



AGENDA ITEM NO 6

REPORT NO IJB 17/21

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 23 JUNE 2021

WHOLE SYSTEM PATHWAY / LARGE HOSPITAL SET ASIDE

REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER

ABSTRACT

1. RECOMMENDATION

It is recommended that the Integration Joint Board:-

- (i) Notes the progress made around a clinically led approach to the development of whole system pathway / Large Hospital Set Aside (LHSA) work as per IJB Report 81/20.

2. BACKGROUND

The term “Large Hospital Set Aside” (LHSA) was introduced as part of the Scottish Government’s framework for Health and Social Care Integration and Integration Joint Boards. It refers to the concept whereby resources associated with defined or agreed services in “Large Hospitals” (usually resources associated with unscheduled care) are strategically over-seen by IJB’s, in partnership with the local hospital sector.

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. Fundamental to this endeavour is a clear understanding of how "large hospital" resources are consumed and how that pattern of consumption and demand can be changed by whole system redesign.

Within the integration scheme in Tayside, LHSA only focuses on the following specialities.

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Respiratory Medicine
- Mental Health

However, it should be noted that elsewhere in Scotland LHSA does cover a wider variety of specialities and some of our future thinking could apply beyond boundaries of LHSA as per the current Integration Scheme.

Large hospitals are described in Tayside as Ninewells Hospital, Perth Royal Infirmary (PRI) and Stracathro Hospital (within Stracathro Hospital and PRI, where geriatric medicine is a fully delegated function wards do not count and Occupied Bed Days (OBD) in these wards do not count).

Traditionally LHSA has really centred on an activity-based approach with the potential to transfer funding associated with reduced OBDs. Now with work progressing regarding integrated hubs and interface care which links both Planned Care and Unscheduled Care, a decision has been made to progress a whole system pathway approach. This will be with clinical leadership and engagement to drive forward whole system change and help deliver a desire to join up pathways across Tayside where possible. This will allow broader progress rather than solely focussing on the above specialities and associated activity-based approach.

3. CURRENT POSITION

A Whole System Pathway Strategic Interface Group has been established with clinical and managerial representatives, including finance from Angus and Dundee HSCPs, Primary Care and NHS Tayside. Terms of Reference are currently being developed and all have agreed a clinically led, data driven, collaborative approach should be taken. The following were agreed as priorities for the group.

- Out Patient Antibiotic Therapy
- Diabetes
- Day Case Treatments
- Respiratory
- Chronic Pain
- Continence
- Current Clinical Investigation activity
- Adult pre-habilitation and rehabilitation

A clinical pathway tool and whole system framework has been developed which will help progress the development of pathways including the shift of resources to the community.

The workplan will also include a review of unscheduled admission data to identify any further opportunities / pathways to progress prevention of admissions to hospital.

It was agreed that this group would be driven collaboratively and aligned to the whole system Planned Care Board but would also have links with other clinical boards in place such as Unscheduled Care Board and Primary Care Board. The work within Angus will be managed and monitored via the Angus Care Model, Angus HSCP Strategic Planning Group and Angus HSCP Executive Management Team. Programme, project and administrative support are being provided by the Planned Care Board along with support from NHS Tayside Business Unit.

4. PROPOSALS

For Angus IJB to support progress described above.

5. FINANCIAL IMPLICATIONS

As all of the recommendations within this report are preliminary or advisory, there are no immediate direct budgetary financial implications. However each matter will ultimately have a financial implication and these will need reported back to the IJB in more detail in due course.

6. RISK

A number of risks are associated with this programme:-

- (i) Transfer, recruitment and retention of required workforce to support new pathways of care.
- (ii) Availability of suitable premises capacity to deliver preferred models of care.

(iii) Service areas continue to consider pathways in silos.

7. OTHER IMPLICATIONS (IF APPLICABLE)

It is important to recognise the need to develop strategic proposals such as those set out here in conjunction with neighbouring IJBs. One part of developing any of the proposals described in this report will be to work closely with both NHS Tayside and neighbouring IJBs on these matters.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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