

Scottish Borders Health and Social Care Partnership Integration Joint Board

20 September 2023

Unscheduled Care Surge Planning and Delayed Discharge Trajectory Update

Report by Chris Myers, Chief Officer



1. PURPOSE AND SUMMARY

- 1.1. To appraise the Integration Joint Board of progress following its consideration of the need for enhanced surge planning and the associated direction that was approved in its meeting on 19th July 2023.
- 1.2. The Direction followed escalation by the Health and Social Care Partnership (HSCP) Joint Executive to the Integration Joint Board based on deteriorating local unscheduled care performance, and the increased associated risk.
- 1.3. A new surge plan and associated delayed discharge trajectory and associated surge plan is enclosed that has been approved by the Health and Social Care Partnership (HSCP) Joint Executive Team, and considered by the NHS Borders Resource and Performance Committee.
- 1.4. As this is a complex plan, involving actions from across the HSCP, there are a number of risks associated with this plan, but work will be undertaken by the HSCP Joint Executive Team to manage performance and risk as effectively as possible.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to**
 - a) Note the progress made by the HSCP Joint Executive Team on actions which support surge planning
 - b) Note the delayed discharge trajectory

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our efficiency and effectiveness	Reducing poverty and inequalities
X	X	X	X	X	X

Alignment to our ways of working					
People at the heart of everything we do, and inclusive co-productive and fair	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Openness, honesty and responsibility
X	X	X	X	X	X

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required

5. BACKGROUND

- 5.1. Further to the Integration Joint Board meeting which considered the position escalated by the HSCP Joint Executive Team, the approved direction was issued to NHS Borders and the Scottish Borders Council.
- 5.2. Officers within the Health and Social Care Partnership have held a surge planning workshop on 31 July 2023 to consider existing programmes of work under the HSCP Urgent and Unscheduled Care Programme Board that could potentially have a positive impact on hospital occupancy, that could be further accelerated, with minimal resource impact. Following the workshop, further work was undertaken to assess the risks and feasibility associated with these initiatives.
- 5.3. In addition, work has been progressed to outline the impacts of the additional £1.9m investment agreed for older adult services by the Integration Joint Board in their 2023/24 budget, and the associated Scottish Borders Council budget offer.
- 5.4. This paper notes the progress and outputs of this process. It must be noted that there a range of risks further outlined in the risks and mitigations sections (7.13 and 7.14).

6. OUTPUTS

- 6.1. The following areas of impact from an early intervention and prevention perspective have been identified:
- A focus on improving vaccination uptake for Health and Social Care staff to 75% uptake
 - A focus on nutrition, hydration and anticipatory care planning in Care Homes
 - Continued work to progress Hospital at Home
 - Communications to promote self care, community supports, Values Based Health and Care and the Right Care, Right Place, Right Time agenda
 - Commissioning of the third sector
- 6.2. The following areas of impact from a process and transformation perspective have been identified, with impacts on bed occupancy noted in brackets:
- Home to Assess as a core component of the integration of Home First and Adult Social Care Home Care services (impact of 18)
 - Development of the Medications Administration service within Home First (impact of 15)
 - Single assessment through a re-ablement assessment (reduced length of stay and improved process)

- Effective Discharge Implementation Programme (reduced length of stay and improved process)
- 6.3. The following areas of impact from an investment perspective have been identified, with impacts on bed occupancy noted in brackets:
- Improved carer supports, including the opening of 4 high dependency bed based respite
 - Poynder Apartments (36 total units, with 9 forecast from the Hospital system)
 - Upper Deanfield step down care and Waverley (9 giving forecast impact of 12 to the end March)
 - Further commissioned step down beds (18 giving forecast impact of 33 to the end March)

7. IMPACTS

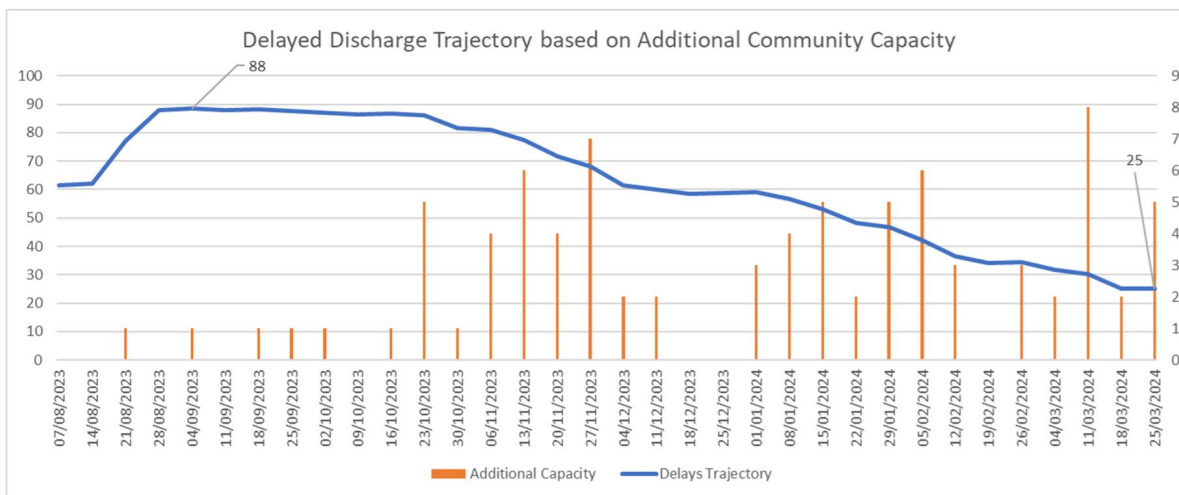
Community Health and Wellbeing Outcomes

- 7.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

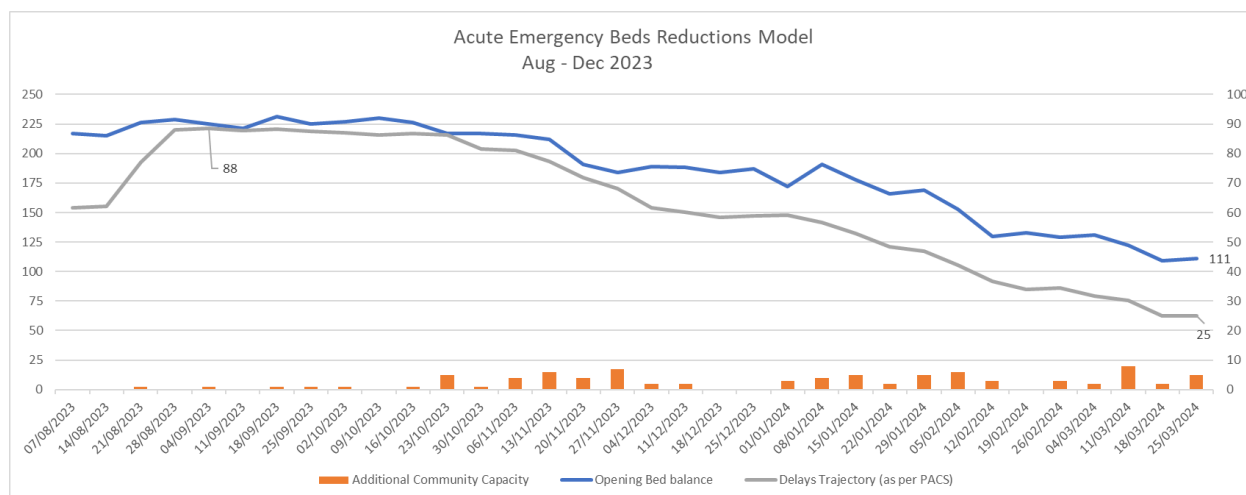
Delayed Discharge Trajectory

- 7.2. Based on an assumption that both core demand and activity remain as they were over the 26 week preceding period (27 February – 31 August 2023), with core demand of 12.8 / week versus core removals of 12.4 a week, and that the additional actions fully deliver, the additional actions noted above are expected to have the following impact on the number of Delayed Discharges across all hospital sites.



Surge Beds Closure in Borders General Hospital

7.3. In turn, based on bed occupancy from 22/23, the additional actions are expected to have the following impact on the number of Acute emergency beds required in the Hospital system.



Financial impacts

- 7.4. There is an opportunity for a reduction of large hospital set aside financial costs through the actions outlined in this paper to close surge beds. This would include the closure of Blue ED, surge in Ward 7 and Borders View surge.
- 7.5. The actions outlined are expected to reduce the nursing overspend from a baseline overspend of £148k/ month = £1,779k per annum, by £43k/ month. Over the remainder the financial year this would reduce the overspend by £392k to £1,387k.
- 7.6. Impacts are noted in the table below, but depend on the delivery of the actions described to enable closure of surge capacity, along with acute hospital occupancy aligning to the forecast.

Surge closure	Timescales and associated reduction in spend
Blue ED closed and 10 beds of the 37 in MAU ringfenced mid Nov	Mid Nov to March = £194k

Shutting surge in Ward 7 Mid December	Mid Dec to March = £151k
Shutting 8 beds in Borders View from Mid-January will reduce staffing in Borders View by 5.19wte HCSW	Mid-January to March = £47k
Baseline surge nursing staffing spend £148k/ month = £1,779k Spend reduced to £43k/ month with closure of surge noted Projected spend on surge beds in 23/24 with surge closure plan - £1,387k	
Total reduction in expenditure to March 24 - £392k	

Equality, Human Rights and Fairer Scotland Duty

- 7.7. Stage 1 Proportionality and Relevance has been completed. As this surge closure programme depends on the impacts of a range of other projects, associated Equality and Human Rights Impact Assessments are being undertaken, where relevant, for each of these projects.

Legislative considerations

- 7.8. The principles of integration set out in the Public Bodies (Joint Working) (Scotland) Act 2014 included ensuring that available facilities, people and other resources are used most effectively and efficiently, in a way that anticipates the needs (and prevents them arising) of a population with increased level of need.
- 7.9. Integration Authorities are responsible for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as the “Set Aside” budget.
- 7.10. 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.
- 7.11. Legislation permits that where a planned change is delivered resource will be able to be transferred between the Delegated Budget and the Set Aside budget for directed hospital services, via a Direction from the Integration Authority to the delivery partners. In the case of an increase in consumption, the Integration Authority will need to consider how to fund the additional capacity through the Strategic Plan. Similarly, where resource is released, the Integration Authority will be able to consider how to use this resource through the Strategic Plan.

Climate Change and Sustainability

- 7.12. There are no known climate change or sustainability impacts.

Risk and Mitigations

- 7.13. Unscheduled care surge pressures impact on IJB Strategic Risk 002: “If we fail to ensure the effective delivery of outcomes/delegated services within the available budgets then it could lead to poorer outcomes and an inability to deliver the Strategic Commissioning Plan / Strategic Framework.” The approach outlined in this paper is expected to reduce this risk.

In addition, the following risks have been identified. These will all be closely managed through the HSCP Joint Executive, and the HSCP Urgent and Unscheduled Care Programme Board.

	Risk	RAG
Capacity	There is a risk that gains made through the closure of beds (offset by community capacity) still leaves the hospital at 100% occupancy	Red
	There is a risk that additional community capacity does not have a targeted length of stay/adequate turnover to ensure robust flow (externally)	Yellow
	There is a risk that the additional capacity released does not match the patients currently delayed in Acute, therefore the overall beds gain Acute is reduced.	Red
Occupancy/Surge	There is a risk that failing to achieve 90% occupancy on the funded unscheduled bed base will impact elective requirements	Red
	There is a risk that Acute surge is the only feasible surge action (Community Services unable to support surge actions)	Yellow
	There is a risk to delivery of elective surgery programme	Yellow
	There is a risk that additional community capacity does not provide ongoing flow across Acute which will exacerbate congestion/overcrowding in ED	Yellow
	There is a risk that the patients delayed across the Acute setting do not match the criteria set for Borders View	Yellow
Staffing	There is a risk that increased sickness absence due to increased levels of movement across BGH (proposed bed closures will require repurposing existing resource)	Yellow
Community Capacity	There is a risk that enabling meds administration will not deliver predicted gains. There is a risk that the integrated reablement project will not be able to go through the organisational change process/ restructuring in order to impact current DDs.	Red
Engagement	There is risk that this plan will be perceived inadequate by system partners based on historical commitments to Winter	Red

8. CONSULTATION

Communities consulted

- 8.1. Over and above the communities consulted through the individual underpinning projects, the following groups have been consulted:
 - HSCP Urgent and Unscheduled Care Programme Board
- 8.2. Over the coming months, as the work continues to evolve, the following groups will be consulted:
 - Unpaid Carers – Carers Workstream
 - Staff – Joint Staff Forum
 - GP Subcommittee
 - IJB Strategic Planning Group

Integration Joint Board Officers consulted

- 8.3. The IJB Board Secretary, the IJB Chief Financial Officer, the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.
- 8.4. In addition, consultation has occurred with our statutory operational partners at the:
 - HSCP Joint Executive
 - NHS Borders Resources and Performance Committee

Approved by:

Chris Myers, Chief Officer

Author(s)

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Background Papers:

Scottish Borders Health and Social Care Integration Joint Board 19 July 2023. Surge Planning. Available from: <https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MId=6536&Ver=4>

Scottish Government. Financial planning for large hospital services and hosted services: guidance. Available from: <https://www.gov.scot/publications/guidance-financial-planning-largehospital-services-hosted-services/>

Previous Minute Reference:

Scottish Borders Health and Social Care Integration Joint Board 19 July 2023. Meeting minutes, Surge Planning. Available from:

<https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MId=6537&Ver=4>

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