

REPORT

Systems Pressures and Renewal and Recovery

Edinburgh Integration Joint Board

19 April 2022

Executive Summary	<p>The purpose of this report is to:</p> <ol style="list-style-type: none"> 1. Update the Edinburgh Integration Joint Board (EIJB) on system pressures and performance; 2. Provide further detail on how the innovation and sustainability programme will develop and support the EIJB's recovery and renewal priorities; 3. Provide information on additional funding that has been passed through to IJBs as set out in the financial plan approved in March 2022; and 4. Set out the financial support required to deliver the innovation and sustainability programme.
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Notes the current pressures on the Edinburgh Health and Social Care Partnership (EHSCP) and mitigating actions being taken; and 2. Agrees to allocate recurring resources of £0.9m to support the emerging innovation and sustainability programme.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	
	Issue a direction to City of Edinburgh Council	✓
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council & NHS Lothian	

Report Circulation

1. This report has not been circulated to any other group or committees.

Main Report

Context

2. Since October 2021 the board has received updates describing the significant system pressures being faced by the wider Lothian health and social care system as society opened up and restrictions eased. This is also reflected nationally and many of these pressures are not new although they have been exacerbated by the EU exit and the covid pandemic. We are seeing both an increase in referrals to our Assessment and Care Management teams for requests for service, and an increasing number of people being assessed as requiring a service. Other drivers for increasing demand include people being de-conditioned (i.e. frailer, less confident) following periods of lockdown, family/unpaid carers who are exhausted having cared for people during the pandemic returning to work following furlough, and a general build-up of demand emerging as messaging about services being 'open as usual' have been released. Coupled with this increasing demand for services, we were also faced with a decrease in care capacity available to support people, compounding an already challenging position.
3. In early November 2021, the Scottish Government (SG) allocated additional funding of £300m across Scotland for the remainder of the financial year. Supporting this was a nationally agreed framework designed to address areas of priority and to support local systems to address the pressures collaboratively. Using their share of this funding, the IJB agreed a programme of investment, framed to reflect the priority areas identified by the SG. At this point it was recognised that, as well as addressing the immediate system challenges, investments should wherever possible provide the basis for longer term sustainability. We recognised the need to avoid a set of crisis decisions, derailing the strategic direction of the board. Accordingly, although priority was given in the first instance to measures targeted at improving system performance trajectory over the following six months, wherever possible actions were aligned to supporting sustainability beyond the immediate crisis.
4. Whilst the position remains challenging, we are now seeing small improvements in performance and, accordingly the emphasis of the management team will shift from, reacting to the crisis, to supporting a more sustainable future delivery. Our innovation and sustainability approach, as outlined in the financial plan paper presented to the board in March 2022, will give us the framework to deliver the changes required to ensure viable services for the people in Edinburgh we support. As the board has long recognised that addressing the pressures, we face requires active, longer term planning, maximising the use of our base budgets, supplemented by recent investments made by the SG. The associated finances are discussed in more detail later in

this paper but, effectively, integration authorities now have a combination of recurring and non-recurring funding to support recovery, as well as pump prime and deliver change.

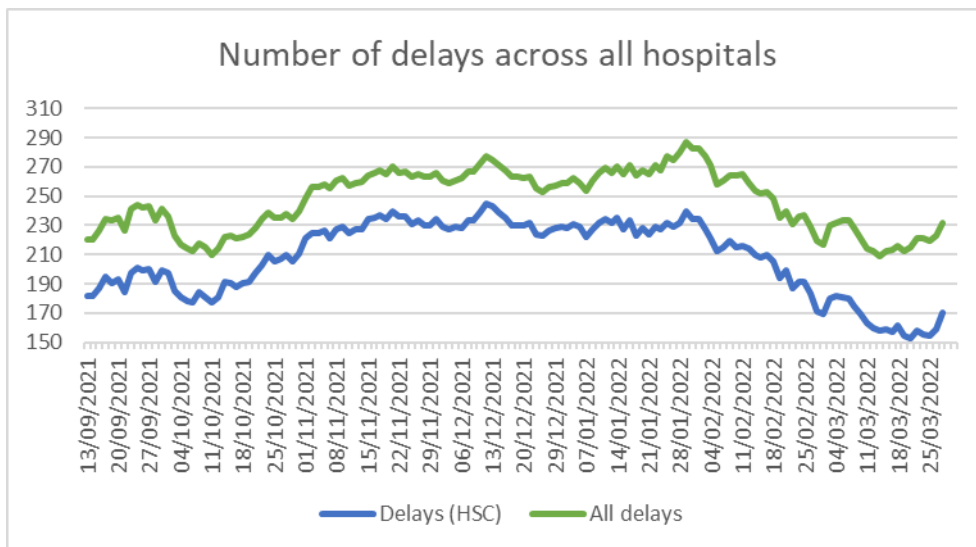
5. This paper sets out:

- An update on the current performance and pressures being faced by the Edinburgh Health and Social Care Partnership (see paragraphs 6 to 15);
- The approach to transforming services, learning the lessons of the pandemic, with the ultimate aim of safeguarding viable, sustainable services for the people of Edinburgh (see paragraphs 16 to 19); and
- A recommendation about an initial investment to deliver the above (see paragraphs 20 to 23).

Current performance and pressures

6. There remain high levels of people in hospital although there has been improvement since the beginning of February (table 1).

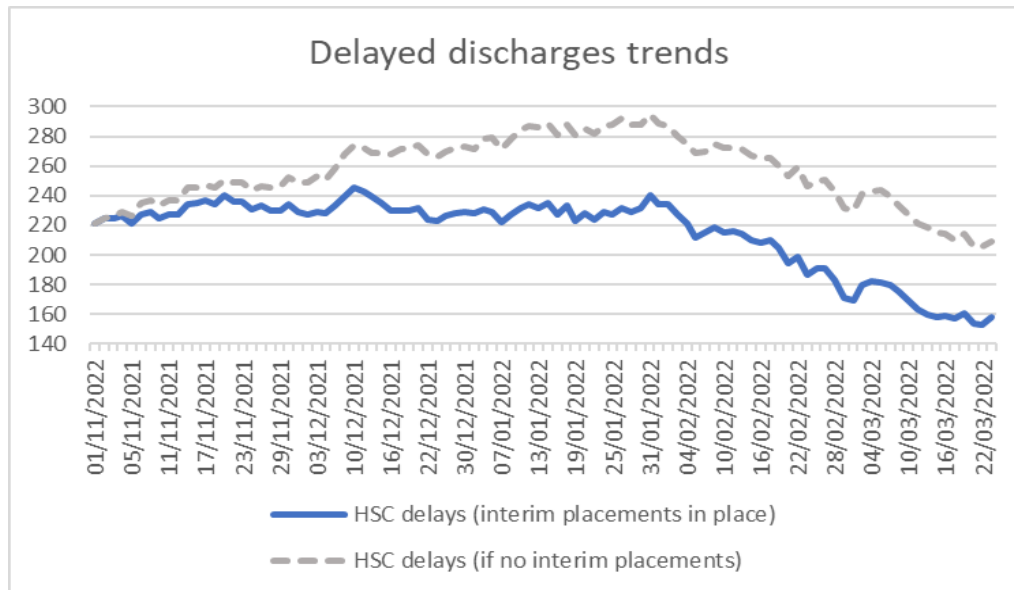
Table 1: Total number of Edinburgh delays



7. While this improvement can, in part, be attributed to seasonal variation, there have been specific actions taken to reduce the number of people delayed in hospital that have had a positive impact, including:

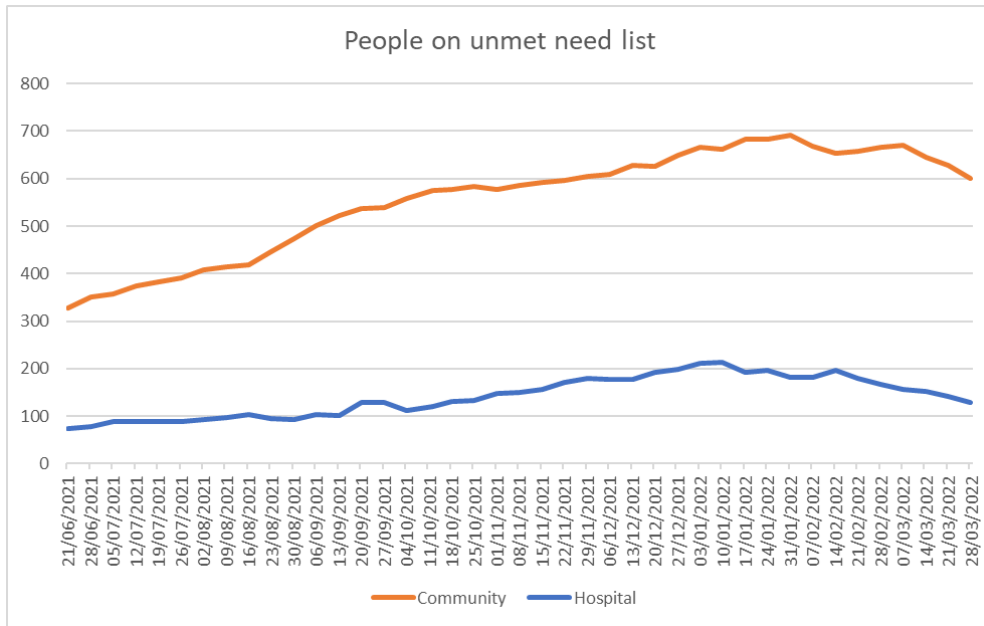
7.1 Interim Beds: Between 2 November 2021 to 16 March 2022, 116 people have been moved to interim beds, with more than 50% of those people having moved home or to a permanent care home of their choice. Table 2 shows the comparison of the number of people that would have been delayed in hospital had interim beds not been funded alongside the actual number of people delayed during the same period.

Table 2: Impact of interim beds on delayed discharges



- 7.2 One Edinburgh: With support from PwC in establishing a “Command Centre” function, bringing together key staff members to make intelligence-led decisions regarding those people needing a package of care, there has been an increase in staff contact time and a reduction of those delayed in hospital. Locality and Contracts Teams are working closely with external care at home providers to identify any ongoing capacity challenges and minimize the need for packages of care to be re-provisioned.
8. More recently, there has been an increase in the number of people delayed in hospital requiring guardianship under Mental Health legislation. This is a recent development and work is being undertaken to identify the reason for the increase. To help meet the level of demand, additional capacity is currently being created.
9. The number of people waiting for a package of care is stabilising, with a recent decrease (table 3). As can be seen, the larger proportion of the problem remains within the community where more people are waiting for care than are doing so than in an acute setting. The reasons for stabilisation are predominantly due to external care at home providers having additional capacity and work being undertaken by the One Edinburgh Command Centre which is creating capacity within internal Homecare and Reablement teams and improving the quality of data we have.

Table 3: Number of people awaiting a package of care in community and hospital



10. There remains a high level of request for people requiring a social care assessment of need. At 1 March 2022, there were 28 Social Worker vacancies within the city. Recruitment is currently underway and a plan is currently being developed to increase capacity of social work teams, supported by additional investment from the Scottish Government.
11. Care homes continue to be impacted by Covid 19, affecting planned discharges and discharges to interim beds. At 28 March 2022, 12 care homes were closed to admissions due to covid outbreaks.
12. We also continue to experience pressures across our Older People’s Mental Health provision. This is particularly seen in the waiting list for the Memory Assessment Treatment clinic where on 28 March 2022, 568 people were on the waiting list, who were waiting an average of 29 weeks. With an anticipated increase in diagnosis rates this will potentially increase referrals to Community Mental Health Teams, Psychology services, diagnostic imaging, social care services and older people’s day services. Additional funding has been allocated by the Scottish Government and prioritisation has been given to addressing the waiting list and improvement of access to assessment and treatment. A working group has been established to address the issues and monitor recruitment already underway to medical, nursing and occupational therapy posts.
13. Primary Care is continuing to experience long-term pressures from population changes and availability of GPs, as well as increasing pressures linked to wider system pressures. This includes increased demand for supporting people who are distressed and upset and also other clinical services as a result of increased waiting lists for secondary services.

14. It is important to note that 3rd sector organisations and informal carers have proven an invaluable support to people in our communities, providing them with ongoing physical and emotional support during this critical time.
15. A separate report to this meeting 'The Edinburgh Wellbeing Pact – Formulation to Enactment Progress Report, April 2022' provides further evidence of the role the 3rd sector has played and updates on progress made since April 2021. The report sets out new recommendations that will further accelerate whole system change to create more resilient communities and a sustainable health and care system. They also focus on improving population health and tackling inequalities, with a particular emphasis on preventative and proactive care and place and wellbeing, all in line with the Scottish Government's Covid 19 Scotland's Strategic Framework Update (February 2022).

Innovation and Sustainability

16. As stated earlier in this paper, pressures within the system are not new although they have been exacerbated by the impacts of EU Exit and covid pandemic. These pressures have been longstanding in Edinburgh and are a result of many factors, not all of which are under the control of the partners. The EIJB has recognised the need for a longer-term strategy of transformation, sustainability and innovation and this has been set out in successive strategic plans. All aspects of this ambitious programme aim to improve outcomes for people and provide greater opportunity for people to be as independent as they can be, for as long as possible and, when they require care, for this to be provided as close to home or in as homely environment as possible. Again, recognising the long-term challenges, the change programme is seen as multi-year, over at least 5 years. We are just over 2 years into delivery of this programme, much of which has been impacted by the pandemic.
17. In addition to existing projects and agreed projects yet to start, there is also a need to identify, scope, develop and deliver the next phase of major change and innovation, with a focus on financial sustainability in the medium to longer term. Early scoping work is underway looking at the potential for radical and innovative change in a number of service areas. This next phase of major change seeks to take a different approach, developing holistic, whole-system, strategic change, focusing on the overall investment of the EIJB budget and moving away from the need for short term budget savings proposals on an annual basis.
18. By June 2022, the Scottish Government intends to introduce legislation to enable the creation of the National Care Service. While there remains much uncertainty around what this will mean in practice, it is anticipated that it will generate a significant programme of work for the EIJB and EHSCP, with the potential for major impacts on existing strategic priorities and programmes. Dedicated project and programme management capacity will be essential to support operational managers and strategic leads to ensure that these changes are well-managed, appropriately governed and that benefits are realised.



19. As demonstrated in paragraph 16 to 18 and as described elsewhere in this paper, a multi faceted, cross cutting and complex programme of change is essential to deliver the scale of transformation required to support recovery, innovation and sustainability. This work is currently coordinated through the transformation team, funding for which is in place until the end of the calendar year. In December 2021, the EIJB agreed in principle to identify a permanent funding source for the team, recognising that delivering change at the scale required is not possible without suitable resource.

Implications for Edinburgh Integration Joint Board

Financial

20. The Scottish Government has recognised, through its funding settlements to both local authorities and health boards, the pressing need for further investment in social care and health services. These funds have been provided to integration authorities to address a number of areas including:
- ongoing financial consequences of the Covid pandemic;
 - interim care beds to support flow in the wider system;
 - financial impact of the backlog of demand and increasing unmet need and frailty of people living in our communities;
 - investment needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges; and
 - impact on mental health and services.
21. It will clearly be important to invest these monies in ways which balance the need to respond immediately to service pressures with supporting redesign and transformation of services in support of our longer term sustainability. The majority of the funding is non-recurring and will be carried forward to next financial year via the IJB's reserves. Current estimates are that the non-recurring budget available will be c£50m. This will be finally quantified when the books for 2021/2022 are closed. These non recurring funds will be supplemented by the recurring funding agreed as part of the Scottish Government's budget for 2022/2023, as set out in the paper on the IJB's financial plan which the board agreed in March 2022. Elements of recurring funding which are currently unallocated include:
- £5.5m to increase care at home capacity
 - £2m for additional social workers
 - £3.6m to support multi-disciplinary teams
 - £1.8m for interim care.

22. As evidenced above, we are now seeing small improvements in performance across several areas. Work continues across all services to sustain these improvements, however, we know that without transformational change, this will result in marginal gain. It is therefore vital that the focus shifts to innovation, transformation and sustainability, building on the local and national learning from the covid pandemic and making the best use of new national funding allocations to the IJB to deliver the ambition of the strategic plan.
23. Paragraph 19 above referenced the paper the IJB considered in December 2021 which made the case for the continuation of the resource which has successfully supported our transformation programme to date. The paper was supported in principle, recognising that a dedicated team supporting executive and senior managers across the system is an absolute requirement for delivery. Given this clear link between the next steps in our sustainability journey outlined above and this investment, it is recommended that the team is funded from the recurring monies set out above. Further work, involving partnership and Trades Union colleague is ongoing to scope the exact requirements and priorities and it is proposed that the IJB approve a budget of £0.9m. The impact will continue to be closely monitored and evaluated.

Legal/risk implications

24. We continue to review and update the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.
25. Colleagues are also working closely with the risk teams in the Council and NHS Lothian and report through the Partnership Risk Committee. As a result of the continued system pressures, the Partnership has maintained the level of risk arising from these pressures at Critical.
26. There is significant risk to key strategic projects if current resource were to be withdrawn in 2022. This proposal ensures that momentum is not lost and dedicated capacity to manage major change is embedded within the permanent establishment of the EHSCP in support of EIJB strategic aspirations.
27. There is an outstanding internal audit action to conclude a review of the strategic planning area to ensure sufficient resource is in place to support the EHSCP and deliver EIJB strategic ambitions. This proposal will ensure adequate resource to support medium – long term strategic planning.

Equality and integrated impact assessment

28. There are no direct equalities issues arising from the content of this report.

Environment and sustainability impacts

29. There are no direct environmental or sustainability impacts arising from the content of this report.

Quality of care

30. The extent of pressures on the Health and Social Care system is without recent comparable precedent. The underlying causes are multi-factorial and the resolution remains very challenging. It requires concerted and resolute action across a number of fronts and with partners across the wider system at local and national level. Our response will always take account of the latest standards and guidance and we will continue to run our services in ways that minimise the risk of harm to people. It should be recognised however that, during these unprecedented times, there are likely to be occasions where the level of the demand we are facing temporarily overwhelms our ability to run services safely. We will continue to ensure that we are clearly communicating that fact, and any available options to mitigate the impact, to our service users, patients and the wider community so that they may assist in preventative and supportive measures where possible.

Consultation

31. Extensive engagement with a wide range of stakeholders has been undertaken to develop and deliver the transformation programme.
32. The recently published Care Inspectorate report on the Older Peoples Improvement Plan recommends continued resource to support strategic priorities.

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Background Reports

None

Appendices

None