

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
BOARD**

Report by Acting Head of Health and Community Care

20 September 2021

Subject: Unscheduled Care Commissioning Plan Update

1. Purpose

1.1 To present the draft Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care.

2. Recommendations

2.1 The HSCP Board is asked to:

- a) approve the Design & Delivery Plan 2021/22-2023/24 attached (Appendix 1) as the updated and re-freshed Board-wide unscheduled care improvement programme;
- b) approve the financial framework outlined in section 7 of the Plan, and note specifically that the funding shortfall identified will require to be addressed to support full implementation of phase 1;
- c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23 outlined in section 8 of the plan;
- d) approve the governance arrangements outlined in section 9 of the Plan to ensure appropriate oversight of delivery;
- e) note the ongoing engagement work with clinicians, staff and key stakeholders;
- f) receive a further update on the delivery of the programme towards the end of 2021/22, including the financial framework; and,
- g) note that the Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle.

3. Background

3.1 The HSCP Board at its meeting in June 2020 considered and approved a draft strategic commissioning plan for unscheduled care. That plan fulfilled the HSCP Board's strategic planning responsibility for unscheduled care services as described in the Integration Scheme.

- 3.2** The draft was subsequently approved by the other five IJBs in Greater Glasgow and Clyde area. The plan was developed in partnership with the NHS Board and Acute Services Division and built on the GG&C Board wide Unscheduled Care Improvement Programme (<http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf>) which was integral to the Board-wide Moving Forward Together programme (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf).
- 3.3** Since the plan was developed in early 2020 there has been considerable change in the health and social system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remain relevant, some need updating to reflect the changed circumstances arising from our response to the pandemic, and additional actions added on the new challenges being faced by the health and social care system. This is a reflection of the need for the constant review and updating of such a large scale strategic system wide change programme as unscheduled care in Scotland's biggest, most complex and diverse health and social care economy with many moving and inter related parts.
- 3.4** In addition further work has been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.
- 3.5** The paper also updates the Board on the HSCP's plans to respond to seasonal pressures due to winter including coronavirus.

4. Main Issues

Unscheduled Care Programme

- 4.1** The purpose of the draft plan presented to the HSCP Board in June 2020 was to show how we aim to respond to the pressures on health and social care services in GG&C, and meet future demand. The draft explained that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated and the public better understood how to use them.
- 4.2** The programme outlined in the plan was based on evidence of what works and estimates of patient needs in GG&C. The programme was focused on three key themes following the patient journey:
- **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.

4.3 The draft also described how we needed to communicate more directly with patients and the general public to ensure that people knew what service is best for them and can access the right service at the right time and in the right place.

4.4 Further work was also outlined on the financial and performance frameworks to support delivery of the plan, and engagement with key stakeholders including service users, partners, staff and clinicians.

Covid-19

4.5 The scale and pace of change in the health and social care system as a result of the pandemic has exceeded anything we have experienced in the past. In the space of a few short months in the spring of 2020 services changed dramatically so much so that some services may not return to their former delivery models. It is important therefore that we build on the successful new models of care and apply the learning to our change programme from our experience over the past few months. As part of this we need to review and evaluate new service models and pathways to ensure that the patient experience is maximised.

National Urgent Care Redesign

4.6 The Scottish Government has launched a national redesign of urgent care (RUC) to improve performance in response to the pandemic. All Health Boards were required to implement the national redesign in preparation for winter 2020/21. The key components of the RUC were:

- the redesign of urgent care pathways to deliver a more planned response for patients who self-present to emergency departments where this is clinically appropriate and safe to do so via:
 - initial call handling delivered nationally by new NHS24 111 service;
 - developing 'call MIA' - a pathway to schedule minor injuries – to be piloted at GRI; and,
 - developing options for non-minor injuries that will enable scheduling of 'Near Me' patient assessment through a clinical decision maker.
- implementation a Flow Navigation Centres (Hub) at the main acute sites with both admin and clinical resources established to support the redesign and streaming of patients referred from NHS24;
- continuation of the Mental Health Assessment Units; and
- all underpinned by a national communications campaign to introduce service change and inform the way patients access primary and acute care service

Design and Delivery Plan

4.7 The draft Design & Delivery Plan attached updates the actions in the draft unscheduled care plan reported to IJBs in 2020, new actions that have arisen from the response to the pandemic and implementation of the RUC. The re-freshed programme follows through on the three key themes from the 2020 plan, and shows the key priorities to be progressed this year (phase 1), actions for 2022/23 (phase 2) and future years (phase 3).

4.8 Further work is included on:

- **engagement** the programme includes engagement with other key stakeholders including primary and secondary care clinicians, SAS, NHS24, and the third and independent sectors. The draft plan has been discussed at various events and across GG&C; and,
- the **performance framework** including the key impact measures to be used to demonstrate improvements in performance with a focus specifically on:
 - ✓ emergency admissions;
 - ✓ acute unscheduled hospital bed days;
 - ✓ A&E attendances; and,
 - ✓ bed days lost due to delayed discharges.

4.9 Projections for emergency admissions 65+ for 2022/23 and future years, recognizing the demographic changes forecast are included. Emergency admissions 65+ account for approximately 40% of all emergency admissions in GG&C.

Financial Framework

4.10 A financial framework has been developed in partnership with all six IJBs and Greater Glasgow and Clyde NHS Board to support the implementation of the Design and Delivery Plan. It should be noted that this has been completed on a 2021/22 cost base. This Plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within GG&C.

4.11 The Design and Deliver Plan outlined a number of step change projects which have been implemented as part of Phase 1 and has resulted in investment of circa £14m in unscheduled care within IJBs and the Health Board during 2020-21, some of which has been funded non-recurrently.

4.12 A number of key actions have been identified which require financial investment to deliver on Phase 2 and Phase 3 priorities. The recurring funding gap for Phase 1 and the investment required to deliver Phase 2 has been fully costed and is included in the Financial Framework (see annex F of the Design and Delivery Plan). This highlights the need for £8.862m of investment across Greater Glasgow and Clyde, of which £7.337m is required on a recurring basis and £1.525m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising

reserve balances or managing within existing budgets to deliver the funding required. Of the recurring funding of £7.337m required, only £2.704m of funding has been able to be identified on a recurring basis. This funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 2. This has implications for the delivery of the plan, even for Phase 2, with actions not able to be fully implemented in all IJBs until funding is secured.

4.13 Full funding has been identified for the key Phase 1 actions identified to be implemented in West Dunbartonshire. Details are included in appendix 2 to this report.

4.14 Phase 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 3 have funding which has already been secured in some IJBs. As a result, this investment is planned to proceed now as part of an early adoption of Phase 3. Details can be found in the Design and Delivery Plan.

5. Options Appraisal

5.1 All details contained within the Design and Delivery Plan Annexes.

6. People Implications

6.1 None at this stage. Workforce plans will be developed for each work stream.

7. Financial and Procurement Implications

7.1 See Financial Framework section above. The HSCP Board's budget for 2021/22 includes a "set aside" amount for commissioning of acute hospital services within scope (e.g. accident and emergency services). This is currently estimated to be £30.851m for West Dunbartonshire.

7.2 Section 7 of the Design and Delivery Plan outlines within the financial framework to deliver against the phased approach. This has highlighted a gap between current available financial resources and the funding required to deliver the programme in full across GG&C. Funding is in place for phase 1 implementation in West Dunbartonshire HSCP.

7.3 This plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde.

8. Risk Analysis

8.1 A risk analysis will be developed alongside the detailed action plan.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None at this stage. An EIA will be completed during Phase 1.

11. Consultation

11.1 This report and attached appendices have been developed in consultation with NHSGGC Health Board and GG&C HSCP colleagues. All HSCPs and the Health Board will take through their own governance structures during September.

11.2 The approach outlined in the Design & Delivery Plan will have implications for the planning and delivery of acute hospital services for West Dunbartonshire residents and residents in other HSCPs. These are currently being discussed with the NHS Board.

12. Strategic Assessment

12.1 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 and is reflected in the set aside budget. 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.

13. Directions

13.1 None required at this stage.

Fiona Taylor, Acting Head of Health and Community Care

Date: 14 September 2021

Person to Contact:	Fiona Taylor, Acting Head of Health and Community Care fiona.taylor2@ggc.scot.nhs.uk
Appendices:	Appendix 1 (a) & (b) – USC Design & Delivery Plan + Annexes Appendix 2 – WD HSCP Financial Framework
Background Papers:	Item 10 Draft Unscheduled Care Commissioning Plan http://www.wdhscp.org.uk/media/2324/document-pack-supplementary-hscp-board-25-06-20-bookmarked.pdf
Localities Affected:	All