

REPORT

Systems Pressures Update

Edinburgh Integration Joint Board

18 October 2022

Executive Summary

The purpose of this report is to:

- a) Update the Edinburgh Integration Joint Board (EIJB) on system pressures and performance;

Recommendations

It is recommended that the EIJB:

- a) Notes the current pressures on the Edinburgh Health and Social Care Partnership (EHSCP) and mitigating actions being taken;
- b) Agree the EIJB will receive regular reports on systems pressures.

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 IJB has received updates describing the significant system pressures being faced across the wider Lothian health and social care system. As has been highlighted previously, the pressures faced in Edinburgh are being seen nationally and that while not new, many of the pressures have been exacerbated by the EU exit and the covid pandemic.
3. What is an additional recent factor is the increasing cost of living being experienced across the country. Increasing costs for energy, fuel and food are adding to an already challenging situation and has implications for vulnerable and/or elderly frail people, much of which is well known. In addition, we are seeing concerns raised by some staff working in health and social care. One specific example is a reduction in the number of staff within Homecare willing to use their cars for work purposes due to increased fuel costs. This is resulting in more reliance on public transport, increasing travel time between home visits and therefore reducing time available on the direct provision of care.
4. As a result of the covid pandemic, EU exit and increased cost of living, we continue to see high levels of referrals to our Assessment and Care Management teams for requests for service, and high numbers of people being assessed as requiring a service. We should not underestimate the continuing impact of the covid pandemic with people being de-conditioned (i.e. frailer, less confident) following periods of lockdown and family/unpaid carers presenting as exhausted having cared for people during the pandemic with little formal and informal respite.
5. Vacancy rates within our services also continue to be an issue with specific teams particularly challenged. For example, we have an approximate 20% vacancy rate in community nursing and 14% Locality Social Worker vacancy rate. We know that high vacancy rates continue to be an issue across the health and social care system with, for example many independent care homes reporting vacancies and a difficulty to recruit. High vacancy rates result in increased pressure on those remaining staff who have to deal with high levels of demand.
6. Recognising the challenges faced in Edinburgh and in order to help us, the Edinburgh Partners - the EHSCP, NHS Lothian and City of Edinburgh Council - have been provided with additional support and capacity by Scottish Government to assist us in identifying any areas of current work we could accelerate, or new actions we could take that would have short term impact. We are currently working very closely with the support team to identify

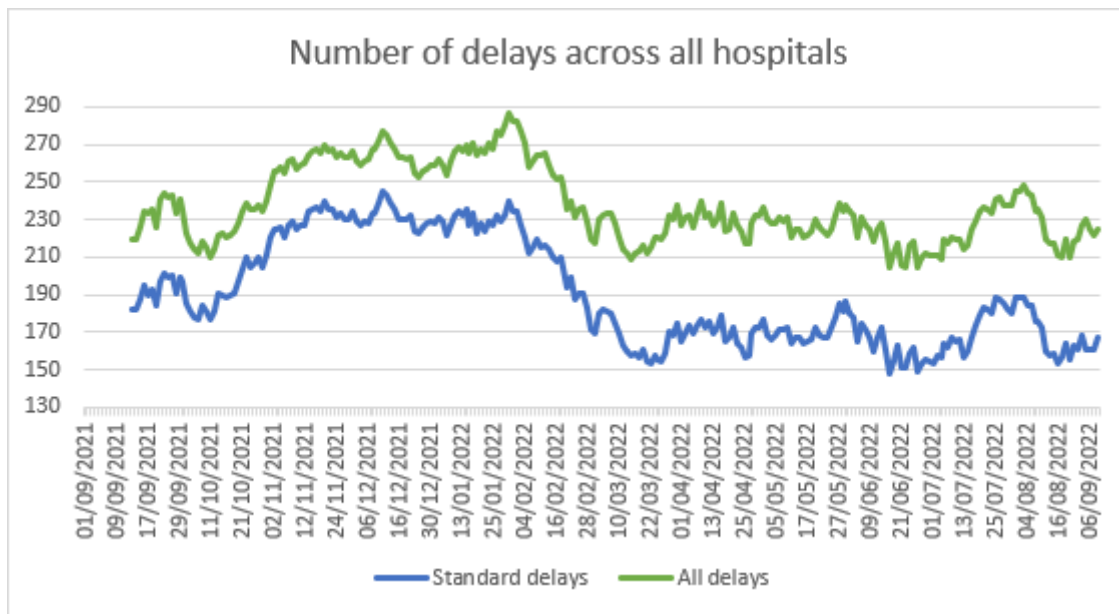
opportunities for managing the immediate extreme pressures and identifying further or alternative medium and longer term sustainable solutions.

7. This paper sets out:
 - An update on the current performance and pressures being faced by the Edinburgh Health and Social Care Partnership (see paragraphs 8 to 15);
 - An update on mitigating actions being taken by the Partnership to manage these pressures and improve performance.

Current Performance and pressures

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

Table 1: Total number of Edinburgh delays

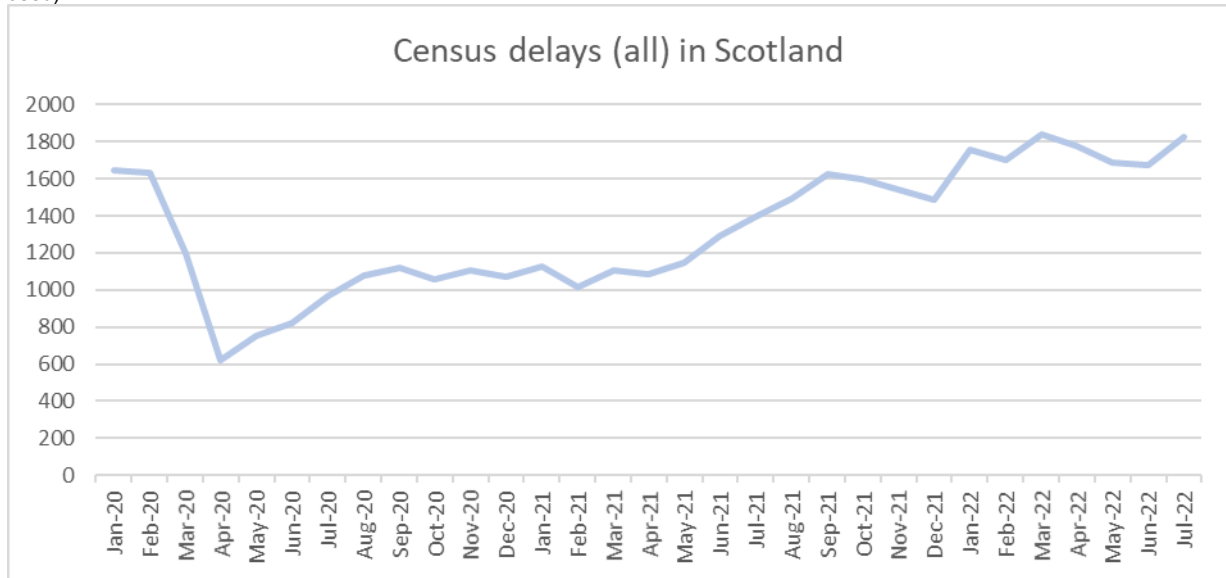


Source: NHS Lothian local data

9. The recent increase in July was predominantly as a result of increased delay while awaiting a package of care. This can be attributed, in the main to seasonal variation with increased levels of annual leave.
10. The following table shows the position at national level and the total level of delays between March 2020 and September 2022.

Table 2: Total number of Scotland delays

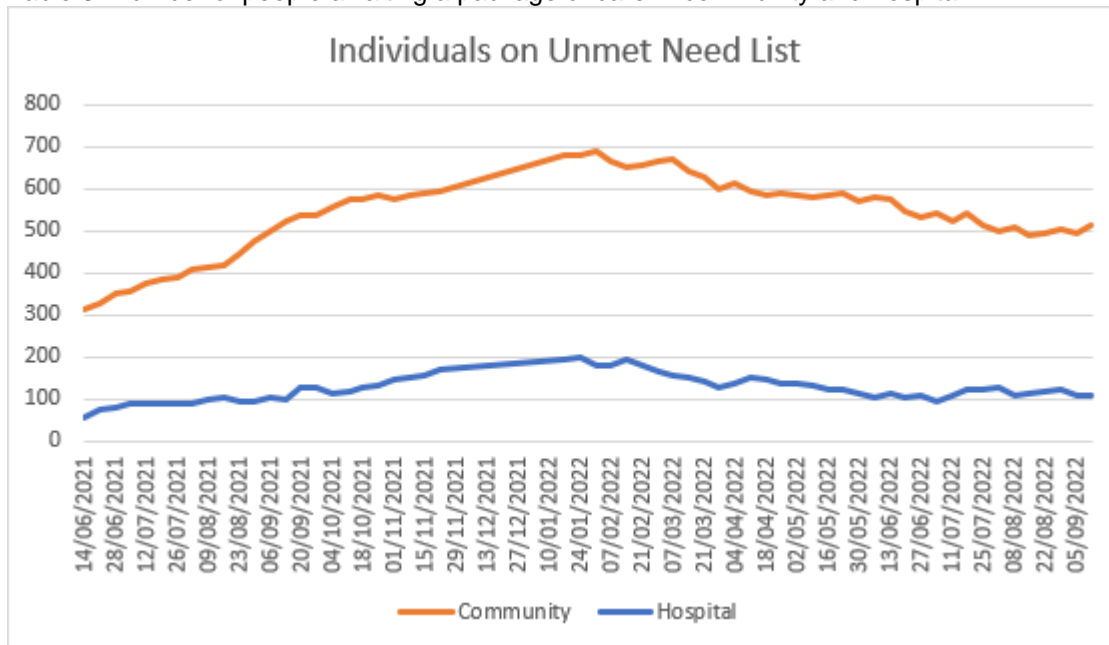
Source: Scottish Government Weekly Delayed Discharge Management Information. Confidential and not for onwards release (if used)



Source: Public Health Scotland's monthly delayed discharges publication

11. On benchmarking Edinburgh against other Health and Social Care Partnerships in Scotland, Edinburgh is no longer an outlier for delayed discharges per 100,000 population rate, despite Edinburgh's high numbers. In addition, we see a more stable position in Edinburgh compared to a deteriorating position at national level.
12. As reported to the IJB in April 2022, the number of people waiting for a package of care has stabilised (Table 3 below). 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 in a hospital setting or interim care placement. The reasons for stabilisation remain 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



Source: City of Edinburgh Council local data. Note: Figures exclude blocking reablement and reprovisioning, in line with definitions set by Scottish Government.

13. There remains a high level of request for people requiring a social care assessment of need. Work is currently underway to cleanse the waiting list as a quality assurance exercise undertaken identified that there was an over-reporting, due to a range of factors, e.g. people not removed from the waiting list having been assessed. This exercise will be concluded shortly.
14. Continued pressure remains on other waiting lists, including the Memory Assessment Treatment Service. At the end of August 2022, 691 people were waiting for an assessment with the waiting list having increased by 160 people since December 2021. Despite sustained efforts to recruit and start a waiting list initiative over the last 9 months, successful nursing and medical staff recruitment as originally envisaged has not been possible and therefore the initiative has not started. It is important to note there are national recruitment issues for both nursing staff and old age psychiatrists, so this is not solely an Edinburgh problem.
15. The main pressures on Primary Care are more long standing and as a result from population changes (additional GP registered population of 85,000 from 2012 to 2022) in addition to national pressures such as complexity and aging. In one area of Edinburgh, Medical Practices have now begun to close their lists to new registrations, and we will shortly have a large area of new housing with no provision for new registrations. We are concerned that this will inevitably result in more direct presentation to A&E, as has been predicted since 2014.
16. In addition to the above, Medical Practices are also one of the key public services that continue to bear the brunt of the ongoing pandemic impact and the residual distress and isolation this has caused for people, despite the efforts

of many parts of the system to ameliorate. The impact of sections of the media on longstanding trusting relationships between primary care clinicians and the public has been unhelpful. Many clinicians describe this as the 'tipping point' to reduce commitments, retire early or resist offering further flexibility in response to clear need.

17. Primary Care is the service delivery foundation of the Partnership. Without effective and resilient Primary Care there would be an immediate surge in hospitalisation and a wide variety of significant costs, notably prescribing. There is a continuing positive story of the transformation of primary care and increasing stability, but this progress must run very fast to escape the pressures summarised above.

Actions being taken to manage system pressures:

18. Pressures within the system are not new although there is no doubt that they have been exacerbated by the impacts of EU Exit, the covid pandemic and now the cost of living increase. The pressures outlined in this paper have been longstanding in Edinburgh and are a result of many factors, not all of which are under the control of the partners.
19. 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. In April, the EIJB agreed to fund the Innovation and Sustainability programme recognising the level of sustained resource to drive forward the complex programme of transformation required to support recovery, innovation and sustainability.
20. While the overall programme is an EIJB strategy, the delivery and implementation is undertaken by the Health and Social Care Partnership as part of the wider Lothian and Edinburgh system. Given these complexities, it has been agreed to extend oversight arrangements so that all three partners have a line of sight on the impact of these programmes as they relate to their individual accountabilities and in terms of support in its implementation. Membership of the Whole System Delivery Oversight Board includes the Chief Executives of NHS Lothian and the City of Edinburgh Council and the EHSCP Chief Officer, with other officers in attendance as appropriate.
21. The Whole System Delivery Oversight Board is currently meeting monthly, providing the most senior level operational oversight to the implementation of the programmes of work and management of system pressures, providing practical advice, support and where necessary, agreeing resources to support the programmes of work, recognising the EIJB's overarching accountability.
22. Specific actions currently underway to manage the current system pressures include:

Workforce recruitment:

23. We are continuing to promote recruitment for our internal Homecare Service. Through offering more flexible working arrangements, we have seen an upturn in interest for our advertised internal Homecare posts, with 17 carers being recently recruited and further interviews planned in October.
24. Following the initial pilot in May 2022 in partnership with Capital City Partnership, a further five hyper-local recruitment events between September and November are highlighting job vacancies across the Partnership. They will provide a range of input from community partners with support on the barriers to people applying for posts including income maximisation, welfare advice, digital support and skills building.
25. Building on the above work and to further promote employment opportunities within the Partnership we have funded 2 staff within Capital City Partnership to build upon the Local Employability Partnership model. This will be undertaken by bringing together services and offers under a collective and coordinated single point of contact, putting together a continuous programme to significantly increase the volume of applications and successful candidates, and increase job retention. The programme will have a locality and neighborhood focus but be flexible to respond to the wide-ranging nature of recruitment challenges, linking into wider opportunities and increasing access. We are currently working with the Capital City Partnership to set ambitious targets for recruitment that will build on our recent improved recruitment drives and extend further across the Partnership.
26. We continue to actively recruit to vacant posts within our Social Work teams and some specific teams are seeing some initial success, particularly with Hospital Social Workers. We are therefore exploring how we can target recruitment at where it would have most success.

Reducing the number of people delayed in acute hospitals

27. Building on our Home First programme of activity, we are undertaking a dedicated improvement project to reliably improve discharge planning and introduce a planned date of discharge model across a defined number of Medicine of the Elderly (MoE) wards within the Royal Infirmary Edinburgh and Western General Hospital. The aim of this work is to reduce the average number of occupied bed days in MoE wards by March 2023.
28. Interim Beds: Between 2 November 2021 to 19 September 2022, 193 people have been moved to interim beds, with more than 80% of those people having moved on from their interim care home placement. The number of those moving on from an interim bed has increased by 30% since the EIJB system pressures report in April.



Reducing levels of unmet need

29. The workstreams that form the One Edinburgh portfolio continue to develop, these include the implementation of Totalmobile, a new mobile workforce solution that will help maximise capacity, the internal redesign of our Homecare Service and the engagement with our external providers.
30. In relation to the internal redesign there are a number of areas that we are focussing on:
- The One Edinburgh Command Centre continues to meet daily, bringing together key staff members to make intelligence-led decisions regarding the allocation and utilisation of our internal capacity, those people needing a package of care in hospital and in the community. This is resulting in a reduction of unmet need, increased contact time and best use of resource to meet need.
 - We have established a review team and have plans to expand this. To date 470 reviews have been undertaken, which has resulted in a capacity gain of 5.3% and through the command centre we ensure that this capacity gain is utilised.
 - We have plans to establish a triage team to ensure that when we receive requests for support we have explored all relevant community based services, the use of technology and that the request is appropriate. This will help us ensure the best use of our resource.
 - An HR specialist has been appointed to support the homecare management teams to manage high sickness levels, resulting in increased internal capacity. To date we now have 3 out of the 12 home care services with absence levels below the target.
 - We are also part way through our second recruitment drive with a third to launch mid-October. We have refreshed the advertising campaign and the range of shift patterns on offer to attract a broader range of applicants and are seeing positive results from this.
31. In parallel with the work on the internal service we have established a range of sessions with our external providers both at locality and city-wide level. The aim of this is to engage in a different way with them in terms of the totality of our resource and to be able to more effectively make use of our combined resources in a more targeted way to reduce unmet need.

Reducing the number of people waiting for a social care assessment

32. As stated above, a data quality exercise is in the process of concluding and will provide an accurate reflection of need. While this occurs, a range of actions have been undertaken to ensure that there is a consistent approach across the city to actively reviewing the risks of those on the waiting lists to ensure that people are safe.



33. Through additional funding from the Scottish Government to increase Social Work capacity, funding has been committed to a range of initiatives, some of which will result in increased capacity to address the waiting lists for social care. This includes increased support staff to free up Social Workers to prioritise what only trained staff can do. A further agreed proposal is to enhance Social Care Direct so that an enhanced team can undertake all screening of new referrals at point of contact (including Adult Support and Protection), resulting in quicker outcomes and solutions for people with straightforward need. i.e. equipment requests will be assessed and delivered by the Social Care Direct team. This will mean that locality teams have increased capacity to work with people with more complex or longer-term needs.

Reducing the number of people waiting for a memory assessment

34. Recruitment is currently underway for 2 nurses to join the team and an Occupational Therapist has recently been appointed. One Specialty Doctor has recently been appointed but is unable to start until May 2023. We are currently working with the Royal Edinburgh management team to see what options there are on the short term to increase medical capacity that will help impact positively on the waiting list.

Community Mobilisation

35. As outlined in previous reports, the third sector continue to undertake essential action to support people in their communities that actively helps address the pressure on our health and social care system.
36. Some recent developments that have been initiated within the third sector include:
- The Edinburgh Community Resilience Programme with partner agencies Cyrenians and Queen Margaret University, which is a collaborative partnership designed to increase community resilience to support the health and wellbeing of Edinburgh's older people. The programme builds on previous expertise and research which considers community navigation, social prescribing approaches and the Making it Clear resilience framework. Participatory Action Research (PAR) will enhance a resilience focussed model of community support. It aims to gain a better understanding of how to construct a more efficient, effective, and sustainable community support and will do so by exploring the experiences and perspectives of both, older people and those embedded in community support. Recruitment for the posts will be commencing shortly. This will form a key component of the Discharge without Discharge Programme referenced in paragraph 25 above. The team will work closely with a number of statutory and 3rd sector teams including the Edinburgh Volunteer Community Taskforce to support people to return home from hospital when ready to do so.

- On 16 September 2022, 60 colleagues from the 3rd sector and Health and Social Partnership joined the online Edinburgh Wellbeing Pact Capacity to Collaborate dialogue to discuss how the vast and diverse array of support provided by 3rd sector colleagues could be best harnessed to contribute to the Discharge without Delay programme. An action plan informed by this development session is being drawn up and will cover a number of interventions including medication, day opportunities, community transport and support with food and energy.
 - ‘Op Ready’, the fit for surgery partnership with Edinburgh Leisure will provide tailored pre-operative support for people whose current health status is impacting on them receiving the necessary surgical procedures. We know the last two years have severely impacted people who are awaiting surgery with many people struggling with their mobility that is also affecting their mental health and emotional wellbeing, compounded by isolation and loneliness and a worsening general health status, all preventing them from accessing much needed surgery. This project will be tailored to peoples’ needs and be available for those requiring knee or hip surgery referred by Acute Physicians. Post operative support will also be given to enable optimum recovery.
37. It should also be noted that preparations for Winter 2022/23 are well underway and actively aligned to actions outlined in this report. A detailed report on the Partnership’s preparation for winter is also included within IJB Board papers.

Implications for Edinburgh Integration Joint Board

Financial

38. The finances to support the various initiatives set out in this paper are drawn from a combination of: base budgets; covid winter funding provided by the Scottish Government in 2021/22 (carried forward in Integration Joint Board reserves); some specific allocations and additional monies provided in the 2022/23 budget. Further detail on some of these sources is contained in the financial plan update presented to the board in August 2022 (<https://democracy.edinburgh.gov.uk/documents/s47815/7.1%20Finance%20Update%202.pdf>).
39. It should be noted however that the Scottish Government has written to integration authorities indicating that they will be seeking the return of any surplus covid monies. In addition, pressure on the overall health and social care portfolio at a national basis means that Scottish Government colleagues are reviewing all in year allocations and the flexibility we have had in previous years to invest slippage locally is unlikely to be available in 2022/23. The practicalities remain to be worked through but it is clear that we are facing

competing challenges of improving performance at the same time that financial resources are increasingly constrained.

Legal/risk implications

40. We continue to review and update the Partnership and IJB risk registers to ensure they appropriately reflect the mitigations in place.
41. Colleagues continue to work 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.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

44. The extent of pressures on the Health and Social Care system remains 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 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

45. As outlined throughout this report.

Report Author

Judith Proctor
Chief Officer, Edinburgh Integration Joint Board
Judith.Proctor@edinburgh.gov.uk

Contact for further information:

Mike Massaro-Mallinson
Service Director, Operations
Edinburgh Health and Social Care Partnership
Email: mike.massaro-mallinson@nhslothian.scot.nhs.uk

Background Reports

None

Appendices

None