



EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	16 March 2021
Agenda Item	13
Title	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 - 2024/25)
<p>Summary</p> <p>The IJB considered and approved a draft strategic commissioning plan for unscheduled care at its meeting on 22 September 2021. The draft was also approved by the other five HSCPs in Greater Glasgow and Clyde. This plan fulfils the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme, and updated the plan presented to IJBs in 2020. Since the original 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 needed 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 significant scale strategic system wide change programme.</p> <p>This report also sets out the financial commitment from East Renfrewshire HSCP to deliver local and regional aspirations for unscheduled care.</p>	
Presented by	Lee McLaughlin Head of Adult Services Communities & Wellbeing
<p>Action Required</p> <p>a) approve the Design & Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;</p> <p>b) approve the financial framework outlined below and in section 7 of the Plan;</p> <p>c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan;</p> <p>d) receive a further update on the delivery of the programme towards the end of 2022/23; and,</p> <p>e) note that the Plan will be reported to all six IJBs simultaneously and the Health Board's Finance, Audit and Performance Committee.</p>	
<p>Directions</p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

16 March 2022

Report by Chief Officer

UNSCHEDULED CARE COMMISSIONING PLAN
(DESIGN & DELIVERY PLAN 2022/23-2024/25)

PURPOSE OF REPORT

1. The purpose of this report is to present the final version of the HSCP led Greater Glasgow and Clyde unscheduled care programme Design and Delivery Plan as the updated and refreshed Board-wide strategic commissioning plan for unscheduled care.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - a) approve the Design & Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;
 - b) approve the financial framework outlined below and in section 7 of the Plan;
 - c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan;
 - d) receive a further update on the delivery of the programme towards the end of 2022/23; and,
 - e) note that the Plan will be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

BACKGROUND

3. At its meeting in September 2021 the IJB received a report on the Board-wide draft unscheduled care plan, which was subsequently agreed by the other five HSCPs in Greater Glasgow and Clyde. Since then comments have been received on the draft progress made on a number of key actions. In addition, the Scottish Government allocated winter planning monies (reported elsewhere on the agenda).
4. This report presents the updated unscheduled care programme in the form of the final Design and Delivery Plan for the period 2022/23 to 2024/25. Similar reports are being considered by the other five HSCPs in Greater Glasgow and Clyde (GGC) and the Health Board.
5. The IJB at its meeting in September 2021 considered and approved a [draft strategic commissioning plan for unscheduled care](#). That plan fulfilled the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme, and updated the [plan](#) presented to IJBs in 2020.
6. The draft was also approved by the other five HSCPs in GGC in 2021. The plan was developed in partnership in partnership with the NHS Board and Acute Services Division and built on the GGC Board wide [Unscheduled Care Improvement Programme](#) which was integral to the [Board-wide Moving Forward Together programme](#).

7. Since the original 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 needed 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.
8. In addition further work has been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

REPORT

Unscheduled Care Programme

9. The purpose of the plan is to show how we aim to respond to the pressures on health and social care services in GGC, and meet future demand. The plan explains 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.
10. The programme outlined in the plan is based on evidence of what works and estimates of patient needs in GGC. 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.
11. The draft also describes 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.

Design and Delivery Plan

12. The final Design & Delivery Plan attached updates the actions in the draft unscheduled care plan reported to the IJB in September 2021. The refreshed 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).
13. An updated action plan is included in annex C, and revised performance trajectories included. It is projected that the overall impact of the programme on emergency admissions (65+) taking account of future population increases and current trends, as currently funded, has the potential to reduce emergency admissions for over 65s by 5% during 2022/23.

Financial Framework

14. 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 2022/23 cost base. This Plan represents the first step in moving towards delegated hospital budgets and set aside arrangements within GGC.
15. The investment required to deliver on Phase 1 priorities 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 £37.000m of investment across Greater Glasgow and Clyde, of which £14.998m is required on a recurring basis and £22.002m 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 £14.998m required, only £8.864m of funding has been able to be identified on a recurring basis. £1.012m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all IJBs until funding is secured.
16. Funding is in place for phase 1 implementation in East Renfrewshire HSCP, with the exception of the funding for the Mental Health Assessment Units to which we contribute. Recurring funding from Scottish Government continues to be pursued for these.
17. Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 2 and 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 2 and 3. Details can be found in the Design and Delivery Plan and specifically annex D.

CONSULTATION AND PARTNERSHIP WORKING

18. The approach outlined in the Design & Delivery Plan will have implications for the planning and delivery of acute hospital services for East Renfrewshire residents and residents in other HSCPs. These are currently being discussed with the NHS Board.
19. The unscheduled care programme 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.
20. Carers are positively impacted through the designing of services around the needs of individuals, carers and communities.
21. The plan ensures that HSCPs, with NHS Boards, local authorities and other care providers, make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings.

IMPLICATIONS OF THE PROPOSALS

Finance

22. The IJB's budget for 2021/22 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to be £32,642,000 for East Renfrewshire.

23. Section 7 outlines 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 GGC. Funding is in place for phase 1 implementation in East Renfrewshire HSCP, with the exception of the funding for the Mental Health Assessment Units. Recurring funding from Scottish Government continues to be pursued for these.
24. This plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde.

Risk

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

Workforce

26. None at this stage. Work force plans will be developed for each work stream.

Equalities

27. None at this stage. An EQIA will be completed during phase 1.

Legal

28. The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.

Fairer Scotland Duty

29. None at this stage.

DIRECTIONS

30. There are no directions arising as a result of this report.

CONCLUSIONS

31. 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.

RECOMMENDATIONS

32. The Integration Joint Board is asked to:
 - a) approve the Design & Delivery Plan 2022/23-2024/25 attached as the updated and refreshed Board-wide unscheduled care improvement programme;
 - b) approve the financial framework outlined below and in section 7 of the Plan;
 - c) note the performance management arrangements to report on and monitor progress towards delivery of the Plan;
 - d) receive a further update on the delivery of the programme towards the end of 2022/23; and,
 - e) note that the Plan will be reported to all six IJBs simultaneously and the Health Board Finance, Audit and Performance Committee.

REPORT AUTHOR AND PERSON TO CONTACT

Lee McLaughlin, Head of Adult Services: Communities & Wellbeing
lee.mclaughlin@eastrenfrewshire.gov.uk

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 22.09.2021 – Draft Unscheduled Care Joint Commissioning Plan: Design & Delivery Plan
https://www.eastrenfrewshire.gov.uk/media/6944/IJB-Item-17-22-September-2021/pdf/IJB_Item_17_-_22_September_2021.pdf?m=637674686336370000

IJB Paper: 24.06.2020 – Draft Unscheduled Care Strategic Commissioning Plan
https://www.eastrenfrewshire.gov.uk/media/1405/Integration-Joint-Board-Item-11-24-June-2020/pdf/Integration_Joint_Board_Item_11_-_24_June_2020.pdf?m=637284227771670000

Greater Glasgow and Clyde Board wide Unscheduled Care Improvement Programme
<http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf>

Board-wide Moving Forward Together programme
https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf

BLANK PAGE

Unscheduled Care : Financial Framework		East Renfrewshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1						
Communications						
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000
Prevention & Early Intervention						
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£21,652	£7,217	£0	£28,869
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£77,508	£25,836	£0	£103,344
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£85,696	£28,565	£0	£114,262
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£93,194	£31,065	£0	£124,259
Primary Care & Secondary Care Interface						
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£91,161	£0	£0	£91,161
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0
Improving Discharge						
23	Working closely with acute teams, HSCP staff will 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 is medically fit.		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0
Total			£379,211	£92,683	£0	£471,895

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£379,211	£92,683	£0	£471,895
Non Recurring	£0	£0	£0	£0
Total	£379,211	£92,683	£0	£471,895

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Funding : Recurring Expenditure				
Scottish Government Funding	£203,204	£54,401	£0	£257,605
Scottish Government Funding : COVID	£0	£0	£0	£0
IJB Budget	£84,846	-£84,846	£0	£0
Total Funding Recurring	£288,050	-£30,445	£0	£257,605

Funding Gap	£91,161	£123,128	£0	£214,290
--------------------	----------------	-----------------	-----------	-----------------

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Funding : Non Recurring Expenditure				
Earmarked Reserves	£0	£0	£0	£0
Manage within HSCP Budget	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0
Total Funding Non Recurring	£0	£0	£0	£0

Funding Gap	£0	£0	£0	£0
--------------------	-----------	-----------	-----------	-----------

BLANK PAGE