Notice of Meeting and Agenda (Special Meeting)

Edinburgh Integration Joint Board

9.30 am Friday 19 August 2016

Meeting Room 7/8, Waverley Gate, 2-4 Waterloo Place, Edinburgh

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This is a public meeting and members of the public are welcome to attend.

1. Welcome and Apologies

1.1 Including the order of business and any additional items of business notified to the Chair in advance.

2. Declaration of Interests

2.1. Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

3.1. None.

4. Reports

4.1. A Sense of Belonging – Edinburgh Wellbeing Services – report by the IJB Chief Officer (circulated)

4.2. Report on Independent Advocacy Procurement – report by the IJB Chief Officer (circulated)

4.3. Delayed Discharge – recent trends – report by the IJB Chief Officer (circulated)

5. Any Other Business

Board Members

Voting
George Walker (Chair), Shulah Allen, Kay Blair, Alex Joyce, Richard Williams, Councillor Ricky Henderson, Councillor Elaine Aitken, Councillor Joan Griffiths, Councillor Sandy Howat and Councillor Norman Work.

Non-Voting

Carl Bickler, Sandra Blake, Andrew Coull, Wanda Fairgrieve, Christine Farquhar, Kirsten Hey, Beverley Marshall, Angus McCann, Gordon Scott, Ella Simpson, Rob McCulloch-Graham, Michelle Miller, Moira Pringle and Maria Wilson.

Item 4.1

Report

A Sense of Belonging- Edinburgh Wellbeing Services

Edinburgh Integration Joint Board

19 August 2016

1. Executive Summary

1.1 The report recommends the Edinburgh Integrated Joint Board (EIJB) support the development of a Public Social Partnership approach to enhance collaboration between mental health and wellbeing services, in a way that will improve outcomes for people with lived experienced, their families and communities.

2. Recommendations

2.1 Note the contents of this report.

2.2 Acknowledge the involvement and engagement work to date.

2.3 Agree to implement a Public Social Partnership for Wellbeing Services which will build on good practice and established relationships and develop and test innovative approaches to redesign services, improve collaboration across statutory and third sector and maximise resources and assets.

2.4 Agree in principle to an extension to the current Mental Health service contracts to a value of £908,848 until 31 October 2017 to allow for the service redesign and co-production to take place subject to ratification by Finance and Resources Committee. NHS Lothian Service level Agreements which are in place with a number of current providers will be extended to 31 October 2017.

3. Background

3.1 In the mid to late 1990s there was a re-provisioning exercise that supported the closure of 92 in patients beds at the Royal Edinburgh Hospital; funding was resource transferred to deliver a range of accommodation, support and wellbeing provision in the community.

3.2 A number of wellbeing services were commissioned as part of Lothian's joint strategies for mental health and wellbeing (2005-10 and 2011-2016), funded by NHS Lothian's strategic programme.

3.3 Current wellbeing contracts across NHS Lothian and City of Edinburgh Council started through mental health illness specific grants and evolved to contracts and service level agreements. All contracts and SLAs are in place to 31 March 2017.

3.4 A significant redesign and change programme is now underway, this is in response to:

- The need for continuous improvement and the desire to provide the best value services for those that receive these services
- Reduction in public sector funding and increased demand on services.
- Rationalise the contracting arrangements; shifting from outputs to outcomes.
- Maximise opportunities to collaborate and coproduce services that are needed and identified by people who have a lived experience of mental health, and other interested stakeholders.
- Making better use of the assets within localities and citywide.
- Re-provisioning of the Royal Edinburgh Hospital Campus (Phase One to be completed by December 2016) and enhanced community services to support a reduced hospital bed base.

4. Main report

4.1 There are an estimated 120,000 people in Edinburgh who experience either common or complex mental health, which equates to over 25% of the population.

4.2 Key priorities were highlighted as part of the Edinburgh Wellbeing Consultation Plan Exercise, Taking Stock events and the Collective Advocacy led 'The People's Conferences'. (April 2015 and April 2016).

4.3 The priorities also build on the mental health and wellbeing strategy 'A Sense of Belonging', which is underpinned by the need to address inequalities that people encounter in their day to day lives.

4.4 Wellbeing services should enable people to feel included in their chosen community, to stay safe and well; to have meaningful activity/interest to prevent feeling isolated; and to help people recover and live as well as they can. We want to respond to this by collaborating and coproducing with people with lived experience and other interested stakeholders to design initiatives and services that meet people's needs and priorities.

4.5 The identified needs are grouped as following

Social Prescribing Improving access and supporting people to get help and support as early as possible • Information and Advice • Peer workers • Link workers • Community facilitators	**Meaningful activities** Supporting people to access activities, interests, education, which are meaningful to them • Volunteering • Employment • Arts • Ecotherapy	**Support** Specific supports and treatment for people experiencing mental ill health • Psychological support including counselling • Support in Crisis • Supporting early discharge and providing an alternative to admission
Delivered in places where people feel safe and secure		

4.6 The importance of mental health and wellbeing cannot be understated. It affects and influences the lives of people, families and their communities.

4.7 There is growing evidence that positive mental health and wellbeing at a population level can reduce health inequalities and improve wider outcomes in relation to physical health, social cohesion and economic benefit.

4.8 The outcome of recent coproduction events identified that whilst current services are highly valued, better use could made of assets through improved collaboration between and across 3rd sector and statutory agencies.

4.9 The feedback from service users during the co-production process highlighted how valuable current wellbeing services prevent people from becoming lonely and isolated in their lives and provide support during distress and crisis which may avoid hospital admission.

4.10 The current services are perceived to fit well with the demographics of the population detailed within the Joint Strategic Needs Assessment and are located in areas of high density and deprivation.

4.11 It is important to highlight that a significant number of current services either own or lease assets to deliver services from and there is clear added value. Most of the services bring in additional income streams

from a wider range of funding sources to enhance the quality, choice and delivery of services.

4.12 People who use services raised concern around the potential loss of valuable services. People emphasised the importance of the trusting relationships that have been nurtured and built with current service providers. There were high levels of anxiety and distrust in relation to the perceived risks of traditional procurement and tendering approaches, which could disrupt and fracture relationships impacting negatively on people's mental health and wellbeing.

4.13 There are significant opportunities for the EIJB to adopt a different approach to planning and commissioning to ensure that services are shaped around people and their communities, in line with the principles of the Christie Commission. The proposed process would build on the coproduction events to date and continue to coproduce to make better use of the assets currently available and develop improved collaboration between wellbeing and other public mental health services, including GPs.

4.13 The EIJB is asked to approve the concept of an Edinburgh Wellbeing Services Public Social Partnership, which will drive improved collaboration resulting in better outcomes for people and their communities.

4.14 The Scottish Government highlight the Public Social Partnership (PSP) approach as being a valuable framework to designing and delivering services that meet identified needs and strategic objectives. The PSP approach is a recommended framework that can support public and third sectors work together to ensure that services are working to improve the needs and outcomes for people.

4.15 Supported by The Scottish Government, a number of PSPs are in operation around the country, including four successful strategic Public Social Partnerships in the City currently involving a significant number of third sector providers. A great deal of knowledge, experience and expertise has been built around these and this can be harnessed for the recommended new PSP. The PSP framework enables opportunities to test new ways of working and build on good areas of practice within the city.

4.16 To ensure compliance with the Procurement (Scotland) Regulations 2015 which as from April 2016 require contract opportunities for health and social care to be openly and transparently advertised the opportunity for interested parties to be party to the proposed PSP shall be advertised. A 'light touch' process as permitted by the Regulations and not a traditional tendering process shall be used to select partners for the PSP.

4.17 If this approach is agreed a robust governance and planning structure will be established and in place by August 2016 enabling detailed

planning of concept test designs to commence through to Spring 2017 with agreed Memorandums of Understanding to be in place enabling Tests of Concepts to commence by 1 October 2017 in line with the current contracts expiring. Appendix one sets out the key milestones.

5. Key Risks

5.1 Ensuring that Memorandums of Understanding are in place for 1st November 2017. This assumes that the requested waiver to extend current contracts to 31 October 2017 is approved by the Finance Resources Committee.

5.2 The PSP approach will be dependent upon providers working constructively together. If new providers are included in the PSP the available budget will not be increased to take account of new providers.

5.2 Reduction in hospital bed base without enhancing community services.

5.3 Ensuring new concepts or ways of working do add value to wider integration including mental health and substance misuse services and locality working.

5.4 Lack of confidence and engagement around redesigning and delivering services becomes a negative experience for stakeholders instead of a positive redeeming feature of community planning in Edinburgh.

5.5 Any reduction in wellbeing funding will have an impact on other high cost bed based care service.

6. Financial implications

6.1 The total 2016/17 budget related to services in scope of this redesign amounts to £2,117,506 and is detailed in Appendix Two. This includes 5% (£87,964) savings that the City of Edinburgh Council was recommended to make. The financial context within which Edinburgh IJB is working will need to be recognised as plans are developed. The IJB does not have an agreed delegated budget beyond 2016/17 and, in line with many public sector organisations, is required to make efficiencies on an annual basis

6.2 We are unable to fully quantify the economic benefits from preventative wellbeing services but there is evidence through outputs provided by organisations; including people's own personal stories and outcomes that prevent people from becoming unwell and avoids pressure around bed based care.

6.3 The Test of Concepts delivered by the PSP will support opportunities for further shifting the balance of care, spend to save initiatives, avoiding

unnecessary admissions and protracted lengths of stay and contributing to the strategic priorities.

7. Involving people

7.1 Edinburgh Health and Social Care Partnership's strategic plan for the EIJB states: "At the heart of our plan is the development of a new relationship between citizens and communities, our services and staff, and the main other organisations who contribute to encouraging, supporting and maintaining the health and wellbeing of people who live in our city. We want to ensure that people are supported to live as independently as possible and enabled to look after themselves, but also access the right care and support when needed".

7.2 The consistent themes from all our coproduction work to date:

- Stop making funding cuts to preventative wellbeing services
- Need to improve relationships across public and third sector
- Improve ways in providing information and advice
- Make better use of the assets that we have including statutory services
- Consider new ways of working that does not automatically shift to a procurement and tendering process
- The value people place in the relationships they have with existing services

8. Impact on plans of other parties

8.1 The Council's Capital approach has come about because of the reductions in public sector funding combined with increasing demand for services.

8.2 The lessons learned from recent procurement and tender have not build confidence from partners in the third sector.

9. Background reading/references

- Extension Award, Finance and Resources committee report 26 November 2015
- Extension Award, Finance and Resources committee report 18 August 2016
- 'A Sense of Belonging' Joint Mental Health Strategy 2011-2016
- Ready for Business (2015) Guidance: Public Social Partnerships – Lessons learned

9. Report author

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10. Links to priorities in strategic plan

Tackling inequalities by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from, current levels of inequality: reduce, and not exacerbate, health inequality

Preventing poor health and wellbeing outcomes by supporting and encouraging people to achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing; making choices that increase their chances of staying healthy for as long as possible and where they do experience ill health, promoting recovery and self-management approaches.

Practicing person centred care by placing 'good conversations' at the centre of our engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed.

Developing and making best use of the capacity available within the city by working collaboratively with individual citizens, including unpaid carers, communities, the statutory sector, third and independent sectors and housing organisations

Making the best use of our shared resources (e.g. people, buildings, technology, information and procurement approaches) to deliver high quality services.

Item 4.2

Report

Report on Independent Advocacy Procurement

Edinburgh Integration Joint Board

19 August 2016

Executive Summary

1.1 This report is to provide an update to the Integration Joint Board on the procurement for independent advocacy services and the requirement to revise the timetable and extend the incumbent providers' contracts for this work to 30 June 2017.

Recommendations

2.1 The Integration Joint Board is asked to:

i. approve the submission of a report to the Finance and Resources Committee of the City of Edinburgh Council requesting the extension of the existing contracts for Independent Advocacy Services from 1 December 2016 to 30 June 2017; in order to allow more time for the completion of the procurement process and in particular consultation and engagement with service users and providers

Background

3.1 The City of Edinburgh Council and NHS Lothian have a duty to provide access to independent advocacy services to people who meet the requirement of the following key legislation; Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000, Adult Support and Protection (Scotland) Act 2007, Carers (Scotland) Act 2016 and Children (Scotland) Act 1995.

3.2 Independent advocacy can only be provided by organisations who meet the requirements of the Scottish Independent Advocacy Alliance. Independent advocacy is about speaking up for an individual or group and provides a means of supporting people have a stronger voice and take as much control as possible over their own lives. Independent Advocacy organisations are separate from organisations that provide other types of services.

3.3 A comprehensive review of independent advocacy services was undertaken in Edinburgh in 2010. The successful providers following a procurement exercise were Advocard and Partners in Advocacy. Advocard provides advocacy to people with mental health issues and carers, whilst Partners in Advocacy have two separate contracts and provide support to people with learning disabilities, older people and people with physical disabilities. The existing contracts are due to expire on 30 November 2016.

3.4 The volume of service provided over the period December 2014 to November 2015 by the two agencies was a total of 36,800 hours per annum of which 7,100 hours was for people with learning disabilities, 18,200 for people with mental health issues, 8,800 hours for older people and people with physical disabilities and 2,700 hours for unpaid carers.

3.5 In terms of the number of people supported with independent advocacy over the same period this was 1,681 people of which 65% were people with mental health issues. The remaining 35% were people with a disability, older people or unpaid carers. There were 48 groups that had collective advocacy and 116 consultations or forums.

3.6 The current procurement work began on 7 March 2016 with a future contract notice published on the public procurement portal. Prior to that, commissioning officers from NHS Lothian and the City of Edinburgh Council had been in discussion for several months planning the work required for this procurement exercise.

Main report

4.1 The value of the contract requires the contract opportunity to be openly and transparently advertised. Subject to the requirements to comply with the principles of fairness, transparency and equal treatment and published in advance the procurement process to identify providers can be light touch. The original plan had been for the procurement exercise to commence in March 2016 with coproduction followed by an appropriate procurement process with the award of contracts in September and a contract start date of 1December 2016.

4.2 However, this timetable has proved to be too ambitious and it has become clear that more time is required to ensure meaningful engagement and consultation with both service providers and people who use the service. The very nature of this service means that engagement with service users is resource intensive. Changes in staff within the Health and Social Care Partnership has also necessitated the identification of new lead officers who have required a little time to familiarise themselves with this area of work.

4.3 The annual value of the existing contracts, which have been jointly funded by the Council and NHS Lothian is £809,500 per annum. The cost of extending the contracts from 1 December 2016 to 30 June 2017 is approximately £500,000.

4.4 Subject to the approval of the Integration Joint Board a report will be submitted to the Finance and Resources Committee of the Council on 8 September 2016, seeking a waiver to extend the advocacy contracts to 30 June 2017.

Key risks

5.1 There are some direct risk, policy, compliance or governance impacts arising from this report. These include the risk of the waiver extending the current contracts not being approved by the Finance and Resources Committee on 8 September 2016 is not endorsed.

5.2 If the waiver is not approved, then the contracts for independent advocacy services in Edinburgh will cease after 30 November 2016 and therefore the IJB will be unable to fulfil their statutory duty for the provision of this service.

Financial implications

6.1 There are direct financial impacts outlined in this report in relation to the procurement of new independent advocacy services. The cost of extending the existing contracts from 1 December 2016 to 10 June 2017 is £500,000 as detailed in section 4.3.

Involving people

7.1 There is no requirement for consultation and engagement arising from this update report. However, following approval by the IJB and the Finance and Resources Committee, significant consultation and engagement work will be undertaken in relation to the procurement exercise with both service users and carers and interested parties. This will allow for a coproduction approach to developing the service specification and the subsequent evaluation of submissions from interested providers.

Impact on plans of other parties

8.1 There is no impact on plans of other parties from this report.

Background reading/references

Scottish Independent Advocacy Alliance website http://www.siaa.org.uk/

Report author

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Links to priorities in strategic plan

Action 13	Approach to prevention

Item 4.3

Report

Delayed Discharge – Recent Trends
Edinburgh Integration Joint Board

19 August 2016

Executive Summary

1. This paper provides an overview of performance in managing hospital discharge, showing the total number of Edinburgh people who were delayed at each monthly census point over the past two years, alongside the target level for 2015-16.

2. Changes to national reporting of delayed discharge, outlined in the May 2016 report to the IJB, were introduced for the July 2016 census, and the total of 173 delays for July is the first produced using the revised method. The key change to reporting is that people discharged in the three days following the census date are now included in the total. Using the previous methodology the figure would be 160, an increase of 40 from June figures.

3. Whilst there was a significant improvement in performance over the period October 2015 to April 2016, this paper now reports a decline in performance from May 2016 to July 2016 and explores some of the reasons behind this change.

   The paper also details work underway to reverse this downward trajectory and the way in which the partnership seeks to maintain the improvement. This includes the work initiated at the flow workshop on 8th March 2016, which is overseen by the Patient Flow Programme Board.

Recommendations

4. That the Edinburgh IJB note that:

   - A new Care at Home contract is now in place. Its aim is to improve recruitment and retention of the home care workforce by offering a rate of pay that is comparable with alternative employers, e.g. retail, customer services and the private care market. The transition to these new contracts has until very recently resulted in a reduction in Care at Home capacity.

   - Following the improvement in reducing delayed discharge between October 2015 and April 2016, there has been a subsequent increase in the number of delayed discharges from hospital to both Care at Home Packages and Care Homes.

   - The changes at national level to delayed discharge recording and reporting from July 2016, has slightly accentuated the increase in the total number of people delayed in July by 13 to 173, (160 being the figure if the previous methodology was used.)

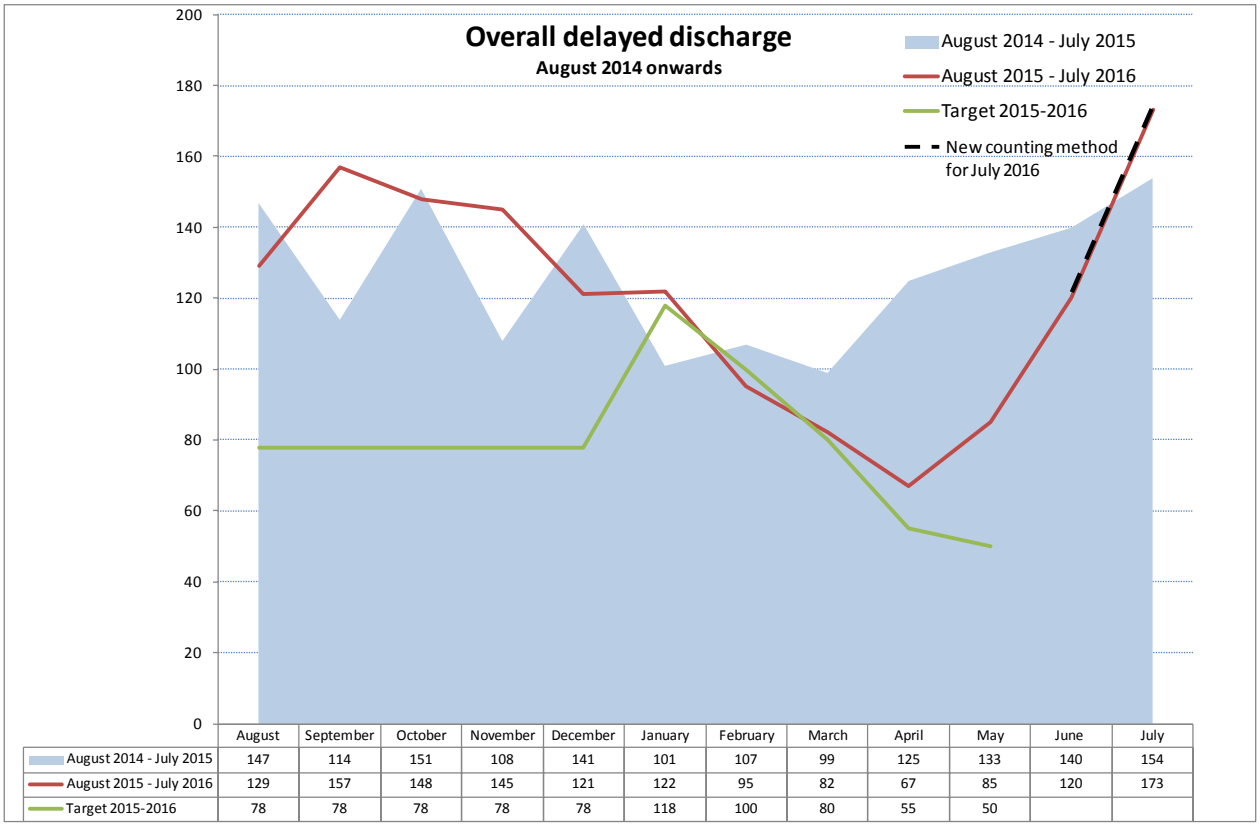
   - A review is underway to detail the reasons as to why the previous positive trajectory has reversed, and to ensure that the comprehensive range of actions that are already in place, will secure a return to the reducing trajectory for the number of people delayed in hospital.

Main report

Total number of people delayed

5. The total number of Edinburgh residents who were delayed in hospital over the past two years as at the monthly official census is illustrated in the graph 1. The shaded area shows performance for August 2014 - July 15 and the red line shows levels for the current year. Target levels are shown by the green line. Targets for the period following May 2016 will be determined as part of the work underway to assess capacity, demand and pressures across the whole system.

6. The total number of people delayed at the July 2016 census was 173 (160 using previous census methodology), which represents a real decline in performance.



	August	September	October	November	December	January	February	March	April	May	June	July
August 2014 - July 2015	147	114	151	108	141	101	107	99	125	133	140	154
August 2015 - July 2016	129	157	148	145	121	122	95	82	67	85	120	173
Target 2015-2016	78	78	78	78	78	118	100	80	55	50		

Graph 1

Reasons for delay, 2015-16

7. The broad reasons for delay at the census points over the last 12 months are shown in the table 1. The most common reason across this period has been waiting for domiciliary care, which peaked in October 2015 at 82, and again in July 2016. The validated data over recent months has not included any healthcare delay reasons, although these are recorded on local systems. .

2015-16	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July*
Ongoing assessment	13	21	23	27	26	30	26	27	23	14	20	*34*
Care Home	34	41	30	36	26	26	16	14	15	26	35	*58*
Domiciliary Care	70	80	82	67	64	59	49	36	22	40	59	*78*
Legal and Financial	0	0	0	1	0	0	0	0	2	0	0	*0*
Other	12	15	13	14	5	7	4	5	5	5	6	*3*
Total	129	157	148	145	121	122	95	82	67	85	120	*173*
% Domiciliary Care	54%	51%	55%	46%	52%	48%	51%	43%	32%	47%	49%	*45%*

Table 1

8. It is of concern that the number of patients reported as waiting for care home placements is increasing and accounts for almost a third of all delays in July. Guidance on best practice suggests that only in the most exceptional circumstances should a patient move to a care home directly from hospital. The impact of the outbreak of Norovirus at Gylemuir in April 2016 had a negative impact on the number of delayed discharges in both April and May. This does not however explain the ongoing issue of people waiting for Care Home places at Gylemuir during June and July. Further work and attention is being given to the recommendations made for discharge across all hospitals.

9. The increase in people waiting for domiciliary care may have been caused by a range of pressures, including the reluctance of agencies to take on service users; lack of capacity (largely due to issues with recruitment and retention of staff), difficulties in securing services for complex packages of care; increased demand for services and increased frailty of service users. The new Care at Home contracts aim to address these issues. However, it is possible that the transition from the existing to new contracts has had an impact on existing providers, and this is being investigated further. In addition, there are two providers under the new contract who are still establishing themselves. They have until October to do so. It is anticipated, therefore, that we will see a significant increase in capacity by winter 2016.

10. The number of contact hours within the new contracts has been increased from 25,000 to 30,000 hours of care per week. The new contracts have been awarded to eight providers of care at home services. These new contracts contain penalty clauses to ensure that the providers commence a package of care within one week of being requested to do so. The new contracts are locality based to support closer working relationships between services, local discharge teams and a renewed service matching unit as part of the new Multi Agency Triage Teams which will include the hospital discharge teams.

11. Although 6 of the 8 contracts have been awarded to existing providers, their current coverage only reaches 47% of what is required. They need to grow their business to meet demand. Contracts remain in place with other existing providers for those packages of care they are currently delivering until such time individual cases are reviewed. . There has however been a drop in overall capacity which it is reasonable to presume has impacted negatively on the number of delays. Capacity has now returned to 25,000 hours and it is anticipated that this will have a positive effect on the number of delays. This will be further improved as capacity grows to the full contract of 30,000 hours.

12. Five of the 173 reported delays can be attributed to a setting in the system, which defaults people with no code to the category ‘waiting allocation for a social worker’. In previous months this group of people would have been treated as people for whom no notification has been made to social care and thus would have been removed entirely.

13. The number and proportion of delays in acute sites is shown in table 2:

2015-16	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	*July**
Delays in acute sites	111	127	115	115	106	117	80	74	64	82	112	*143*
Total	129	157	148	145	121	122	95	82	67	85	120	*173*
% in acute	86%	81%	78%	79%	88%	96%	84%	90%	96%	96%	93%	*83%*

Table 2

14. The numbers of people excluded from the census reporting (X codes and people who are unwell) are given in table 3. Of the X-codes, those which relate to Guardianship (e.g. 23 of the 25 reported in July 2016) are shown separately. The *grand total* row in table 3 shows the number of people delayed, including those who are excluded from the national count.

2015-16	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	*July**
Total	129	157	148	145	121	122	95	82	67	85	120	*173*
Excluded cases	21	20	23	27	27	35	29	33	30	33	27	*25*
Of which, Guardianship	19	18	19	23	24	23	21	28	25	30	24	*23*
Grand total	150	177	171	172	148	157	124	115	97	118	147	*198*

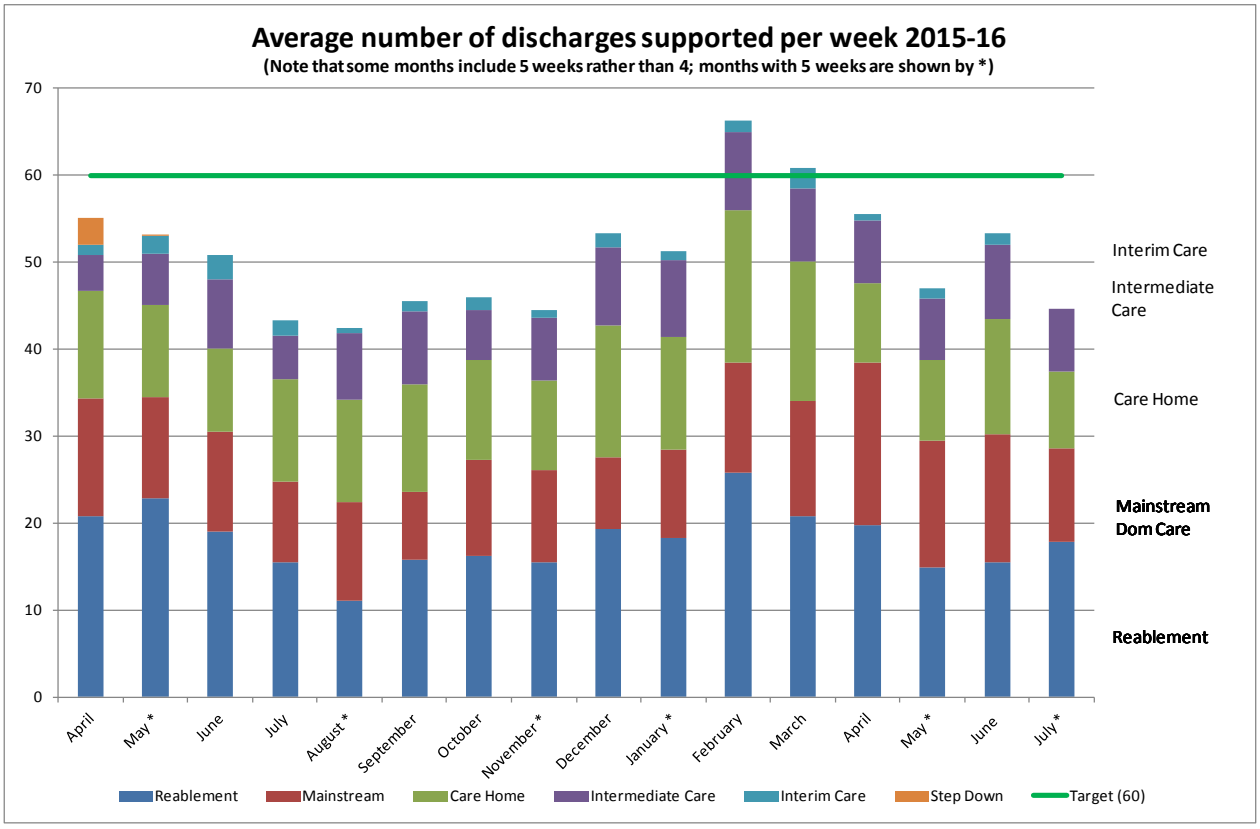
Table 3

People supported to leave hospital

15. The main investments, which have been made using the Scottish Government funding to support a reduction in the number of people delayed in hospital, relate to additional capacity for Gylemuir and deployment of clinical support workers. The target for the total number of people supported each week is 60 (see appendix 1). This excludes packages of care which are restarted by ward staff when patients leave hospital (an estimated total of 14 per week). The lease for Gylemuir has been agreed for a further 24 months.

16. Graph 2 shows the average number of discharges per week supported by Health and Social Care, for each month during 2015-16. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.

17. Table 4 looks at the specific and different needs of those awaiting transfer of care demonstrates the variety of responses required to meet assessed need. It is noted that 43 cases (about 25%) of those awaiting discharge are aged under 65.



Graph 2

		Waiting for:			Notes
Assessments	11a	Start	Under 65	1	
			65+	11	See footnote
	11b	Completion	Under 65	19	
			65+	3	
Assessment total				**34**	
Care home	24A	LA care home	Under 65	0	
			65+	11	
	24B	Independent residential	Under 65	0	
			65+	1	
	24C	Independent nursing	Under 65	0	
			65+	19	
	24D	Specialist residential place for younger people (<65)	Under 65	13	
			65+	2	
	24E	Specialist residential place for older people (65+)	Under 65	0	
			65+	2	
	24F	Dementia bed required	Under 65	0	
			65+	10	
Care home total				**58**	
Care arrangements	25D	Social care support at home	Under 65	8	
			65+	70	
	25F	Rehousing	Under 65	0	
			65+	3	
Care arrangements total				**81**	
Complex	9		Under 65	3	
			65+	22	
Complex total				**25**	
Overall total				198	

Table 4

Note: 11A total includes 5 cases where reason was missing

Other work streams to address delayed discharge

18. The three key work streams which are underway and being overseen by the Patient Flow Programme Board are as follows:

    i. Delays within the hospital pathway – this work is progressing actions to identify people in the discharge pathway at an earlier point including the application of improved multiagency working with a greater focus on expediting action required to support discharge, as well as clearer lines of accountability across the multidisciplinary team.

ii. Admission avoidance – this work is seeking to maximise the benefits associated with the effective use of Anticipatory Care Planning, to improve the use of the Key Information Summary to support continuity and effective communication, and to promote more effective use of the 'Falls pathway'.

iii. Rehabilitation and recovery – this work has focussed on targeting Reablement services to those who can achieve most benefit from goal setting and reabling approaches. This differs from the previous approach where all discharges from hospital went through reablement.

19. In addition, the roll out of the Locality Hubs and Multi Agency Triage Teams (MATTs) is continuing, with the objectives of identifying people who can be supported to leave hospital early and preventing hospital admissions. It is intended that the MATTs will perform a 24/7 model, supporting weekend hospital discharge, effectively increasing capacity by 29%.

Key risks

20. The main risk is that the additional non-recurring Scottish Government funding has been used to increase capacity in care and support services and that the reductions in delayed discharge levels will not be sustainable unless alternative approaches or funding sources are identified.

21. Phase 2 of the Health and Social Care restructure may see a reduction in the level of staffing resource. The full implications of this phase of the restructure are currently being quantified and will be reported to the Board in due

Financial implications

22. As noted above, the Scottish Government funding is temporary and is being used to underpin care and support services. Alternative funding sources or approaches to providing care will need to be considered.

Involving people

23. As we move towards the locality model and develop the locality hubs, there will be engagement with local communities and other partners to inform the further development of the model.

Impact on plans of other parties

24. This report outlines progress of the Edinburgh Health and Social Care Partnership in addressing the pressures within acute services and has been developed with input from partners.

Background reading/references

Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

Report author

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Links to priorities in strategic plan

Priority 4	Providing the right care in the right place at the right time
Priority 6	Managing our resources effectively

Appendix 1 – Target number of packages of support per week for people leaving hospital

Appendix 2 – Delayed discharge codes (from July 2016)

Appendix 1

Target number of packages of support per week for people leaving hospital

Domiciliary care (excluding informal re-starts)	40
Care Homes	10
Intermediate Care and Interim Care	10
Total	**60**

Appendix 2 Delayed discharge codes (from July 2016)

Health and Social Care Reasons		
Assessment	11A	Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
	11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
Funding	23C	Non-availability of statutory funding to purchase Care Home Place
	23D	Non-availability of statutory funding to purchase any Other Care Package
Place Availability	24A	Awaiting place availability in Local Authority Residential Home
	24B	Awaiting place availability in Independent Residential Home
	24C	Awaiting place availability in Nursing Home
	24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)
	24DX*	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate
	24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)
	24EX*	Awaiting place availability in Specialist Facility for high level older age groups (65+) where the Facility is not currently available and an interim option is not appropriate
	24F	Awaiting place availability in care home (EMI/Dementia bed required)
	26X*	Care Home/facility closed
	27A	Awaiting place availability in an Intermediate Care facility
	46X*	Ward closed – patient well but cannot be discharged due to closure
Care Arrangements	25A	Awaiting completion of arrangements for Care Home placement
	25D	Awaiting completion of arrangements - in order to live in their own home – awaiting social support (non-availability of services)
	25E	Awaiting completion of arrangements - in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
	25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)
	25X	Awaiting completion of complex care arrangements - in order to live in their own home
Transport	44	Awaiting availability of transport

Patient/Carer/Family-related reasons		
Legal/Financial	51	Legal issues (including intervention by patient's lawyer) - e.g. informed consent and/or adult protection issues
	51X*	Adults with Incapacity Act
	52	Financial and personal assets problem - e.g. confirming financial assessment
Disagreements	61	Internal family dispute issues (including dispute between patient and carer)
	67	Disagreement between patient/carer/family and health and social care
Other	71	Patient exercising statutory right of choice
	71X*	Patient exercising statutory right of choice – interim placement is not possible or reasonable
	72	Patient does not qualify for care
	73	Family/relatives arranging care
	74	Other patient/carer/family-related reason
Other reasons		
Complex Needs	9	Code 9 should be used with the following secondary codes: 24DX, 24EX, 25X, 26X, 46X, 51X, 71X. All code 9 delays should have a secondary reason code.
Code 100	100	Reprovisioning/Recommissioning