To:	**Renfrewshire Integration Joint Board**
On:	**22 March 2019**
Report by:	**Chief Officer**
Heading:	**NHS Greater Glasgow and Clyde Review of Health and Social Care Out of Hours (OOHs) Services – Urgent Care Resource Hub Proposal**

1. Summary

1.1. The purpose of this report is to brief Renfrewshire IJB on the progress to date of the Review of the Health and Social Care OOHs Services and to seek IJB approval on the proposals outlined.

2. Recommendation

It is recommended that the IJB:

- Note progress to date; and
- Approve the agreed outcome and phased actions identified by the Review of Health and Social Care Programme Board, Chief Officers and Health Board Corporate Management Team.

3. Background

3.1 A Review of Primary Care Out of Hours Services was commissioned by the Cabinet Secretary for Health, Sport and Wellbeing and led by Professor Sir Lewis Ritchie in January 2015, in light of the challenges being faced in delivering services during the out of hours period.

3.2 Professor Sir Lewis Ritchie's Report advised that a whole system approach to enable a safe, sustainable, patient-centred service model to be developed was central to enhanced joint working across health and social care services during the OOHs period. The approach was described through 28 recommendations.

3.3 The review recommended a model for out of hours and urgent care in the community that is clinician led but delivered by a multi-disciplinary team where patients will be seen by the most appropriate professional

to meet their individual needs – that might not always be a GP but could be a nurse, or a physiotherapist or social services worker.

3.4 The review also states that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for more complex cases.

3.5 Following the publication of that report a local review of Health and Social Care Out of Hours provision was been commissioned across the 6 GG&C Health and Social Care Partnerships, led by Glasgow HSCP. A project governance structure was agreed to oversee this work and a Project Manager was appointed in September 2017 to manage and co-ordinate all aspects of the review.

3.6 The OOHs services within that programme scope are:

- GP
- District Nursing
- Community Rehabilitation
- Children's Social Work Residential Services
- Emergency Social Work Services
- Emergency Dental Services
- Homelessness
- Home Care
- Mental Health
- Community Pharmacy
- Optometry

4. Current Issues to Resolve in delivering Health and Social Care OOHs Services

4.1 The present situation for the ongoing provision of Health and Social Care OOHs Services across Greater Glasgow and Clyde is that the current configuration lacks resilience and is probably not sustainable. The reasons for this are multi-factorial and include:

- Lack of work force capacity across parts of the health and social care system as it is challenging to attract and retain staff to work in the OOHs period;
- Aging workforce; resulting in the loss of experienced and skilled staff;
- Growing numbers of people living with multiple and complex conditions; resulting in an increasing demand on services in an age of austerity which requires us to achieve more through better use of resources;

- Expectations of the population in terms of increasing demands for care when convenient rather than a focus on need;
- Services needing to work more effectively together in the out of hours period - the current fragmented nature of the health and social care service provision makes communication, day-to-day management and co-ordination of services extremely challenging and resource intensive. The current configuration of provision can result in a number of services working in isolation to provide support to one patient / service user during the OOHs period.

4.2 Within Professor Sir Lewis Ritchie's review, 28 recommendations had been made which have provided us with a clear framework in which to review our current situation and for the provision of consistent urgent OOHs care that is sustainable over time throughout Greater Glasgow and Clyde.

5. Process Undertaken to develop an Integrated Health and Social Care OOHs Service Model

5.1 Four half day events were held across May to September 2018 to enable a broad range of staff the opportunity to work through and agree actions and next steps for the proposed new system wide OOHs service model. These events involved members of the Health and Social Care Out of Hours Programme Board, and a range of clinical and managerial colleagues and staff side representatives.

5.2 The central aim of the first three sessions was to develop a finalised position on changes and improvements to the Health and Social Care OOHs models, including changes to the GP OOH model and wider improvements to how other services work together.

5.3 A key output of the sessions was that an Urgent Care Resource Hub (UCRH) approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social OOHs services across the GG&C area.

5.4 During these sessions 6 principle elements emerged (for each of the services within the project scope) which required clarity and agreement. These were:

- Service Purpose – defining what the service should do in the OOHs period and defining what patients/carers should expect and what staff can provide;
- Service Access – describing how the service is accessed by a user / patient or other professional service;

- Service Location – confirming the location of service delivery and the numbers of services, sites and staff required;
- Workforce Mix – agreeing the right mix of workers supported with the right training and development to meet the OOH need;
- Service Interfaces – describing and agreeing how services engage and co-ordinate across the health and social care system in hours and out of hours;
- Technology – developing and using technology to enable interfaces and to support care delivery and information sharing across the OOHs Health and Social Care System.

5.5 The fourth session provided the opportunity to robustly test the high level concept of an Urgent Care Resource Hub (UCRH) and the potential to enhance integration, co-ordination and access to Health and Social Care OOHs services by applying patient, service user and professional focused scenarios.

5.6 This paper describes the high level service model with the detail of the service specifications and description of the operational arrangements that now will be subject to further refinement and clarification.

6. Outcomes and Enablers of the Urgent Care Resource Hub

6.1 As the work has progressed, it is clear that we already have a number of services working through the out of hours period that are delivering planned care to a number of patients and services users.

6.2 These services include the OOH DN service who work to provide care to a known and defined list of named patients, often patients who are at or near end of life requiring palliative care. Services also delivering planned care include Care at Home services which will provide care and support throughout the OOH period to a number of known service users within a defined assessed care package.

6.3 The creation of an UCRH would primarily have its focus to deliver care coordination and a fast response where care needs change in the OOH period for known patients/service users and provide a response where a patient/service users contacts NHS24 but does not require to see a GP and where their needs can be met through, say a DN intervention and/or by a care at home service or some other intervention from a OOH service delivered through HSCPs. The Hub would also have a role to improve and coordinate the connection of patients/service users back into day to time services.

6.4 The UCRH would therefore enable a whole system approach to the provision of scheduled (where planned care needs change and require something beyond what the service can provide) and unscheduled (where a patient/service user contacts NHS24) Health and Social Care

OOHs Care provides a vehicle to enhance and develop integration and co-ordination across a wide range of services.

6.5 This is core to the change required as it has emerged through the review process that the co-ordination of a crisis response, or complex or multi-sectoral urgent planned or unplanned OOHs care for new or known patients from an UCRH is considered to be core to the development of well-led, appropriately supported multidisciplinary health and social care team working.

6.6 The delivery of sustainable OOHs care must also involve close working with Third and Voluntary Sector Providers to continue to meet the populations' needs.

6.7 It is essential that the UCRH role would not therefore be to duplicate NHS 24's role and remit; the key outcome for services coordinated within or via the Urgent Care Resource Hub(s) for GG&C would be to provide patients, carers, service users and professionals with a:

- Single point of access for community settings to co-ordinated support from multiple services, based on need;
- Triage / Signposting / Referrals to statutory / non-statutory services, based on need;
- Provision of focus on continuity of care and co-ordination of care for individuals with multiple conditions;
- Co-ordinated care at crisis / transition points and for those most at risk/with most complex care needs;
- Access to specialist advice by phone or in community settings if face to face assessments are required;
- Rapid escalation of support / clinical care.

6.8 The development of an UCRH model would also support the development of additional value adding functionality of how services work and add to what is already provided by NHS24 and by existing services working in the OOH period and these should include:

- Electronic Records and ACPs – secure, appropriate and confidential access to electronic records, including Anticipatory Care Plans to support Health and Social Care professionals in their decision making during the OOHs period;
- Asset Optimisation – managing demand and capacity across OOHs services by having up to date information about activity and available resources;
- Civil Contingencies – supporting coordination of resources during major incidents;
- Training and Development – providing a supportive and safe environment to provide training opportunities through rotational

posts and Advanced or Extended roles, which will help to develop a flexible and skilled workforce across in-hours and OOHs services.

6.9 People with Specific Needs

It is essential that people with specific / complex needs should receive appropriate care and support that supports access to resources which will aid in the prevention of escalation in their health problems. There are programmes of work underway across the NHS Board area which are developing and enhancing condition specific local care pathways and care provision. The implementation of an OOHs UCRH can support the co-ordination of resources and care, across statutory and non-statutory services, for specific areas of need which could include:

- Palliative Care – people with palliative care or end of life needs their carers should be able to able to access care and assistance efficiently and without organisational or system delays. The UCRH could manage and co-ordinate a local palliative helpline which would free up clinical time by reducing calls;
- Mental Health – prioritising psychiatric urgent care is important. We need to increase the availability of community based places of safety to support our population with episodes of acute distress, under the influence of drink / drugs. This needs collaboration between partner agencies, statutory services, third and independent sectors;
- Frail and Older People - OOH services should be configured and responsive to the growing numbers of frail and older people in the GG&C area many with complex needs which includes older people with a mental health condition. The UCRH could support Care Homes to access a wider set of community supports to reduce hospital admissions. The response to and care of frail and older people who fall and are uninjured is variable and through the implementation of a robust system-wide agreement, a UCRH could support the co-ordination of an appropriate integrated response;
- Children – children are a high volume group that access OOHs services. The UCRH could help to ensure that though local urgent care pathways, in accordance with the principles of *Get it Right for Every Child* (GIRFEC), are efficiently actioned. For example, if a child is attending a PCEC and the GP / ANP determines Child Protection concerns, the UCRH could co-ordinate the Emergency Social Work response to ensure the child is safe and protected.

6.10 Location and configuration of UCRH(s)

The UCRH will be aligned and connected with the NHS24 service and will operate with a detailed knowledge of the locality service operating in the OOH period within each HSCP area and to ensure a detailed understanding of who is working each day in the GP OOH service.

6.11 Further work however is required to finalise the detail for the and capacity of the service but based on the modelling work undertaken to date, the service would be staffed by call handlers, supported by a Team Leader who have the knowledge and contact details of all services that are operating – both locality by locality and GG&C wide – to ensure the coordination of care is prioritised and managed effectively.

7. An Integrated, Coordinated, Patient Centred, Sustainable Health and Social Care OOHs Model for Greater Glasgow and Clyde: The Model

7.1 We used patient, service users, carer and professionals scenarios, to develop the operating principles of the Urgent Care Resource Hub for Greater Glasgow and Clyde. The use of the scenarios enabled us to explore the impact of an URCH on other parts of the system and services, for example NHS 24 and daytime services.

7.2 The value adding function of the UCRH would be to mobilise and co-ordinate the most appropriate OOHs Health and Social Care response during times of crisis or escalation. The UCRH would support the increase of the number of multi-agency and multi-disciplinary responses which would match patient, service user and carer's needs, through a wide range of health and social care community based resources.

7.3 In addition the UCRH would provide OOHs practitioners which the facility for professional to professional advice to support management decisions for patients and service users with increasing complexities, thereby reducing the current experiences of communication, day-to-day management and co-ordination of services across the system which are currently extremely challenging and resource intensive.

7.4 Various formats and configurations of the UCRH model were examined and tested prior to the development of preferred model. This model has been endorsed by the Programme Board, Chief Officers and LMC.

7.5 Proposed Model

The preferred model shows a clear patient, service user and carer pathways which would be actioned as required by NHS 24, District Nursing Services and Mental Health Services.

In this option the service / UCRH interface has been developed to support onward referral for co-ordination of multiple services and complex needs of cases.

For this model to work effectively a number of critical service enablers for the UCRH have been agreed which include:

- Access to daytime contacts and services to support appropriate information sharing;
- Access to ACPs;
- Facility to directly transfer to other services.

The use of the following patient and carer scenario assists in illustrating how this model would work.

Health and Social Care Services and UCRH Interface: a possible scenario

A 75 year old male and lives with his 76 year old wife. His wife was diagnosed with Dementia 2 years ago and she is frail, confused and requires her husband's assistance with all aspects of her personal care. He is his wife's only carer and although it is tiring he feels that they are both coping well and don't need any assistance at this time. Their children live abroad and they are not in contact with other members of the extended family. He has been feeling increasingly breathless, cold, clammy and generally unwell over the past 5 days. He attended his daytime GP 3 days ago and was commenced on a 7 day course of antibiotics and advised to take Paracetamol / Brufen as recommended for his temperature and any pain. It now 22:00 and he has been taking his medication as prescribed but is feeling terrible and decides to contact NHS 24 for further help and advice.

The Nurse Advisor requests a Home Visit for further assessment. The GP attends, along with a trainee ANP approximately 3 hours later. The GP is concerned about his worsening condition and advises that he needs to go to hospital for further investigation. The patient explains to the GP and ANP that he knows that he isn't well and needs to go to hospital but doesn't want to leave his wife and would need to know that she would be looked after well before he could consider going to hospital.

The GP contacts the co-coordinator at the UCRH who records all the relevant information and confirms that this will be passed to Emergency Social Work colleagues who will undertake an urgent assessment and liaise directly with Home Care services to implement a Crisis Care package to keep his wife safe and at home whilst he receives hospital care. The co-coordinator also confirms that the UCRH will provide update on progress to the patient and also to the GP when this has been completed. The GP and ANP are able to leave the patient, with advice should his symptoms worsen, and proceed to their next visit.

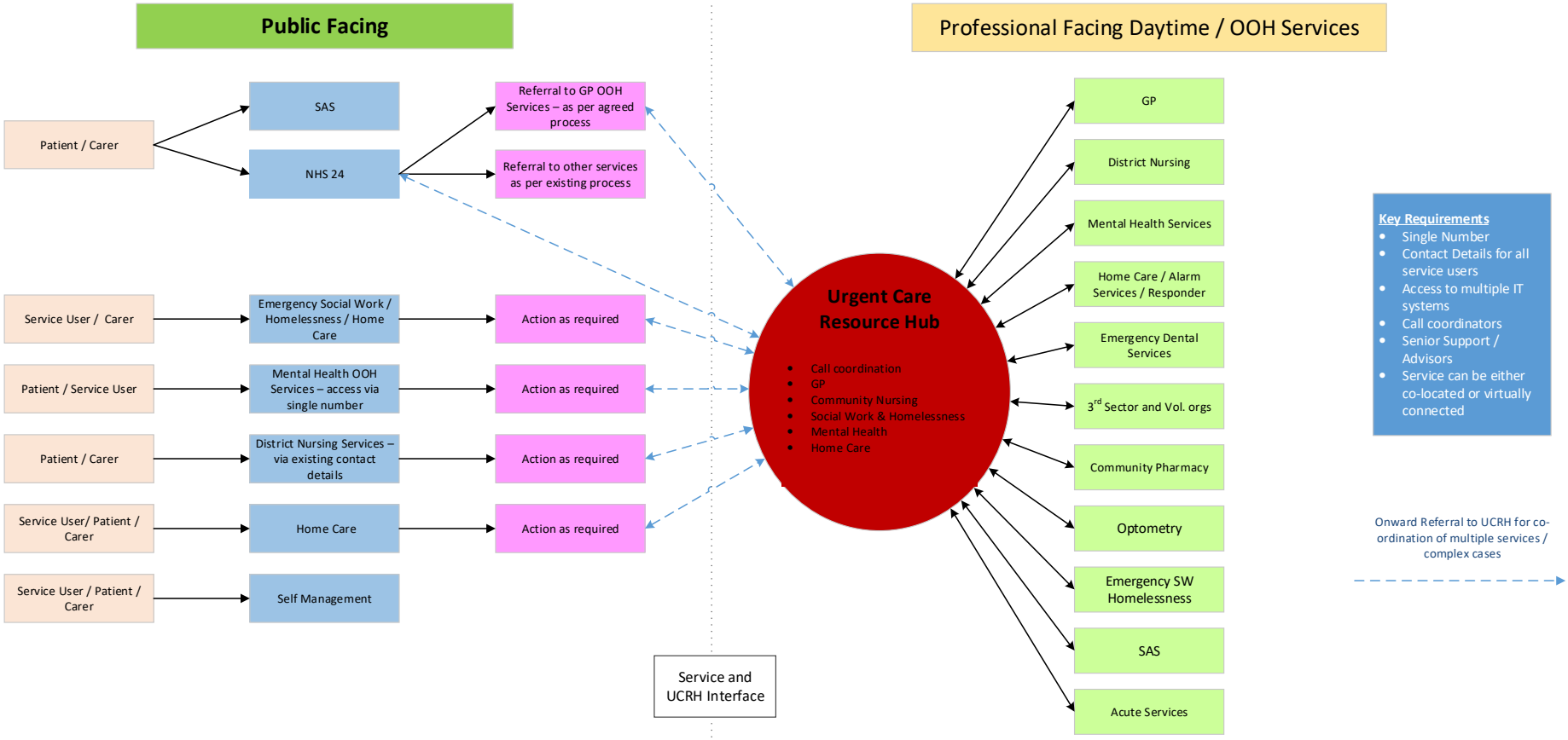
The outcome and enabler of the UCRH in this scenario is:

- The patient will receive the care that is needed, when care package is in

place, which will prevent further deterioration of his condition;

- Increased effectiveness of our workforce resource;
- An unnecessary social care admission for the patient's wife is prevented, even if the husband ends up having to be admitted to hospital;
- The complexities of existing cross system access routes and arrangements is eradicated through the coordination of services via the UCRH.

The Proposed Model – Health and Social Care Services and Urgent Care Resource Hub Interface



Proposed Model - Outcomes of Implementation and Enablers to support implementation

Outcomes	Enablers to support implementation
• Supports Direct Access for professionals to other parts of the system as required, bypassing NHS 24 • Maintains existing contact arrangements and process for known patients, service users and carers • Describes NHS 24's relationship with the UCRH and wider Health and Social Care OOHs Services • Clarifies the added value benefits of the UCRH • Highlights the self management aspect of Health and Social Care OOHs Services • Supports integrated and cross system working during the OOHs period and co-ordination between in- hours and OOHs.	• Operational processes, systems and procedures not yet confirmed – this includes determining if services should be virtually or co-located • An UCRH options appraisal requires to be undertaken to determine the number and location(s) of the UCRH(s)

8. Confirming the Next Steps to finalise Greater Glasgow and Clyde's Review of Health and Social Care OOHs

8.1 The proposed key changes which will support the implementation of an Urgent Care Resource Hub across Greater Glasgow and Clyde have been agreed by members of the Review of Health and Social Care OOHs Programme Board who oversee this work on behalf of the 6 HSCP Chief Officers. It is acknowledged that further work is required prior to implementation which is described in 4 key phases.

8.2 The phased actions have been identified as:

Phase 1 – Immediate Actions (November 2018 – December 2018) – Now complete

- Chief Officers endorsed Model C and approved next steps to support finalising the review phase of Health and Social Care OOHs;
- The programme governance structures for the OOHs review have been updated and revised to support the planning and implementation phases. This has taken account of other relevant programmes of work e.g. Development work being undertaken by NHS 24 colleagues, Moving

Forward Together, Primary Care Implementation Plans and considered areas of work that could be progressed collaboratively e.g. Workforce planning and E-Health /Technology requirements.

Phase 2 – Current Actions (January – March 2019)

- Undertake UCRH Options Appraisal across the Health and Social Care OOHs System. This will develop options which will consider the: number of UCRH(s) required and where they will be located; confirm service and agency access and pathways to the UCRH; determine if services should be co-located within the UCRH or virtual links established and how hosted services will be configured within the model. Further understanding to quantifying the volume of complex cases / people with specific needs will be required to inform the modelling. This will be linked into the work plans being progressed by the workstreams underpinning the Review of Health and Social Care OOHs programme of work;
- Revise and update the Communication and Engagement Strategy which supports the recommendations of the UCRH Options Appraisal. It is important that this links with all other relevant programmes of work across the NHS Board, for example, Moving Forward Together, Primary Care Improvement Plans, Mental Health Re-design, UCC to ensure consistent key messages are being delivered regarding access and use of services. It is essential that we also consider how we engage and communicate with our more vulnerable and diverse communities as part of this work;
- Present all proposed models to the Expert Reference Group. Members of the Review of Health and Social Care OOHs Expert Reference Group have had an opportunity to review and comment on Options A and B presented. Option B was the unanimous preference by all members present, with acknowledgement that further amendments were needed, hence leading to the development of Option C. Sharing the proposals with a more appropriate representative of the population is needed, e.g. younger adults and this is a crucial aspect of our public engagement work;
- Develop a risk management framework, which considers all possible consequences of the configuration of an UCRH and work in partnerships with services across the system to describe and establish appropriate mitigation actions;
- Recognising the potential impact of the proposed change of the change for members of the Board's population undertake a strategic EQIA to ensure that consequences and risks of the proposals are identified and control measures identified;
- Develop a Frontline Staff Engagement Plan, supported by members of our staff partnership members, which will develop an understanding of the operational detail of the systems, processes and procedures required for an UCRH;
- Scope and map the pathway requirements of People with Specific Needs work for the UCRH and determine other work underway across the Board area and how it relates to this.

Phase 3 – Next Steps to June 2019

The impact of this work will result in a revision of configuration of Health and Social Care OOHs Services and therefore further development work is needed to:

- Develop an Integrated Workforce Plan. By maximising the contribution of our Health and Social Care workforce and challenging the existing boundaries is essential to develop and transform roles to meet the current and future needs of GG&C's health and social care OOHs system. Recognising the intrinsic links between daytime and OOHs a workforce plan which supports the system will help to create and secure a sustainable MDT workforce to meet the immediate and future needs. The workforce planning, recruitment and retention is a high priority to ensure safety and sustainability. We should consider an approach that will help us to develop an enhanced understanding of the specific roles or tasks across the professions or sectors or services to determine where there is an opportunity or a need to do things differently. It will be essential that the future provision of OOHs services is not stilted by existing professional and service boundaries. Developing an integrated workforce planning approach will allow us to better meet and respond to the needs of local areas and communities;
- Revise and update the Communication Strategy which supports the recommendations of the UCRH Options Appraisal.

Phase 4 – Developing the Implementation Plan (July - September 2019)

- Members of the Review of Health and Social Care OOHs Programme Board agree the Implementation Plan which outlines the required steps for UCRH implementation;
- Develop a proposal for evaluating impact of the UCRH across the Health and Social Care system.

Implications of the Report

1. **Financial –** The financial implications of the proposed model will need to be assessed, including the resources required to support the draft model
2. **HR & Organisational Development** – to be determined
3. **Community Planning** – None
4. **Legal –** None
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technology –** to be determined
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential

for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety –** None

9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.

10. **Risk –** None.

11. **Privacy Impact** – None

List of Background Papers – Pulling together: transforming urgent care for the people of Scotland. The Report of the Independent Review of Primary Care Out of Hours Services. (Scottish Government, November 2015)

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