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**To: Renfrewshire Integration Joint Board**

**On: 25 November 2016**

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**Report by: Chief Officer**

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**Heading: Unscheduled Care**

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**1. Summary**

- 1.1 This paper presents proposals on how the Integration Joint Board should fulfil its strategic planning responsibility for unscheduled care.
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**2. Recommendation**

- 2.1 It is recommended that the Integration Joint Board (IJB):
- Note the report; and
  - Approve the development of a Strategic Commissioning Plan for Unscheduled Care to be provided to the Integration Joint Board at a future meeting.
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**3. Background**

- 3.1 This paper outlines an approach to how the Integration Joint Board might fulfil its strategic planning responsibilities for unscheduled care. It builds on the Strategic Planning paper presented to the IJB in September 2016. Following consideration by the Integration Joint Board, the approach outlined will be developed further into a more detailed framework paper for wider discussion with the NHS Board, the Acute Services Division, Health and Social Care Partnerships and other key partners.
- 3.2 All care groups have been asked to consider the implications of this paper for managing unscheduled care.
- 3.3 Unscheduled care is the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances, and emergency admissions to hospital. The Scottish Government has made unscheduled care an important area of focus for the health service in Scotland, with reducing waiting times in A&E and reducing the number of emergency admissions key targets.

## **4. Integration Joint Board Responsibilities**

- 4.1 The Integration Scheme for Health and Social Care Partnerships in NHS Greater Glasgow & Clyde includes the following in respect of acute hospital services:

“The Integration Joint Board will assume lead responsibility jointly with the five other Health and Social Care Partnerships within the Greater Glasgow and Clyde area for the strategic planning of the following:

- Accident and emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
  - i. general medicine;
  - ii. geriatric medicine;
  - iii. rehabilitation medicine;
  - iv. respiratory medicine; and
- palliative care services provided in a hospital.”

- 4.2 Scottish Government guidance on strategic planning for Health and Social Care Partnerships states that:

“Integration Authorities will be expected to set out clearly, in their strategic commissioning plans, how improvement will be delivered against the statutory outcomes and associated indicators. In addition, they should set out how rebalancing care will enable the delivery of key NHS targets in respect of Accident & Emergency performance, the 18 Week Treatment Time Guarantee, and assuring financial balance.”

## **5. National Context**

- 5.1 The IJB noted the publication of the National Clinical Strategy (in early 2016) and NHS Greater Glasgow and Clyde’s Clinical Services Strategy at the Renfrewshire IJB meeting on 16<sup>th</sup> September 2016.

- 5.2 The Scottish Government launched an Unscheduled Care Improvement Programme in May 2015. The programme includes six essential actions (6EAs) that are identified as fundamental to improving patient care, safety and experience for the unscheduled care pathways. The 6EAs are:

- 1) clinically focused and empowered hospital management;
- 2) capacity and patient flow realignment;
- 3) patient rather than bed management;
- 4) medical and surgical processes arranged for optimal care;
- 5) targeted seven day services; and
- 6) ensuring patients are cared for in their own homes.

- 5.3 The NHS Board has also recently established an Unscheduled Care Programme Board chaired by the Board Chief Executive. The NHS Board’s Programme has a number of work streams, one of which relates to Health and Social Care Partnership activity. Discussions are taking place with the NHS Board to support this work.

The outcome of the Board's programme will need to be reflected in the Integration Joint Board's unscheduled care plan.

## **6. Way Forward – a whole systems approach**

- 6.1 There is a considerable focus on improving performance within the acute hospital sector, as evidenced by the Scottish Government's 6EAs programme.
- 6.2 A review of strategic commissioning plans for unscheduled care across the UK has highlighted that many focus on the whole patient pathway from primary / community care to acute / emergency care and discharge home. The advantages of this approach are that the whole care system is working in tandem for the benefit of patients and service user, with care and treatment being delivered at the right time and in the right location and to system wide agreed outcomes and targets.
- 6.3 A whole system approach that extends to social care, housing and the third and independent sectors is required to effect the change envisaged in the National Clinical Services and the Board's Clinical Services Strategy and reduce demand on hospital services by supporting more people within their own communities.
- 6.4 Integration Joint Boards with their strategic planning responsibilities, and connections with other key partners, including GPs, are well placed to develop a coherent whole system plan for unscheduled care. Key to this will be:
- Chief Officers and their senior teams working collaboratively in partnership with the NHS Board and with the Acute Division
  - Collectively identifying what are we trying to achieve and why;
  - Analysing and understanding demand and its flow (discussions have begun on this with public health) and establishing a baseline from which future activity/ improvements and impacts can be monitored and evaluated;
  - Identifying the key issues/ improvements we must address;
  - From this, be clear on the shared and agreed outcomes we are working to deliver and by when;
  - Be clear how these will be delivered, by whom and over what timescale;
  - Being clear how improvements will be measured (including a performance framework and the baseline from which we can measure progress); and,
  - Be clear about the resources/financial framework to support it (including how resource changes / shifts are dealt with, the business case process for these and how future commissioning intentions are made).
- 6.5 It is required that Health and Social Care Partnerships work together to establish Strategic Commissioning Intentions for the Unscheduled Care services. Chief Officers will be finalising this work by the end of 2016 to cover the period 2017/18.
- 6.6 It is anticipated that the final draft Unscheduled Care Strategic Commissioning Plan will be presented to the Integration Joint Board for approval in March 2017.

## 7. Current Programme and Performance

7.1 The Health and Social Care Partnership has an existing programme of activity that is designed to prevent emergency hospital admissions and support people to receive care and treatment within community settings. Elements of this programme have been in place for some considerable time while others are at the development stage.

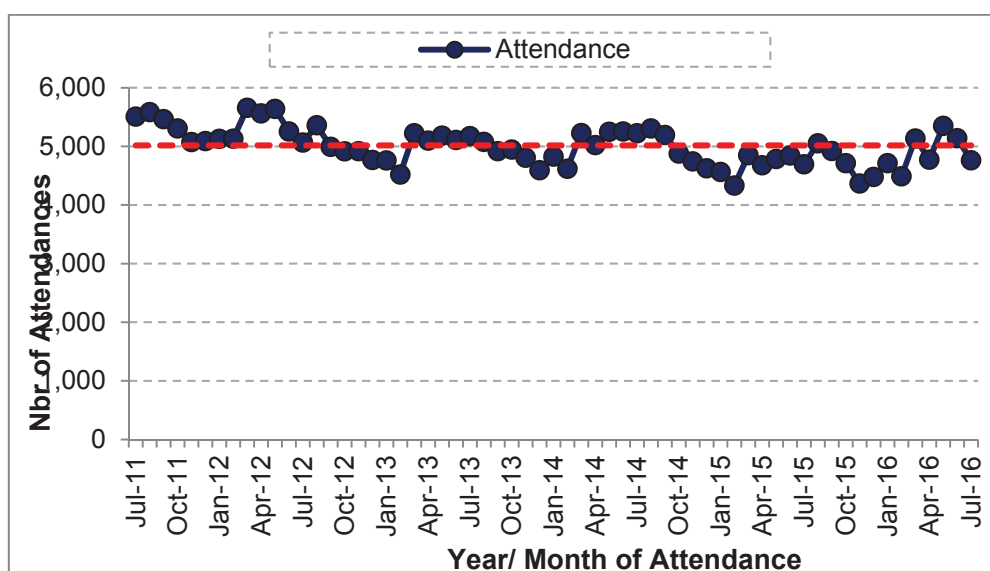
7.2 Acute unscheduled care performance is currently measured by the following indicators, (which are included in the Health and Social Care Partnership's routine operational performance report):

- new Accident & Emergency attendances (rate per 100,000 population);
- new Accident & Emergency attendances by GP referral (rate per 100,000 population);
- emergency admissions by age (rate per 1,000 population); and,
- emergency acute bed days 65+ and 75+ (rate per 1,000 population).

7.3 Renfrewshire is served by a single Accident & Emergency department at Royal Alexandra Hospital.

The average monthly attendance at the emergency department between July 2011 and July 2016 is 5,016. The highest monthly attendance was 5,660 in March 2012. During this time, the percentage of patients who met the 4-hour waiting times target each month ranged from a high of 95.9% in August 2011 to a low of 71.2% in January 2015.

**Average Monthly attendance at emergency department (July 2011 - July 2016)**



Source: ISD Scotland

## 7.4

## Emergency Admission to Hospital

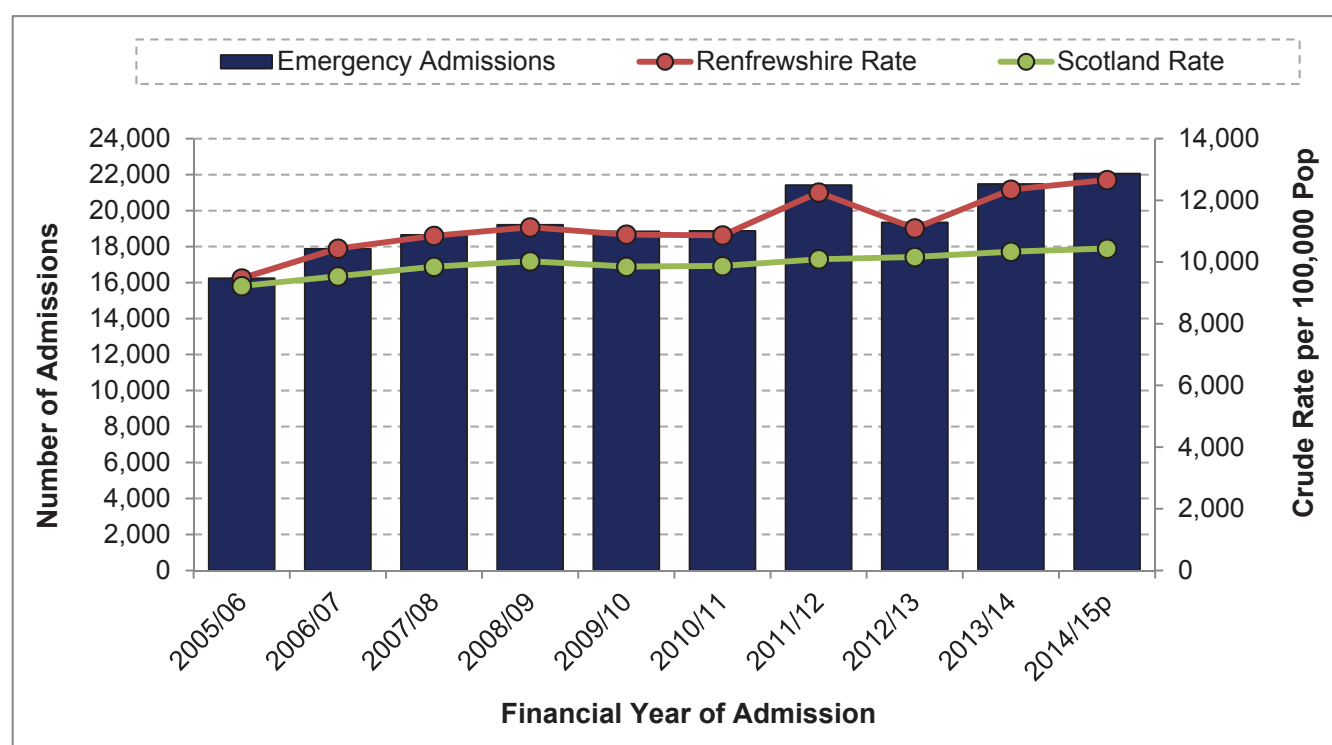
The rate of emergency admissions (per 100,000 people) to hospital in Renfrewshire has been higher than the Scotland rate for the last ten years. The actual number of admissions has risen and fallen over the time period.

**Emergency admissions to hospital - Renfrewshire**

HSCP	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15p
Renfrewshire	16,234	17,875	18,647	19,206	18,844	18,869	21,413	19,339	21,475	22,059p
Renfrewshire Rate	9,470	10,437	10,850	11,125	10,981	10,863	12,257	11,095	12,349	12,661p
Scotland Rate	9,222	9,538	9,851	10,023	9,849	9,871	10,091	10,163	10,335	10,436p

Source: ISD Scotland

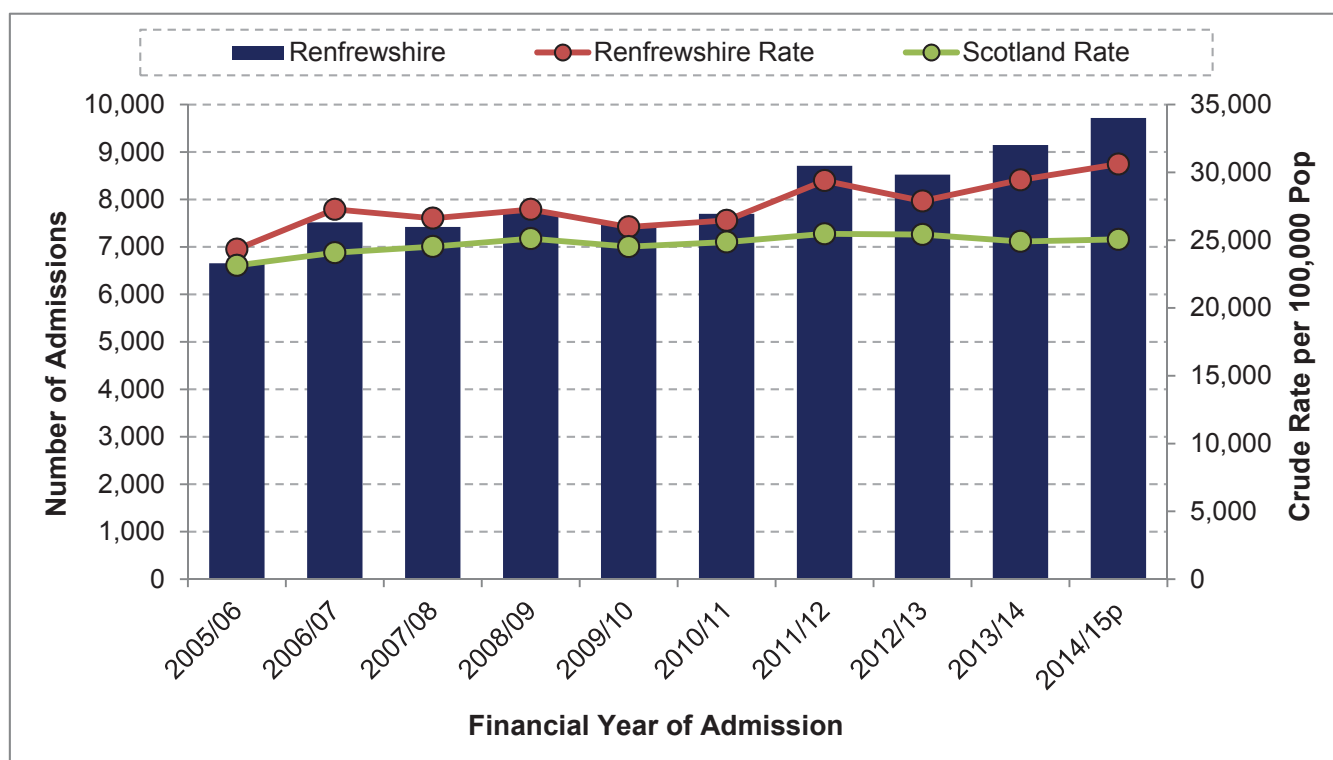
The information in the table above is displayed in chart form below.

**Renfrewshire Emergency Admissions 2005/06-2014/15**

Source: ISD Scotland. These data were extracted from SMR01 in September 2015. p: provisional

The rate of emergency admissions for those aged 65 plus per 100,000 is higher in Renfrewshire than the Scottish average. This is demonstrated in the chart below.

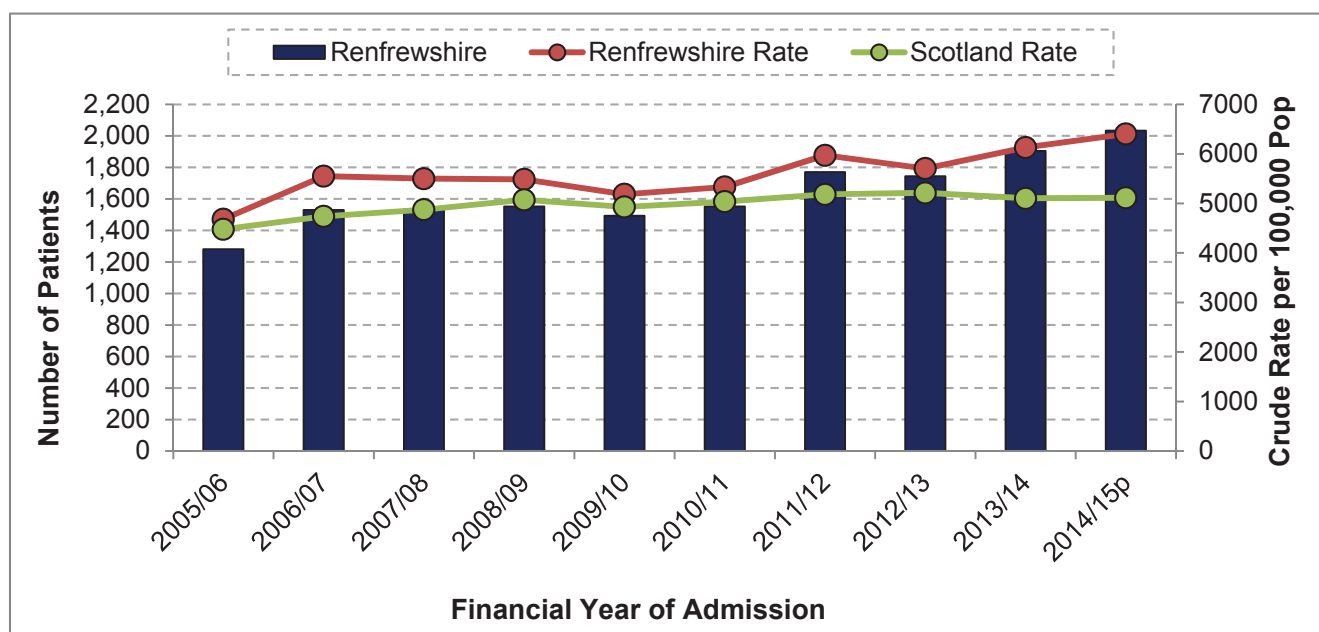
**Renfrewshire emergency admissions for patients aged 65 and above, number and rate per 100,000 population 2005/06 – 2014/15**



Source: ISD Scotland. These data were extracted from SMR01 in September 2015. p: provisional

Similarly, the rate of multiple emergency admissions for those aged 65 plus is also higher in Renfrewshire than the Scottish average.

**Multiple emergency admissions for patients aged 65 and above in Renfrewshire**



Source: ISD Scotland. These data were extracted from SMR01 in September 2015. p: provisional

The increase in multiple emergency admissions is greater for those aged 65 and above compared to all ages. This is shown in the table below.

### **Increase in multiple emergency admissions 2005/06 to 2014/15**

Increase in multiple emergency admissions 2015/06 to 2014/15	All ages*		65+	
	N	%	N	%
Renfrewshire	1,247	+46.2%	752	+58.7%

\* Patients with either 2, 3 or more admissions  
Source: ISD Scotland

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### **Implications of the Report**

1. **Financial** – The Integration Joint Board’s budget includes a “set aside” budget for the commissioning of acute hospital services within scope. The set aside amount for each Health and Social Care Partnership for 2016/17 is in the process of being calculated in line with formula set down by Scottish Government. For 2016/17 the set aside budget for Renfrewshire is currently estimated at £32.3m.
2. **HR & Organisational Development** – Nil
3. **Community Planning** – Nil
4. **Legal** – The integration scheme for the Integration Joint Board includes specific responsibilities for the strategic planning of certain acute hospital services.
5. **Property/Assets** – Nil
6. **Information Technology** – Nil
7. **Equality & Human Rights** - Nil
8. **Health & Safety** – Nil
9. **Procurement** – Nil
10. **Risk** – A risk analysis will be developed alongside the detailed unscheduled care plan referenced above.
11. **Privacy Impact** – Nil

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### **List of Background Papers – None**

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