Health and Social Care Delivery Plan (<http://www.gov.scot/Resource/0051/00511950.pdf>) sets a clear objective of reducing the use of hospital based unscheduled care by around 10% over the next financial year and as part of that making further progress on delayed discharge. It moves the focus from being purely about discharge to being about the whole pathway of care including anticipatory planning and action to prevent admission in the first place.

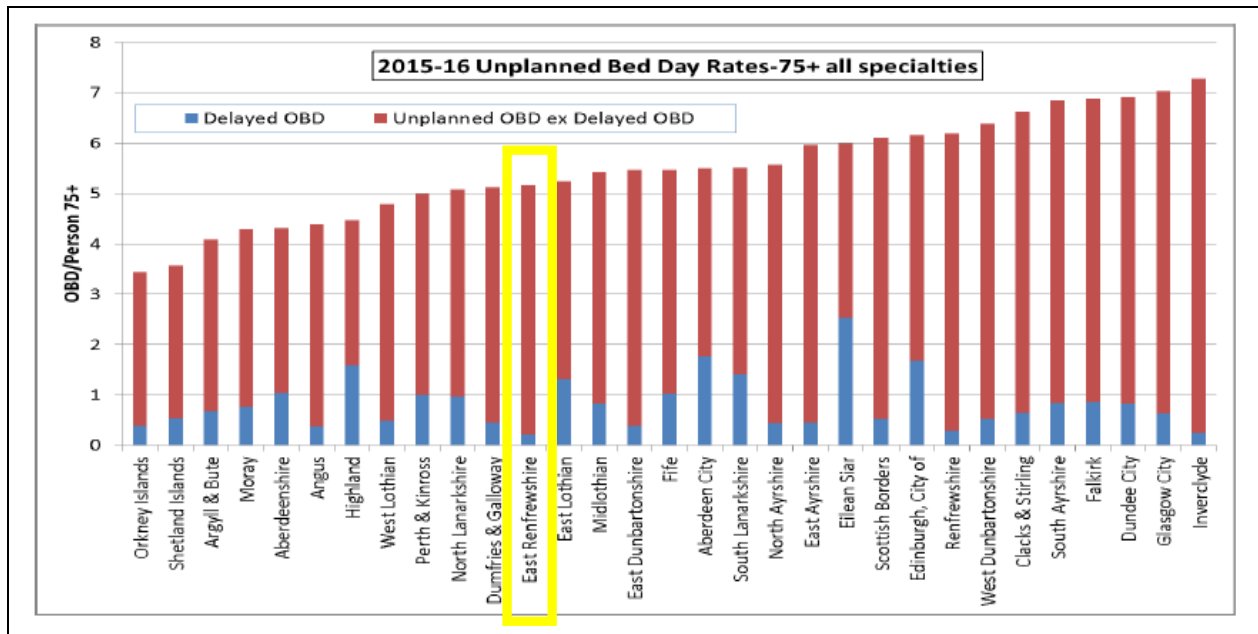
6. The Integration Joint Board is aware from the annual performance report that East Renfrewshire is one of the top performing areas in Scotland in terms of delayed discharge and that it has made a significant reduction in bed days lost to delayed discharge over the past few years.



**Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population**

	2012/13	2013/14	2014/15	2015/16
East Renfrewshire	656	344	372	209
Scotland	886	922	1044	915

7. Whilst the commissioning intention of East Renfrewshire Integration Joint Board must include our intention to remain the top quartile for delayed discharge performance, our focus will need to be on other aspects of the pathway:- reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings, in order to reduce our unplanned bed day rate.



8. The initial purchasing intentions for 2017/18 developed by Health and Social Care Partnerships focus on three key themes that have formed the basis of discussion with the NHS Board and Acute Operating colleagues, and are designed to take forward the Board's Clinical Services Strategy. These key themes and some of our commissioning intentions are outlined in the following report.

## REPORT

### Enabling acute care to be focused on patients with acute needs

9. The Health and Social Care Delivery Plan states that *People should only be in hospital when they cannot be treated in the community and should not stay in hospital any longer than necessary for their care. This will mean reducing inappropriate referral, attendance and admission to hospital, better signposting to ensure the right treatment in a timely fashion, and reducing unnecessary delay in individuals leaving hospital.*
10. This commissioning intention seeks to ensure
- A consistency of service given East Renfrewshire patients access services through different sites.
  - Fast access to appropriate investigation, diagnostic services and pharmacy services to shorten lengths of stay and prevent avoidable admissions.
  - Best use of acute beds given demand pressures generated by scheduled and unscheduled care needs, access targets etc.
11. This will be achieved by:
- Establishing a clear picture of current variation in performance on lengths of stay across Acute sites;
  - Understanding lessons learned and actions planned by Acute from Day of Care Audits.

- Implementing learning from the Renfrewshire Development Programme
  - Maintaining Bed Days lost to delayed discharge performance during 2017/18
  - Continuing to explore ways of safely managing Adults with Incapacity patients with non-acute needs into alternative safe and appropriate care arrangements
  - Maintaining visible and proactive HSCP hospital in reach activity including work in acute Assessment Unit.
  - Joined up working with Scottish Ambulance Service to reduce admissions wherever safe and appropriate
  - Risk assessing the impact of actions to further reduce bed days lost and A&E Attendance
  - Quantifying the resource required and the financial and clinical / service implications to deliver the four hour A&E target
  - Improving Assessment Unit performance in admission rates
  - Developing arrangements for the redirection of inappropriate emergency attendances back to primary care
  - Completing work on hospital based complex clinical care
12. Working together we expect this to result in:
- Measurable improvement in Day of Care Audit results
  - Fewer AWI patients in the system
  - Reduction in lost bed days
  - Improvement in A&E 4-hour wait performance
  - Reduction in A&E attendances
  - Reduction in the conversion of A&E attendances to hospital admissions

Ensuring community based health and social care services are responsive to the needs of older people and those with chronic disease.

13. The Health and Social Care Delivery Plan states that *Community and hospital-based care needs to be integrated and rebalanced to ensure that local health services are more responsive and supportive to the needs of individuals; not least those with chronic conditions who would be better supported in primary and community care.*
14. This commissioning intention seeks to ensure that
- Lessons are learned and implemented from Change Fund and other tests of change in a consistent way
  - Resources are focused on vulnerable populations which require support from community based services
  - Significant reductions in hospital admissions/shorter lengths of stay reducing unscheduled care bed days
15. This will be achieved by:
- Developing a clear action plan from Change Fund lessons and Renfrewshire Development Programme that should be applied and monitored at each Acute site as appropriate
  - Working with nursing homes with a focus on reducing demand on primary care and out of hours services; and reducing admissions to acute care and deaths in hospital.
  - Continuing to deliver and where possible increasing capacity to support older adults in the community through effective rehabilitation and re-ablement services. This requires additional investment perhaps linked to release of resource from Acute
  - Having a managed medication service to ensure older people (including those with incapacity) have their medicines administered appropriately.

16. We expect this to result in:
- Reduction in hospital admissions and reduction in re-admissions
  - Reduction in outpatient DNA rates (new and return)
  - Increase in number of Anticipatory Care Plans
  - Increased number of people with intensive care needs met at home
  - Reduction in number of admissions to hospital from nursing homes
  - Reduction in number of deaths in hospital

#### Changes to Address Service Pressures and Inefficiencies

17. Along with better health and care the Health and Social Care Delivery Plan places an emphasis on better value. *We will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').*
18. To support this our commissioning intention is to reduce costs of acute services by reducing demand and improving performance
19. This will be achieved by:
- Finalising arrangements for release of resource following complex care changes and ensure appropriate patients are discharged into community based settings
  - Ensuring all community services staff and GPs have access to services, information and resources to support decision making to avoid inappropriate admissions
  - Ensuring Acute service are operating to best evidence with regard to 'frontdoor' services
  - Maximising use of telehealth and telecare to support people at home
  - Sharing of Practice Activity Reports and other data with GPs to review use of acute service
  - Working with our commissioned service providers to sustain people living at home and proactively address emerging risks
  - Agreeing actions to address services pressures on GP Out of Hours services and where possible move activity into day time services
  - Fit for the Future end to end service review with support of TRIST (Tailored Response Improvement Support Team) in collaboration with Acute Services where appropriate
  - Review of High Resource Individuals at population and individual level to understand and improve complex patient journeys
20. We expect this to result in:
- Evidence of appropriate avoidance of admissions and improved use of alternative services
  - Delivery of the most efficient and cost effective discharge arrangements.
21. In developing these intentions into a strategic commissioning plan, key work areas and targets will need to be developed in partnership with Acute.
- Development of the new model of care to replace continuing care, commencing in Glasgow City, to be managed solely by Health and Social Care Partnerships;
  - Development of GP direct access to diagnostics and next day outpatient appointments – medical GP triage model;
  - A resource redirection of consultant geriatricians and rehabilitation staff from acute to provide more community based sessions;
  - Local target reducing and maintain delayed discharges at low level
  - Setting ambitious targets for a reduction in deaths within hospitals of palliative/end of life care patients (e.g. reduction by a quarter);
  - An improvement in day of care audit performance from current 25% to 20% in 2017/18, and to 15% in 2018/19, and to 10% in 2019/20;

- An improved performance of Acute Admission Units in relation to attendance to admission ratios

## **FINANCE AND EFFICIENCY**

22. The Integration Joint Board's budget includes a "set aside" budget for the commissioning of specific acute hospital services as detailed in the Integration Scheme. The set aside budget is calculated in line with a formula set down by Scottish Government. Currently across NHSGGC this is a 'notional' budget, but our commissioning strategy will require move for this to be an actual budget.
23. The need to retain and extend capacity of community resources to deliver a shift in balance of care may require transitional funding sources to be explored. This could be achieved by setting a percentage target of reduction in the overall set aside budget in 2017/18, thereby delivering significant savings and budget redirection to the HSCP with which to develop further community based provision. It is likely that this will require a reduction in Acute inpatient beds across a number of hospital sites, as the programme's impacts are realised

## **CONSULTATION**

24. These commissioning intentions build on work developed in consultation with partners and staff through the Safe and Supported programme. Strategic planning group session have been held on
  - Clinical Services Strategy
  - Care Home Market and Institutional Care
  - Acute Planning and Commissioning

## **PARTNERSHIP WORKING**

25. In line with the Integration Scheme there has been joint partnership working between Chief Officers and between HSCP and Acute Planning colleagues.

## **IMPLICATIONS OF THE PROPOSALS**

### Policy

26. This report details work on the HSCP acute commissioning intentions which reflect the expectations of the Scottish Government Health and Social Care Delivery Plan

## **CONCLUSIONS**

27. This paper outlines on Scottish Government expectations regarding unscheduled care and cross system work to develop a commissioning strategy for unscheduled care for 2017/18 and beyond. It gives an indication of the key commission themes, activities and result areas .More work is required to fully develop an unscheduled care commissioning strategy. The report indicates a number of areas for further development.



## RECOMMENDATIONS

28. The Integration Joint Board is asked to:

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- Approve the initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships in Greater Glasgow & Clyde; and,
- Instruct the Chief Officer to present a Strategic Commissioning Plan for Unscheduled Care to the March IJB for approval for implementation from April 2017.

## REPORT AUTHOR AND PERSON TO CONTACT

Chief Officer, HSCP: Julie Murray

[candy.millard@eastrenfrewshire.gov.uk](mailto:candy.millard@eastrenfrewshire.gov.uk)

0141 451 0749

25 January 2017

## BACKGROUND PAPERS

None

## KEY WORDS

Unscheduled care; commissioning; acute

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