Short Life Working Group – Meeting Schedule

2020	Mon	Tue	Wed	Thu	Fri
W/C 03 Aug	SLWG	WS2 *Attachment:* SLWG WS2 – Midlothian HSCP – Presentation			cancelled
W/C 10 Aug		WS2 *Attachment:* SLWG WS2 – Discussion Paper			WS1
W/C 17 Aug	SLWG	WS2			WS1 *Attachment:* SLWG WS1 – Good Life Report
W/C 24 Aug		WS2 *Attachment:* SLWG WS2 – NDTI Presentation			
W/C 31 Aug	SLWG			WS1	
W/C 07 Sept		WS2			WS1
W/C 14 Sept	SLWG				
W/C 21 Sept		WS2			
W/C 28 Sept	SLWG	WS2			
W/C 05 Oct					WS1 *Attachment:* SLWG – Community

					Living Change Fund Proposal
W/C 12 Oct	SLWG	WS2			Cancelled
W/C 19 Oct		WS2 *Attachment:* SLWG – interim report to CabSec			
W/C 26 Oct	cancelled	WS2			
W/C 02 Nov					
W/C 09 Nov		WS2			

Membership

SLWG

Jane O'Donnell (Joint Chair)
[redacted – SG Official] (Joint Chair)
Barclay G (Gillian) (SG)
[redacted – COSLA official] (COSLA)
Cleland Sneddon (Solace)
[redacted – SG official] (SG)
[redacted – LA official] (Social Work Scotland)
McAloon HC (Hugh) (SG)
[redacted – LA official] (Social Work Scotland)
Julie Murray (CO East Renfrewshire & member of IJB CO Network group)
[Redacted – SG Official]

Workstream 1

[redacted – SG official] SG Chair
[redacted – COSLA Official] COSLA
[redacted – SG Official] SG
[redacted – SG Official] SG
[redacted – SG Official] SG
[redacted – SG Official] SG
[redacted – COSLA Official] COSLA
[redacted - SG Official] SG

Workstream 2

Gillian Barclay (SG) (Chair)
Dr Anne MacDonald (University of Glasgow)
Charlie MacMillan (SCLD)
Andy Kerr (Piper Group)
Austen Smyth (Richmond Fellowship)
Dr Ron Culley (Quarriers)
[redacted] (Parent carer)
Dr Eleanor Brewster (Royal College Psychiatrists)
[redacted – NHS Official] (NHS Greater Glasgow and Clyde)
[redacted – NHS Official] (NHS Greater Glasgow and Clyde)
[redacted – LA Official] (Moray HSCP)
[redacted – NHS Official] (NHS Grampian)
[redacted – SG Official] (SG)
[redacted – COSLA Official] (CoSLA)
[redacted – SG Official] (SG)

Action Note – meeting date 3 August 2020

1. In attendance:

[redacted - SG Official]	SG (Chair)
[redacted - COSLA Official]	COSLA
Gillian Barclay	SG
Cleland Sneddon	Solace
[redacted - LA Official]	Social Work Scotland
Julie Murray	CO East Renfrewshire & member of IJB CO Network group
[redacted - SG Official]	SG

Apologies

Jane O'Donnell, [redacted - SG Official] and Hugh McAloon

Agenda

- Welcome and introductions
- Progress report from Workstream 1 and complex care paper.
- Progress report from Workstream 2
- Publishing SLWG, WS1 and WS2 Terms of reference and action notes
- Agreed points to report to next Cab Sec/Cllr Currie meeting

Discussion :

[redacted - COSLA Official] chaired meeting due to issues with IT.

The Chair of Workstream 1, [redacted - COSLA Official], provided an update and complex care paper to the group. The area of business covered the following points –

- Main focus since the last meeting has been on the change fund proposal and the program budget approach.
- Interim report was update and re-circulated
- Need for further engagement with professional advisors was highlighted

Discussion Points –

- Need to engage with wider members on w/stream 1 particularly finance reps
- Developing recommendations but more discussion needs take place before a final recommendation can be given.
- [redacted - COSLA Official] and Gillian to draft an interim report to Cab Sec and Councilor Currie setting out need for wider engagement and proposed change in timescales to September.
- This would be used to engage with professional advisors and report to HSC Board for COSLA.
- Specific discussion around disinvestment from hospital and transfer of resource to community settings and the need to explore this further.

The Chair of Workstream 2, Gillian Barclay, provided an update paper to the group and addressed the issue of transparency around SLWG documentation. The area of business covered the following points –

- Attendance at meetings has been low due to absences and therefore meeting timescales difficult.
- Group have received a number of PQs about SLWG and the Coming Home working group. How to support transparency? Draft PQs response is "findings will be published in the Autumn" and the group's recommendation is to add that "stakeholder engagement will be sought on the publication."
- To note the WS1 finance data cannot be published.
- Register – suggested title "Dynamic support register", this register needs to make the population visible to the Commissioners.

Agreed points for the Cab Sec and Councilor Currie meeting

- Interim report to Cab Sec and Councilor Currie that the August deadline may not be met for all proposals and to manage expectations this may be moved to September.

Actions for next meeting:

- Interim report to be completed this week – Gillian, [redacted - COSLA Official] and [redacted - SG Official]
- Additional comment to added to the PQs - Gillian

Next meeting: 17 August 2020, 13.00 – 14.00 by MS Teams

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 4 August 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Matters arising from last meeting 28 July 2020

No revisions to the readout from the previous meeting were requested.

ITEM 2 – Presentation and Discussion on the Midlothian Example

The Group were grateful to welcome representatives from Midlothian Local Authority and NHS Highland to share their commissioning experiences. A PowerPoint accompanied discussion.

SLWG - WS2 - Midlothian HSCP Pr

The group heard about the Midlothian approach to commissioning and building 'Teviot Court' – a town centre, purpose build, core and cluster model complex of 12 dwellings, build as local authority housing.

It was emphasised that failure to build the right properties is the key block, as structures then form around this compensating for a lack of the right environment for people.

Cultural successes to the project came about from strong and invested leadership for the project and Human Rights underpinning the decision making process.

The specific circumstances of Midlothian were discussed, namely access to land, geographically small authority and concurrency of the local authorities housing development programme. Consideration that these factors will not apply across Scotland is important.

It was highlighted that there is numerous examples of best practice for property development and layout – Teviot Court followed a single story, barrier free non-institutional model. The Core and Cluster model offered the best aspects of group living while offering the benefit of individual tenancies. Staff training is based in the PBS model of support.

Midlothian opted to keep one of the tenancies free as a safe house. It provides a suitable destination for a pre-hospital escalation however local authorities must be prepared for the sunk cost of an empty tenancy.

Teviot court is around twice the size of standard local authority housing.

Teviot Court cost around twice the cost of a standard local authority house. This becomes negligible over the 30 year lifespan of the property. Financial modelling was made on the 12 most complex individuals in the LA at the time, although not all moved in it aided discussions of the financial argument.

Teviot Court was built in the town centre, members noted this may not be appropriate for everyone's needs. There is a balance between access to community resources and a risk of creating invisible rural communities, this will be different for each locality across Scotland.

Members noted that staff recruitment and retention remain a barrier in rural areas. This can cause problems with inappropriate placements as a lack of staff prevents people living in individual tenancies and requires group living solutions. There are also complexities around matching staff to individuals labelled 'complex need.'

There was suggestion about whether regional commissioning could be a possible solution.

There was discussion round the definition of a successful placement. Members noted the possibility of cultural issues within Health services where they expect that once an individual is handed over to Social Care their involvement should end. Continuous health involvement in a social care package does not mean it is failing.

Members noted the need for political pressure in supporting reform.

ITEM 3 – Any other Business

SG invited comments from members on the draft report by email.

It was agreed that additional discussion would be conducted via email.

The Presenters were happy to pick up with members via email after the meeting:

[redacted - LA Official], Planning Officer for Learning Disabilities – Midlothian Council

[redacted - NHS Official] , NHS Highland Head of Service - Learning Disabilities & Autism

ENDS

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 11 August 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Matters arising from last meeting 04 August 2020

No revisions to the readout from the previous meeting were requested.

ITEM 2 – Discussion on Recommendations

Members were thanked for their efforts in completing the discussion paper.

20 08 03 Complex Care - engagement

This will be used as an aid to discussions with wider colleagues both internal to SG and within Local Authorities. Members discussed the need to involve NHS Leadership at this stage.

The discussion paper sits alongside the recently completed interim report.

Work is now to focus on production of the final report, which will require a collaborative effort from members.

Members were reminded of the importance of being clear while engaging externally between commissioners and procurement.

The group discussed good practice from the Greater Glasgow Drug and Alcohol services and Strategic Planners Networks.

The tone of the final report was discussed with agreement that the final report will highlight the collaborative opportunities open to decision makers, with families able to provide innovative solutions. Members agreed the final report must be about the system reform leading genuine integration of the social care and health care needs of the population. It must concentrate on the forces and nudges at play, given that concepts of active citizenship and autonomy are well known.

The group moved on to discuss the needs of the Mental Health populations. LD and MH populations share the same principles of a complexity of needs and can display challenging behaviour. MH populations are harder to identify as they can present at any time whereas LD is usually clinically identifiable by five years old.

Members discussed the need to consider the cohort of individuals currently delayed discharge within the independent hospital sector.

The merit of defining an unnecessary hospital admission was discussed.

Members discussed issues around workforce planning with agreement that further discussion was required on this topic. It was noted that qualifications and courses already exist, but there is a need to build national infrastructure/capacity within communities and allow a portability of these qualifications.

ITEM 3 – Any other Business

It was agreed that additional discussion would be conducted via email.

ENDS

Action Note - meeting date 14 August 2020

2. In attendance:

[redacted - SG Official] SG Chair
[redacted - SG Official] SG
[redacted - SG Official] SG
[redacted - SG Official] SG
[redacted - SG Official] SG
Gillian Barclay SG
[redacted - COSLA Official] COSLA

Apologies:
[redacted - COSLA Official], [redacted - SG offical] , [redacted - SG Official], [redacted - SG Official], [redacted - Scotland Excel Official] and [redacted - SG Official]

Agenda items

Discussion with [redacted - DHSC official], Policy Lead from the Health Inequalities (LD) & LeDeR, Dementia and Disabilities Team, Mental Health, Dementia and Disabilities Directorate regarding Community discharge grant in England

Introductions and a discussion facilitated by [redacted - DHSC offical]

[redacted - SG Official] introduced [redacted - DHSC offical] to the group to facilitate discussion around the £62 million fund, providing background information and how this is being taken forward.

In December it was agreed investment would be provided to improve community services for learning disability and autism inpatients, to provide assistance to enable people to go back into the community from hospital. This is known as Transforming Care in England. The £62 million would be spread over three years and is seen as a new money stream.

- 2020/21 - £20 million
- 2021/22 and 2022/23 - £21 million

The work initially stalled because of COVID, but was then expedited after significant numbers of discharges being made in March and April with no sign of readmissions to hospital.

The target is to reduce inpatients by 50% by 2023/2024. Double running costs are seen as the main barrier although there is no published data on this and it is hard to quantify. It is assumed double running costs apply to 30% of inpatients in England. To ensure the funds are not swallowed up in the budget, the funding has been specifically allocated to double running costs, with the use agreed by Memorandum of Understanding with each Transforming Care Partnership. The funding mechanism applied in England is section 31 grants paid direct to local authorities and is seen as relatively easier, with the drawback that they cannot mandate what the funds are to be used for.

Questions

Has there been any pushback from partnerships? - it has been difficult to justify to areas with less people.

Was the funding based on estimates, what is the timeframe for double running costs, was this sustainable, was appropriate accommodation developed? – Would need to consult with analysts and get back to you on estimated costs and timeframes but estimated timescales would be based on double running costs. Capital and sustainability, the main ask is about year 4 funding but this is about a specific issue and will not resolve all the problems.

Will you review this in year 2? What are you going to evaluate on? What data are you looking for? - It has not been confirmed what will be needed, but should include what the funds were spent on, did the inpatient numbers decrease, where inpatients discharged to the community or another inpatient setting. The Transforming Care Partnerships do publish monthly data on inpatients and [redacted - DHSC offical] will forward the information to the group.

Retrospective payment – the memo is high level to reduce inpatient numbers in learning disability and autism. This is left to the discretion of the local authorities to spend and have left it quite open as different challenges are experienced in different areas. Section 31 cannot mandate a breakdown.

Question around hospital beds and releasing the resource from hospital beds? – [redacted - DHSC offical] to provide [redacted - SG Official] with an answer once she has consulted with colleagues.

Reducing inpatients by 50%, is that people or occupied bed days? - People. There are about 2500 people at present and are looking to reduce this to around 1200. Approximately the £20 million would be shared with 1200 people, equating to £16000

per person. The proviso is the funds can be spent on the person or the service, ie start a new support service if required. All Transforming Care Partnerships have inpatients and funds will be distributed fairly. The funds will not follow the inpatient. Pockets of the country in England have bigger problems and it is known that there is five times the amount in some areas.

How is delayed transfer care data in England collated? Do you publish separate data on this group? - [redacted - DHSC offical] to provide information on these questions

Are any of the inpatients originally from Scotland, who were sent out of area for a particular service provider and the service provider package went into crisis? No data known of but will consult with colleagues.

[redacted - DHSC offical] will pull together responses and forward on to [redacted - SG Official]. Group noted that England had similar issues, solutions and considerations but in England the issue is about learning disability and autism and does not include mental health. Workstream 2 focus has been mainly on learning disability and autism and not mental health as learning disability have longer delays. However the types of accommodation and care are very similar for both groups but mental health is not a lifelong condition, there are subtle differences.

Double running costs in Scotland are £10000 per person but are just for resource and not capital. Health Finance have advised that a submission to Cab Sec would need to be submitted and for her to decide how the consequentials are spent. This should be explained in the report that will be shortly submitted to Cab Sec.

AOB

Suggestions on which stakeholders should be invited to the finance workstream –

- CFO network
- Local authority Director of finance
- NHS Finance Director
- SOLACE
- HSC Board
- Commissioning Mangers network – Consult with [redacted - SG Official]/[redacted - SG Official]

Next meeting: 21 August 2020, 1100 – 1200 by MS Teams

Action Note – meeting date 17 August 2020

3. In attendance:

Jane O'Donnell COSLA (Chair)

[redacted - SG Official] SG

[redacted - SG Official] SG

Gillian Barclay SG

[redacted - SG Official] SG

Cleland Sneddon Solace

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - SG Official] SG

Apologies

[redacted - COSLA Official], [redacted - LA Official], Hugh McAloon

Agenda

- Welcome
- Progress report from Workstream 1, draft paper to Cab Sec & Cllr Currie and a paper on the change fund proposal
- Progress report from Workstream 2

Discussion :

[redacted - LA Official] chaired meeting.

The Chair of Workstream 1, [redacted - SG Official], provided an update, draft paper and paper on the change fund proposal. The area of business covered the following points –

- The change fund proposal is required to allow financial cover for running double costs for hospitals and community settings until individuals have a settled place.

- There is a need to unlock wider resources than those currently deployed with redesign as a key output of the process.
- Scotland Excel are supporting this work by providing guidance on procurement and commissioning.
- The UKG have announced a £62 million learning disability and autism fund over a three year period and we await final confirmation of the consequentials for Scotland from that figure.

Discussion Points –

- The group endorsed the change fund proposal for the reasons set out above.
- The group have not given specific consideration to reporting and governance but took some time to discuss the example of the "older peoples change fund". Colleagues noted that explicit inclusion of collaboration and partnership would be required.
- List of principles contained in the paper would be for a joint agreement signed by the Scottish Government and Local Government.
- SG colleagues noted that a cost sharing agreement should still be considered. LG colleagues noted that the proposal must be future proofed financially or we risk letting down those individuals who we are trying to support in the long term.
- It was noted that no Chief Finance Officers had been given an opportunity to provide advice to the group. BS and CT to present a paper to the Chief Finance Officer group shortly and will include their feedback in their next update. A key point was made that funds must be released from hospital provision to pay for initial double running costs in the community
- The Group agreed that separate emergency provision was required to avoid hospital admission in the future.
- No monetary value has been given/estimated. All returns have not been submitted by the HSCPs. Some figures were discussed but seemed low by colleagues in the group so were discounted.

The Chair of Workstream 2, Gillian Barclay, provided an update paper to the group. The area of business covered the following points –

- Attendance at meetings has been low due to holiday leave and other absences which has impacted on progress in the short term.
- Presentation to the group based on the Midlothian approach – useful for colleagues as it demonstrated how respite has been built into their processes while focus was on family support and crisis management
- It was noted that there was some frustration from colleagues who were not aware of the likely timescales for conclusion of this work which should be addressed.

Questions

- Group noted that Scotland Excel can offer specific procurement and commissioning advice which would be helpful to SG and LG colleagues as they consider the financial implications of a commissioning model.

AOB

- The Group agreed that the interim report will be shared with the Cab Sec and Councilor Currie, caveated that the report is not complete, as awaiting the professional experts responses to the interim report

Actions for next meeting:

- Clarity to be sought on consequentials of UKG £62m funding announcement for Scotland.
- Advice from Chief Financial Officers to be shared with regard to the interim report.
- Views from professional associations to be shared with regard to the interim report.
- SG and COSLA colleagues to provide an update on the meeting with the Cab Sec and Cllr Currie on 20 August.

Next meeting: 31 August 2020, 13.00 – 14.00 by MS Teams

SLWG – WORKSTREAM 2

AGENDA

Date: 18 August 2020

Time: 1530 hrs

Location: Microsoft Teams

APOLOGIES

ITEM 1 – Matters arising from last meeting 11 August 2020

- A readout from the last meeting has been provided.

Meeting Note - SLWG Workstream 2

ITEM 2 – Discussion of Final Report

- Final Report Outline – discussion and delegation of preparing draft sections
  - Foreword
  - Executive Summary (key recommendations)
  - Background (why we undertook this SLWG)
  - Vision Statement
  - Human Rights
  - Personalisation
  - Seem-less Transition
  - Transition planning
  - Strengthening Community Provision
  - Better links with Strategic Housing Planning
  - Changes required (exploration of the barriers to making the vision a reality) [Perhaps on a thematic basis]
  - How are we going to pay for this change?
  - Best Practice – what are the barriers we considered and the solutions
  - Commissioning – barriers and solutions
  - Avoiding Hospital Admissions
  - Governance and oversight (protection of human rights etc)

ITEM 3 – Any other business

ENDS

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 18 August 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Matters arising from last meeting 11 August 2020

No revisions to the readout from the previous meeting were requested.

ITEM 2 – Discussion on Final Report

Members discussed the drafting of the final report, with an understanding that a collaborative effort would be required to meet the deadlines. Initial sections had been suggested as per agenda.

Members discussed the need for inclusion of issues around workforce planning, recruitment, retention and skills, and to tie in to the work of Workstream 1.

Members highlighted the need for the report to link to the wider Social Care Reform work and to highlight existing recommendations that have already been published. There was also suggestion to highlight existing models that could be repurposed, such as the MH Secure Care Appeal process.

Members discussed the importance of highlighting that there were currently widespread failures of respecting Human Rights.

A more thematic approach was suggested. This could include sections on 'how it all works' 'barriers' 'best practice' 'commissioning' 'avoiding hospital admissions' 'accountability' 'empowerment' 'governance'

A further suggestion of bigger themes reflecting a persons journey, and legislation/Human Rights was suggested.

Members suggested themes around a set of key principles, long term strategic changes and a section on immediate short term changes/solutions.

There was a desire to keep an element of positivity throughout the report, highlighting this can be done.

Members moved on to discuss the possibility of a change fund to enable this, which would cover double running costs. There was discussion on suitable allocation of this funding, with a fair share allocation being suggested from WS1. Members expressed a desire for this funding to be distributed in a person centred way, although it was noted that existing funding structures may prevent this. Members highlighted that LAs could spend surplus funding on assisting with transitions, and the dangers of rewarding failure.

Members discussed that the report would benefit from suggesting additional work such as detailed modelling on MH and LD bed reduction across Boards based.

- Foreword
- Executive Summary (key recommendations)

- Background (why we undertook this SLWG)
- Vision Statement
- Human Rights
- Personalisation
- Seem-less Transition
- Transition planning
- Strengthening Community Provision
- Better links with Strategic Housing Planning
- Changes required (exploration of the barriers to making the vision a reality)
  [Perhaps on a thematic basis]
- How are we going to pay for this change?
- Best Practice – what are the barriers we considered and the solutions
- Commissioning – barriers and solutions
- Avoiding Hospital Admissions
- Governance and oversight (protection of human rights etc)

**NB – Report structure is discussed in meeting note of 25th August*

An extension has been granted to mid-October.

ITEM 3 – Any other Business

It was agreed that additional discussion would be conducted via email.

ENDS

Action Note - meeting date 21 August 2020

4. In attendance:

[redacted - COSLA Official] COSLA Chair

[redacted - SG Official] SG
Alex Stephen CFO Aberdeen City
[redacted - SG Official] SG
[redacted - SG Official] SG
[redacted - SG offical] SG
[redacted - SG Official] SG

Apologies:
[redacted - SG Official], [redacted - SG Official], [redacted - SG Official], Gillian Barclay, [redacted - Scotland Excel Official], [redacted - COSLA Official] and [redacted - SG Official]

Agenda items

- Introductions
- Overview
- Revenue Funding
- Change Fund and project budgeting approach
- Capital funding elements
- Commissioning and procurement
- AOB

Introductions and overview

- [redacted - COSLA Official] introduced Alex to the group.
- Overview of the 3 groups given. UKG providing £62 million over a 3-year period, with the aim to discharge 50% of the LD people in hospital, currently standing at 2500. The consequential figure expected would be £6 million and in discussions with Health Finance but would expect the Cab Sec to agree to this money being used for this group. Proposing that the change fund is short term over a couple of years but need to agree a strategy for the future. However, this could change with input from the finance experts.
- The final report was discussed which can be requested under FOI Act, a few PQs have already been received around this work and there is a need to make the final report public.

- Financial transactions and ILF sections would need to be reworded before nay report went public.
- Cab Sec and Councilor Currie have agreed to extend the deadline to October and to bring Housing Minister into discussions.

Revenue funding

The initial proposal was an ILF scheme, a cost sharing approach but was not suitable because of other challenges involved. Have not requested CFO data as it was felt that we needed to engage on proposals to determine whether to move ahead. There is a growing demand for this cohort as quality of life is improving and people are living longer. The question is if the SG pick up half of the care package costs, who picks up the other half? The care package will evolve overtime and need to be responsive to changing needs and will need to consider how the to close the gap, will this be by making additional savings elsewhere? Need to engage further with CFO's and Finance Directors.

Proposal - Rather than cost sharing could this all be funded from one source and money is held back for bids. WS2 are developing a register of all severe LD and enduring MH cases, the age of this group will start from early teenage years. Instead of 32 local registers, could we propose that it is a national register funded nationally. Need to explore this further.

Change fund and project budgeting approach

The proposal is to develop the services and care packages, which rolls into a programme to use the double running costs for wider service redesign and disinvest in hospital and out of area costs. What do we want to invest in? – localised care maybe in clusters like Midlothian.

The methodology for the funds is either to distribute on a fair share basis or bidding process. In previous discussions the fair share method was preferred but WS2 wanted the funds to follow the individuals. Due to different processes used in different areas the accounting is not exact, what are the actual costs?

Capital funding elements

Need wider engagement in this area to address the challenges of the specialism. Area also includes housing benefit and need to explore further with the right people. This would include housing colleagues across the ministerial portfolios. [redacted - COSLA Official] and [redacted - SG Official] will meet [redacted - ALACHO official] today to discuss.

Providers need longer term investment to provide an appropriate level of return. What are the models of care? [redacted - SG Official] shared the Good Life group report with the group. Need to find out if this group is still ongoing and inform housing colleagues that there is a political interest in this work.

Does every single person need a unique building? Are there broader models we can develop and would you require a separate building to provider? Might be appropriate to build a business case around a broader model. Homes are for life regardless of age and physical disability, it could be possible to build certain models for all to live in. There is strong lobbying around these issues. Need focused discussions on this subject.

Commissioning and procurement

Guidance has been proposed. Who owns the building? Providers need certainty. If people go into hospital what happens to the rent? Costs don't disappear just because you have a void, how does SDS work into this. A shift in thinking is required – how best do we support people and how not to go to hospital?

Next meeting: 28 August 2020, 1100 – 1200 by MS Teams

Actions

- [redacted - SG Official] to speak to Gillian about Good Life Group report and whether this can be considered by w/stream 2
- [redacted - COSLA Official] and [redacted - SG Official] to meet [redacted - ALACHO official] to move forwards capital discussions

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 25 August 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Discussion on Final Report

SG confirmed that an extension had been granted until October. Members agreed to assist with drafting of sections for the final report as per the following Themes/ headings:

Section/ Theme	Author
THEME – Setting the Scene	
Foreword Cab Sec and Cllr Currie	SG/ CoSLA
Why this Report? (Timing and need)	Can use existing background and update SG/ CoSLA
Previous Enquiries and Findings – recommendations	Any Volunteers?
THEME – the Future	
The Future Vision	Charlie, [redacted] and Austen
Getting the Right Support	
Models of support that work	
THEME – People	
Why we need a register	Anne MacDonald and sub-group
Who are the individuals that need "complex care	Anne MacDonald and sub-group
Who is accountable / Governance	Austen plus?
THEME – Place	
Where is best – appropriate use of Hospital	[redacted - NHS Official], [redacted - NHS Official], [redacted – SG official] + clinicians?
Importance of Accommodation	Providers, Charlie, [redacted]
Strategic Planning and housing	[redacted - ALACHO official] plus
THEME – Sustainability	
Commissioning	WS1

Funding Models	WS1
Proposals	WS1
Conculsions and Recommendations	
TBC	all

ITEM 2 – Presentation from National Development Team for Inclusion (NDTi)

Small supports SG present .pptx

Presenters from the UK-wide National Development Team for Inclusion presented on their 'Small Supports' scheme which is a culmination of their experience in redesigning day and care services for those with complex histories or, as they termed, 'hefty reputations.'

Presenters highlighted their research showed issues around commissioners not knowing what good looks like, lacked experience on how to create good and did not have capacity to design in a person centred way. Similarly, Providers were stuck in traditional purchasing cycles. There was therefore a gap in the market of the correct skills, causing people to end up in cycles of secure admissions.

Presenters highlighted that during service design and commissioning, if a compromise is made, things start to go wrong.

Small Supports is designed around the individual offering them choice and control. It involves what may be seen as radical changes in aspirations.

The model is extremely flexible in the first year. Staff are recruited by the individual and are often a dedicated resource.

Presenters highlighted they had seen a skew towards people choosing to live alone.

Small Supports model is flexible around the individual and attempts to balance changing home versus changing staff. Funding is controlled and used by the individual.

During crisis, staff may be doubled and this is done rapidly, without involving commissioners.

Presenters noted that their financial assessments had shown that small supports costs around the same or slightly less than an ATU placement, however quality of life is markedly improved in the community.

Presenters highlighted to the group that they should encourage creation of a system that includes: individual funding, funding being flexible to changing needs, system that supports small support organisations and to seek out and support suitable housing options.

Members discussed the presentation and noted that there was work to do on changing the mindset of commissioners.

Members wished to raise that the culture change wasn't limited to small organisations, and was equally possible in larger providers. Members highlighted that there is a resilience in larger organisations that smaller organisations will struggle to match. Members were in broad agreement a diverse 3rd sector in this area is a benefit.

Members and presenters agreed that there can be a reluctance in LAs to test innovative approaches, there is a job to do to convince them it is possible.

Presenters made the offer to pick items up outwith the group by email and wished to share additional reports with members should further reading be requested:

This is the most detailed paper. It was written as a direct challenge to Transforming Care Partnership so has that connection into the English delivery framework but information is relevant:

https://www.ndti.org.uk/uploads/docs/Final_Small_Supports_paper_one_2020.pdf

I like this blog from Sam Smith as it offers both the concept and details of an individual experience:

https://www.ndti.org.uk/blog/risky-business-the-cost-of-human-value

This blog from me is a couple of years old but the key points are valid:

https://www.ndti.org.uk/blog/think-small-act-small

Bill Love: Bill.Love@ndti.org.uk Elaine Torrance: elaine.torrance@ndti.org.uk

ITEM 3 – Any other Business

It was agreed that additional discussion would be conducted via email.

ENDS

Action Note – meeting date 31 August 2020

5. In attendance:

[redacted - SG Official] SG (Chair)

Jane O'Donnell COSLA

[redacted - COSLA Official] COSLA

Cleland Sneddon Solace

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

[redacted - SG Official] SG

Apologies

[redacted - SG Official], Gillian Barclay, [redacted - LA Official], Hugh McAloon, [redacted - SG Official]

Agenda

- Welcome
- Action note, 17 August
- Progress report from Workstream 1 & Delayed Discharge Complex Care engagement dates

Discussion

[redacted - SG Official] chaired the meeting.

Actions from previous meeting, 17 August

- Delays in Hospital for People with Complex Needs Interim Report shared with the Cab Sec and Cllr Currie at meeting on 20 August was welcomed and well received. Recognition by both around the complexity of the work undertaken by the two workstreams to date. Cab Sec agreed to extend the completion of this work to the end of October.

- [redacted - SG Official] placed a priority and focus on the complex mental health client group. Workstream 2 to ensure the right people/stakeholders are engaged in the process to consider how to progress this piece of work.
- Workstream 1 to review double running costs for hospitals and community settings as figures produced seem low. [redacted - COSLA Official] to clarify the figures with [redacted - SG Official] / [redacted - SG Official] / Gillian Barclay.

The Chair of Workstream 1, [redacted - COSLA Official], provided an update, and paper on the Delayed Discharge Complex Care engagement dates with professional networks. The area of business covered the following points –

- [redacted - COSLA Official] provided an update and feedback on the Complex Care engagement paper and engagement (to date) with professional networks.
- Interim Report discussed at both the COSLA Health and Social Care Board held on 19/08/20 and the Chief Finance Officers Network meeting on 27/08/20. Report well received with good, positive feedback from both groups who welcomed the focus on this longstanding piece of work.
- Alex Stephen, CFO, from Aberdeen City has now joined work stream 1 for wider engagement.
- SOLACE discussed paper and feedback was in relation to how money can follow the individual – change fund is a useful approach for time and place

Discussion Points –

- Revenue proposals - strong support from the meetings for the change fund proposal however this needs to be longer term and release of full hospital resources to ensure this works. Mechanism to allocate funding should be equitable.
- With regards the capital proposals, more consideration required for capital funding as some issues identified with Housing Benefit & landlords. Need wider engagement with housing colleagues around this issue.
- [redacted - COSLA Official] asked would it be beneficial for [redacted - ALACHO official] from Alacho (member of work stream 2) to join work stream 1 to provide guidance around this issue?
- Models of care and learning. Good work undertaken in the Midlothian area around this as well as a plethora of other good models to look at. Workstream 2 have good examples that can be pulled out for report.
- Long way to go to bottom out the detail around the funding around disinvestment from hospital. Engagement with Chief Executives and Health Boards needed in respect of where are all the beds located.
- [redacted - SG Official] to discuss with [redacted - SG Official] and request a slot at the next CE HB meeting.

AOB

- Discussion around the format of final report, due October. Cllr Currie has noted he wants the report to be transparent and action focused for stakeholders with recommendations and conclusions gathered.
- Agreed that financial/funding elements removed from draft final report and added prior to the publication of final report.

Actions for next meeting

- Continued engagement and focus from both work streams until the end of October. To consider engagement with users and carers through SCLD.
- Workstream 1 complex care engagement paper to be a standing agenda item for the SLWG.
- [redacted - COSLA Official] to discuss with [redacted - SG Official] and provide an update on the figures for double running costs for hospitals and community settings.
- Workstream 2 to place a focus on the mental health client group and provide an update at the next meeting.
- Workstream 2 to pull out good practice examples of models of care.
- [redacted - COSLA Official] to send the interim report to [redacted - SG Official]. [redacted - SG Official] to speak to [redacted - SG Official] to request a slot at the next Health Board Chief Executive meeting to discuss report and gather views.
- Further analysis requested on where the beds are based.
- Continual engagement with Cab Sec and COSLA.

Next meeting: 14 September 2020, 13.00 – 14.00 by MS Teams

Action Note - meeting date 3rd September 2020

6. In attendance:

[redacted - COSLA Official]	COSLA Chair
[redacted - SG Official]	SG
[redacted - Scotland Excel Official]	Scotland Excel
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG offical]	SG
[redacted - COSLA Official]	COSLA

Apologies:
[redacted - SG Official], [redacted - SG Official], Alex Stephen, [redacted - SG Official], [redacted - SG Official], Gillian Barclay, [redacted - COSLA Official]

Introductions
[redacted - COSLA Official] introduced [redacted - COSLA Official] from COSLA who is on WS2 to the meeting - [redacted - COSLA Official] will take the note.

Minute of Last Meeting Agreed

Actions

WS2 did not take place on Tuesday – [redacted - COSLA Official] to follow up in [redacted - SG Official]'s absence.

[redacted - COSLA Official] and [redacted - SG Official] Met [redacted - ALACHO official] of ALACHO and others to discuss housing.

SLWG meeting on 31st August
Would like to see more formed recommendations being reported to SLWG.

Engagement

[redacted - COSLA Official] had shared a paper on wider engagement

Paper has been well received:

- COSLA Board endorsed and provided feedback.
- CFO endorsed, funding allocation should be equitable, and workforce needs to be reprofiled towards support in the community.
- Importance of releasing hospital funding to support work.
- Housing colleagues noted revenue funding being a greater challenge, need to bring together funding streams - Housing Benefit does not cover full costs. Register could be an enabler. Cab Sec and Councillor Currie will engage with the Housing Minister.

Recs and Actions

- Revenue funding and cost sharing: [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official] and Alex to start scoping out with support from [redacted - COSLA Official] – CFO network can provide information on the cost of packages – [redacted - SG Official] to organise this discussion.
- Change fund approach to be taken forward by [redacted - SG Official], [redacted - SG Official] and [redacted – SG official], feedback from Health Board Chief Executives will be important.
- Political discussion with Housing to be progressed – links with COSLA Community Wellbeing Board.
- Housing, engagement with RSL will be progressed, [redacted - SG Official] will provide details of RSL reps, will look to also engage with LA Housing Benefit expertise. Financial transactions and More Homes team will be engaged with following this.
- Commissioning and procurement – [redacted - Scotland Excel Official] will provide a paper on what commissioning guidance and step guide could look like including information on rates and links with Scotland Excel Framework. This will be used to engage with CFOs and C & P network and CCPS and the 3 providers on WS2 in this work. Need to also have SDS options.

Next meeting: 11 September 2020, 1100 – 1200 by MS Teams

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 08 September 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Discussion on Final Report

Discussions around the audience of the final report was held to aid members in the drafting of their sections. While the ultimate audience is the Cabinet Secretary for Health and Sport and COSLA Health and Social Care Spokesperson, SG intends to publish the report. There is merit to tailoring the writing to groups involved in planning services. This includes Senior Officials within Integration Authorities, Hospital Administrators and Community Social Workers.

There will also be interest from families and carers, Human Rights Organisations and advocates.

Members discussed that the introduction/context of the report should be supported with data where we have it. The benefits of exploring data from ISD and MH Nurse leads for the report were discussed. Members also wished the report to highlight the human impact and make the case studies and people real for readers early on.

There was discussion on amendments to the formatting of the report, with possibility of inclusion of more factual headings to assist readers in navigating to relevant sections. EG – Procurement as a heading.

Members also discussed whether the report would benefit from a short/medium/long term distinction between recommendations, identifying the immediate need to act versus longer term systemic changes.

Members identified that housing provision would be example of an action that would fall under the immediate umbrella, given that it will take around 2 years for the stock to become realised. In this time the more medium term funding/SC package recommendations can be worked on.

Discussion was held on making an explicit recommendation to link into the independent review of adult social care.

Members discussed that the remit of the group was to look at Mental Health patients, although members noted that while LD patients are likely to remain stuck in hospital, the patient journey of a MH individual is likely to be far more cyclical with multiple re-admissions into hospital.

Members wished to highlight the overall tone of the report should be strong, acting as a driver similar to the LD Hospital closure – the decision was made that it was happening, now LAs need to deal with it.

There was discussion on whether the report should include examples of where things haven't worked and went wrong by way of example.

SG recommended members start drafting and a collaborative process of pulling the document together over the next few weeks can begin, where it will be easier to decide on issues of formatting with better context of the content.

SG Will provide a first draft skeleton of the report for the next meeting.

The drafting of sections for the final report as per the following Themes/ headings has been copied to this readout for ease:

Section/ Theme	Author
THEME – Setting the Scene	
Foreword Cab Sec and Cllr Currie	SG/ CoSLA
Why this Report? (Timing and need)	Can use existing background and update SG/ CoSLA
Previous Enquiries and Findings – recommendations	Eleanor
THEME – the Future	
The Future Vision	Charlie, [redacted] and Austen
Getting the Right Support	
Models of support that work	
THEME – People	
Why we need a register	Anne MacDonald and sub-group
Who are the individuals that need "complex care	Anne MacDonald and sub-group
Who is accountable / Governance	Austen plus?
THEME – Place	
Where is best – appropriate use of Hospital	[redacted - NHS Official], [redacted - NHS Official], [redacted – SG official] + clinicians?
Importance of Accommodation	Providers, Charlie, [redacted]
Strategic Planning and housing	[redacted - ALACHO official] plus
THEME – Sustainability	
Commissioning	WS1
Funding Models	WS1
Proposals	WS1
Conculsions and Recommendations	
TBC	all

ENDS

Action Note - meeting date 11th September 2020

7. In attendance:

[redacted - COSLA Official] COSLA Chair

[redacted - SG Official] SG

[redacted - Scotland Excel Official] Scotland Excel

[redacted - SG Official] Scotland Excel

Gillian Barclay
[redacted - SG Official] SG
[redacted - SG Official]
[redacted - SG offical] SG
Alex Stephen CFO rep

Apologies:
[redacted - SG Official], [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official], [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official]

Minute of Last Meeting Agreed

Actions

- Revenue funding and cost sharing: [redacted - SG Official], [redacted - SG Official], [redacted - COSLA Official] and Alex to start scoping out with support from [redacted - COSLA Official] – CFO network can provide information on the cost of packages – for discussion today.
- Change fund approach to be taken forward by [redacted - SG Official], [redacted - SG Official] and [redacted – SG Official], feedback from Health Board Chief Executives will be important – [redacted - COSLA Official] to follow up with [redacted - SG Official] on any progress.
- Political discussion with Housing to be progressed – links with COSLA Community Wellbeing Board – will be discussed at SLWG 14/09 and CWB Board 18/09
- Housing, engagement with RSL will be progressed, [redacted - SG Official] will provide details of RSL reps, will look to also engage with LA Housing Benefit

expertise. Financial transactions and More Homes team will be engaged with following this – [redacted - SG Official] contacting RSLs to advise of meeting.

- Commissioning and procurement – [redacted - Scotland Excel Official] will provide a paper on what commissioning guidance and step guide could look like including information on rates and links with Scotland Excel Framework. This will be used to engage with CFOs and C & P network and CCPS and the 3 providers on WS2 in this work. Need to also have SDS options – for discussion today.

Benchmarking Survey and Step Guide

[redacted - Scotland Excel Official] presented the paper;

Scotland Excel hold a range of rates, but number of providers are not on the framework. Step guide would support understanding of framework and tools in place to put support in place. Procurement can be seen as a barrier not an enabler, full flexibilities of light touch regime not always put in place. Need to link in with wider models of collaborative commissioning, these can take time though. Step guide could sit alongside change fund to support outcomes if this is progressed.

Comments included;

- Need to ensure complexity of people using support is recognised and the longer term and immediate outcomes for people not just price.
- Need to ensure people and families are engaged with providers following PIN notices and throughout assessment process.
- Principles could be included in step guide to inform procurement process
- Engagement and linking with CCPS is critical
- Need to ensure providers have the relevant skills and expertise to prevent services breaking down – PIN notice can be used in this way to find right providers.
- Benchmarking would cover national and local arrangements, provide more transparency and visibility and allow for better financial planning.
- Requirement for geographical benchmarking to allow for better planning.

Revenue Funding

- Feedback from engagement recognises that the long-term revenue cost of packages needs to be addressed alongside change fund proposal.
- Questions raised about whether resource from hospital budgets can be released.
- Cost sharing proposal was paused until engagement could take place
- Data on costs and linking this with benchmarking will be important – [redacted - COSLA Official] and Alex will discuss at CFO exec next week.

Report Outline

- Group supported suggested outline for report
- Need to recognise timescales in best practice examples and that it can take time to implement this level of change.
- Report should recognise practical challenges in doing this to be transparent.

Wider Context for Work

- [redacted - SG Official] provided an overview of the new SG structure and importance for review division to be aware of work.
- [redacted - SG Official] and Gillian will ensure relevant people in SG are sighted with possibility of briefing the review advisory group at appropriate time.

Actions

- [redacted - COSLA Official] and [redacted - SG Official] to engage with CCPS and [redacted – SG official] on linking work with C & P workstream of Adult Social Care Reform.
- [redacted - SG Official] to look out project plan for C & P workstream
- [redacted - COSLA Official] and [redacted - Scotland Excel Official] to provide update for SLWG on step guide and benchmarking survey.
- [redacted - COSLA Official] and Alec to discuss benchmarking and revenue cost sharing approaches with CFO network on Tuesday
- [redacted - SG Official] and [redacted - SG Official] to provide briefing on cost sharing proposal for next meeting.
- [redacted - SG Official] and Gillian to brief SG colleagues on work.

Next meeting: 18th September 2020, 1100 – 1200 by MS Teams

Action Note – meeting date 14 September 2020

8. In attendance:

[redacted - SG Official] SG (Chair)

Jane O'Donnell COSLA

[redacted - COSLA Official] COSLA

[redacted - LA Official] Social Work Scotland

Julie Murray CO East Renfrewshire & member of IJB CO Network group

Gillian Barclay SG

Apologies

[redacted - SG Official], [redacted - LA Official], Hugh McAloon, [redacted - SG Official], [redacted - SG Official], Cleland Sneddon

Agenda

- Action note, 31 August
- Progress report from Workstream 1
- Verbal update Workstream 2

Actions from previous meeting, 31 August

- Continued engagement and focus from both work streams until the end of October. To consider engagement with users and carers through SCLD – complete
- Workstream 1 complex care engagement paper to be a standing agenda item for the SLWG - complete
- [redacted - COSLA Official] to discuss with [redacted - SG Official] and provide an update on the figures for double running costs for hospitals and community settings – clarification provided that estimated figures used, [redacted - SG Official] to work with CFOs on data for final report.
- Workstream 2 to place a focus on the mental health client group and provide an update at the next meeting – update provided that 3 members of w/stream 2 have dual role in LD and MH. Final report to pull out nuances, outcomes should be the same although pathway will be different.

- Workstream 2 to pull out good practice examples of models of care – to be included in final report.
- [redacted - COSLA Official] to send the interim report to [redacted - SG Official]. [redacted - SG Official] to speak to [redacted - SG Official] to request a slot at the next Health Board Chief Executive meeting to discuss report and gather views – [redacted - SG Official] is waiting for response.
- Further analysis requested on where the beds are based – data provided although analysis has been requested.
- Continual engagement with Cab Sec and COSLA - ongoing

Discussion on actions

- Gillian noted reduction in number of delays in latest data – further analysis has been requested to understand reason for this whether due to the commissioning of new placements or a discrepancy in relation to data and how it is recorded.
- There was a discussion on the data provided on bed days per area and OOA placements. A breakdown at an individual level and analysis was requested for local areas.
- Julie reported that she had heard NSD also fund a number of care packages – [redacted - COSLA Official] to check with [redacted - SG Official] whether this came through in the data on OOA if not NSD to be contacted to provide information.

Update from Workstream 1 - [redacted - COSLA Official] on engagement with professional networks and proposals in relation to benchmarking of rates and step guide for commissioning and procurement. The area of business covered the following points –

- [redacted - COSLA Official] provided an update and feedback on the most recent engagement sessions; continuing feedback shows support for work and for areas of proposed further work.
- Issues in relation to the transparency of rates has been highlighted in a number of discussions and has resulted in proposal for piece of work to benchmark rates.
- Scotland Excel have worked on a proposal for benchmarking exercise and step guide. If SLWG agree this will be discussed at CFOs this week.
- Step guide will not alone resolve issues and there will be a requirement to align work with reform of adult social care C & P workstream on collaborative models of commissioning.

Discussion Points –

- Importance on need to set up a delivery advisory group when recommendations are made.
- Requirement to engage with CCPS on work.
- Support for benchmarking exercise and step guide – to be taken forwards.

Update from Workstream 2 – Gillian Barclay

- Work stalled slightly, last presentation was from NDTI – Julie noted the importance of small local providers as well as national providers. [redacted – LA Official] noted importance of commissioning to bring providers together to share learning.
- Thematic approach to report was discussed setting out current context, vision, models of support, proposal for register, sustainability. Gillian will prepare one-page report to go to Cabinet Secretary and Councillor Currie on Thursday.

Actions for next meeting

- Gillian to provide analysis of the change to current DD data
- [redacted - SG Official] and [redacted - SG Official] to do analysis of placements at a local level.
- [redacted - COSLA Official] to check with [redacted - SG Official] on whether NSD funded packages were included in data – if not can this be requested.
- Gillian to prepare one-page update on report format for Cllr Currie and Cab Sec.

Next meeting: 28 September 2020, 13.00 – 14.00 by MS Teams

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 22 September 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Discussion on Final Report

Members heard from [redacted - COSLA Official], COSLA, on progress of workstream 1. WS1 was exploring options around a change fund approach to address the immediate issues with further discussions on recommendations around the longer term, preventative, capital revenue issues.

WS1 are exploring issues around data around funding, with a view to calculating the totality of care packages and making best use of current funding. The tool PBMA (Programme Budgeting, Marginal Analysis) is one of the methodologies being explored.

The issues around Ordinary Residences is still being explored in detail.

Scotland Excel have been assisting with a step guide to Commissioning. Members highlighted the risk of trying to produce a single response that will adequately address all the individual circumstances and nuances across Scotland. The guide will remain person centred.

Members discussed implications of the recent court ruling in England, the judgement which was based on article 19 of the UNCRPD around how the Court views care at home compared with care in an institution.

Anne MacDonald gave an update on the work of the 'Risk Register' sub group and discussed issues being explored within this group. Members raised the difficulties in balancing the purpose of the register between 'driving improvement' which would sit with organisations such as HIS, versus a performance management tool which would sit with Scottish Government.

Discussions continued on the final report. Members were reminded of the need for timely returns on their sections of the report, to enable an effective and thorough reviewing and editing process to take place before the October deadline. Members were asked for returns by next meeting.

ENDS

Action Note – meeting date 28 September 2020

9. In attendance:

[redacted - SG Official] SG (Chair)

[redacted - SG Official] SG

[redacted - COSLA Official] COSLA

Julie Murray CO East Renfrewshire & member of IJB CO Network group

Gillian Barclay SG

Apologies

[redacted - LA Official], Hugh McAloon, [redacted - SG Official], [redacted - SG Official], Cleland Sneddon, Jane O'Donnell, [redacted - LA Official]

Agenda

- Action note, 14 September
- Progress report from Workstream 1
- Verbal update Workstream 2

Actions from previous meeting, 14 September

- Gillian to provide analysis of the change to current DD data – to be emailed
- [redacted - SG Official] and [redacted - SG Official] to do analysis of placements at a local level – requested from ISD
- [redacted - COSLA Official] to check with [redacted - SG Official] on whether NSD funded packages were included in data – if not can this be requested - requested
- Gillian to prepare one-page update on report format for Cllr Currie and Cab Sec – discussed 17/09/20

Discussion on actions

- The Cabinet Secretary requested that this work be reported to the Independent Review of Social Care not to COSLA and Scottish Government, however some actions may be shorter term. Advice was sought from the SLWG on this approach.
- Discussion on finance and commission actions being shorter term and risk of losing momentum by reporting to review.
- Paper will be brought to next SLWG for discussion.

Update from Workstream 1 - [redacted - COSLA Official] on engagement with professional networks. The area of business covered the following points –

- [redacted - COSLA Official] provided an update and feedback on the most recent engagement sessions with NHS CE and constructive discussion with workstream 2.
- Gillian noted that there was still a risk of divergence between the workstreams on the recommendations. [redacted - SG Official] offered to provide support with [redacted - LA Official] on bringing the workstreams together.
- Julie flagged concerns raised by Glasgow in relation to capital elements of the work. [redacted - COSLA Official] has been engaging directly to address these and Glasgow are supporting the work.
- Separate discussions arranged for this week with RSLs and on commissioning guidance to form proposals.

Update from Workstream 2 – Gillian Barclay

- Gillian provided an update on the register proposal and noted that some members wanted to see greater accountability in the system.
- Julie provided an update on an independent review on a complex discharge that has taken place in South Lanarkshire and noted that there will be useful learning to inform this work. Julie will send on report and TOR when it is available.
- [redacted - SG Official] enquired about the practice of resource transfer in each area and whether the practice in GGC was replicated elsewhere. It was agreed this would be a helpful piece of work although noted sensitivities with this.

Actions for next meeting

- Chairs to develop paper for next SLWG on short term actions and what reports to review.
- This will then be reported to Cab Sec and Councillor Currie, to include delivery mechanisms.
- Julie to send on TOR for South Lanarkshire work with Enable.
- [redacted - SG Official] to make enquires on resource transfer.

Next meeting: 12 October 2020, 13.00 – 14.00 by MS Teams

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 29 September 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Discussion on Final Report

Members discussed development of the register proposal, and were in broad agreement on the human rights/social model that was core to the register.

Members discussed the inclusion of an appendix which would give case studies to aid readers. This would be a mix of stories of best practice and stories of where things have gone wrong. Members agreed the ENABLE example in Lanarkshire would be a good example to include alongside.

Members discussed the role of the Mental Welfare Commission as part of broader discussions around scrutiny and oversight. The MWC role is only to monitor the care and support offered to individuals, it has no role in monitoring local processes.

Members agreed there was a need for a consistent approach to monitoring the register, something which a single regulatory body could facilitate, but there was discussion around unintended consequences of a register, such as a rush to remove people from it into unsuitable destinations. It was highlighted that there is still a role for advocacy in the process, and this would need to be clearly defined to run alongside the role of the MWC/Regulatory body with defined boundaries between the care,support and treatment monitoring versus the welfare guardianship role.

Further inadequacies in the current report mechanisms were highlighted given the discrepancy between ISD/PHS data on delayed discharge and Local Authority notification lists, the register would negate this.

Current influence of the MWC extends to escalating cases to chief officers and, if necessary, Scottish Ministers. There isn't a statutory power behind this. Any thoughts on a new system would need to avoid duplicating this and consider the totality of the delayed discharge process.

Members discussed whether there was merit in having the register run as a standing item at local Quality and Safety Boards.

Mmebers highlighted the similarities between the current excessive security appeals procedure, however caution was noted in that there are still issues with this system.

Members highlighted the work ongoing by the Project Lead for the North of Scotland Collaborative off the back of the Coming Home report, and a contribution to the final report from them was suggested.

Members were reminded for timely returns to their sections.

ENDS

Action Note - meeting date 9 October 2020

10. In attendance:

[redacted - COSLA Official]	COSLA Chair
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - SG Official]	SG
[redacted - NHS Official]	SG
[redacted - Scotland Excel Official]	Scotland Excel
[redacted - SG Official]	Scotland Excel
[redacted - SG Official]	South Lanarkshire Council
[redacted - COSLA Official]	COSLA
[redacted - SG Official]	SG

Apologies:
Alex Stephen, [redacted - SG offical] , [redacted - SG Official], Gillian Barclay, and [redacted - SG Official]

Agenda items

- Actions – minute attached
- Community Living Change Fund - paper
- Discuss and agree actions
- AOB

Actions

Template to be updated and [redacted - SG Official] will share with legal for advice. Questions raised about the scope of the paper to inform how the data/information was requested and gathered. A request has been made to CFO's for out of area data/information and will now need to ask CFO's for further information/data, this will be acknowledged in paper. It was agreed that all complex packages will be requested and a financial threshold agreed. [redacted - COSLA Official] will contact Gillian to ask for definition of complex care used by w/stream 2.

Data needs to be matched up with delayed discharge data – code 9 excludes Adults with incapacity but code 9 is a mix of learning disability and mental health and occasionally physical disability.

[redacted - SG Official] raised that NSS have produced a paper on MH cross border and were not aware of SLWG. They have looked at the pattern of referrals and the rationale for cross border. The total cost of care for a 6 year period was £25 million. [redacted - COSLA Official] and [redacted - SG Official] to connect with the team leader of this group and discuss a definition.

Need to highlight at the SLWG meeting the risk of no MH representatives.

Community Living Change Fund

- Suggestions on what we call this. Comments about the paper welcome by email.
- Programme budget approach do we have the skills and tools nationally? Is this readily available? Need to bring in the 3rd sector budgets. Statutory sector budgets are readily available.
- People are positive about the thrust of the paper.
- Need to tease out programme budgeting, specifically around the market facilitation plan – capacity, demand and market
- Partnerships need to take a collaborative approach around market facilitation.- need to bring in WS2

Aware hospitals may be cheaper and may not lead to savings but need to take account of human rights. The National taskforce on human rights - socio-economic rights

- Right to adequate standard of living
- The right to the highest attainable standard of physical and mental health

Suggestion to include practical examples of what the change fund could do.

Tease out that this is not about long term funding but about the transition costs, this needs a bit more traction.

Group is in agreement about the paper

Capital

Grant flexibility – need more engagement from housing colleagues.

Housing have the financial responsibility for funding adaptations but there are gaps around this.

The funding mechanisms need to be cleared up and should be flagged as a significant issue. Need to bring in the Housing Minister and COSLA representative.

Long standing issues with housing benefits and work needed to focus on the different revenue streams.

[redacted - NHS Official] to share the ihub website training programme and will liaise with Alison Docherty on adaptations.

Suggested that good practice examples of procurement processes be included in the step guide.

Actions

- [redacted - COSLA Official] to check in with WS2 about definition for complex care
- [redacted - SG Official] will sense check survey and check with legal team
- Connect with the National Service Division – [redacted - COSLA Official] and [redacted - SG Official]
- Need to highlight risk to SLWG that there are no MH representatives.
- Alternative name for the Community Living Change Fund – emails welcome

Next meeting: 16 October 2020, 1100 – 1200 by MS Teams

Action Note – meeting date 12 October 2020

11. In attendance:

[redacted - SG Official] SG (Chair)

[redacted - SG Official] SG

[redacted - COSLA Official] COSLA

Julie Murray CO East Renfrewshire & member of IJB CO Network group

Gillian Barclay SG

[redacted - LA Official] Social Work Scotland

Cleland Sneddon Solace

[redacted - SG Official] SG

Apologies

[redacted - LA Official], Hugh McAloon, [redacted - SG Official] and Jane O'Donnell

Agenda

- Welcome and previous action notes
- Progress report from Workstream 1, SLWG and Community Living Change Fund papers. Please note the papers were circulated by [redacted - COSLA Official] on Friday.
- Progress report from Workstream 2
- Agreed points to report to next Cab Sec/Cllr Currie meeting

Action Note – 28 September 2020

Previous action notes accepted.

Update from Workstream 1 –

Community Living Change Fund paper

- Finalizing Change Fund proposals and awaiting WS1 approval
- Fund allocation would be a combination of NRAC and GAE

- Marginal analysis not being incorporated into the budget as this area is very technical and requires trained personnel
- Totality will include hospital activity
- The disinvestment expectations need to be robust and clearer, this is to include when the 2 year Change Fund will commence and how commissioning builds up the network/capacity creating long term relationships with robust providers. Collaborative commissioning needs to finalized, adding in capital funding/housing benefits.
- SOLACE to engage/arrange to speak with Alison Taylor/Independent Review team.
- Will require extra funding for double-running costs
- Directors of Finance and CFO's have seen the proposals
- Issues with long term stay people who don't have the correct code allocated to them.

SLWG report

- It was agreed that the proposed short term recommendations could move forward without waiting for the Independent Review.
- Wording used needs to be changed and more detail required.
- The first paper is to be an appendix to the final report

Update from Workstream 2 – Gillian Barclay

- There are recommendations that could be taken forward without having to wait on the Independent Review
- Capital Funding proposal is crossing into the housing portfolio, need to engage with housing colleagues, there is a gap in the business case
- Inadequate funding for adaptations needs to be addressed
- Clarity on the role of the NHS inpatient services
- Admission to hospital should not be based on failed care placements.
- Longer term reviews (Scott review and Rome review) are about the legislation and regulation.
- Dynamic Support Register proposal – Who is the data owner? Earlier identification of children coming through the system, how does this interface with the education system? Need to dip test these proposals with MWC.
- MWC are on WS2 group and have made a significant contribution. MWC do review delayed discharge and report but do not have the authority to enforce.
- Set up a programme board and timeline

Actions for next meeting

- All papers to be submitted as a final report by Friday 23 October
- Agenda for next meeting (26 October) is to sign off the final report and make final comments

Next meeting: 26 October 2020, 13.00 – 14.00 by MS Teams

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 13 October 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Discussion on Final Report

Members discussed some further short term recommendations within the report:

- Members discussed the need to develop associated guidance to accompany the report recommendations – 'Step Guide to Discharge.' It is important to avoid duplication, noting that numerous commissioning guidance already exists.

- Members agreed for the need for the report to identify that there must be a single point of accountability/responsibility within each of the HSCPs for this population group. The role should feed into the new 'national panel' - reporting to or something more collaborative. There is a need for this role to be clearly defined in a 'Change Management' sense as opposed to an administrative one. The role needs to be appropriately recruited and staffed. The post could be dual role – both leading local change and reporting to the national panel why delays exist.

- An audit of ATU beds and the hospital estate across Scotland for this population. It is necessary to generate a baseline of what provision looks like across Scotland, similar to the exercise conducted in the review of the Forensic Estate. ATU Beds were last assessed in early 2018 and therefore a refresh is required given covid. The audit should include SLAs between boards with respect to the island populations. It is also important to include the private sector provision – noting that this has grown to plug gaps in local provision. The audit also needs to consider various naming conventions exist across the country and a deep-dive into provision across the country is required.

- Development of a financial incentive through a carers premium. The ENABLE case study supports an enhanced rate of pay for those caring for those with complex need. Similarly, a mandatory qualification would force pay-banding higher for staff as seen in NHS children services. Members discussed the merit of highlighting in the report the work required on valuing the workforce and the need for pay to match skill, responsibility and comparison to other similar roles.

Members discussed a need to add a 'Purpose' section to the final report near the top to highlight the vision of the report.

Members discussed the need to highlight that people can be out of area and happy, and therefore respect needs to be paid to the wishes of the individual in these cases.

Members noted the practicalities that significant financial resource is not unlocked from bed closures until an entire ward is shut, yet there will always been a need for a small number of treatment beds. The

report needs to highlight this is not a bed closure programme, but instead about developing appropriate community settings.

Members were updated on progression of the register proposal. The register is proposed to have 2 levels, Amber and Red, with others managed locally. The panel will have the power to require information from public bodies and will likely provide yearly reports to ScotGov in order to be transparent. Members will need remunerated given the significant time commitment required. It will likely need legislation to fully implement. Inclusion of children in transition in the register needs postponing as a medium term commitment given the data protection complexities and how central government can justify a national database of children in transition.

Members were asked to note the **final deadline for the report as 26th October.**

ENDS

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 20 October 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Discussion

An error from the previous minutes was clarified that the deadline of **26th October** referred to a shorter recommendations paper. As a result, the session was spent with members discussing the paper, the inclusion of specific recommendations and offers to provide comments.

Members were thanked in anticipation of their efforts and contributions.

A copy of the submitted paper can be viewed below.

Complex Delays CS Cllr C .docx

Annex C Discussion Paper - Delays in ho

ENDS

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 27 October 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Summary Report

ScotGov explained that the summary paper developed at the last meeting will go to CabSec for consideration, and therefore it was proposed that next weeks meeting is cancelled to allow time for consideration of this paper. The paper summarised work into short term, non-regulatory changes and longer term recommendations, some of which are dependent on the outcomes of the Independent Review into Adult Social Care, as well as the Independent Mental Health Law Review.

The Summary report included proposals to establish an implementation group (IG) in order to drive progress on the recommendations. Members discussed membership and remit of the group. There was agreement that the IG should be action focused, which means a majority provider and expertise as opposed to policy. The IG membership should be primarily drawn from WS2 especially given the benefit of the frank and open discussions that can be comfortably held, however there are opportunities for others to join.

Members identified a gap in the areas of housing policy and MH policy which may need consideration. There was also agreement that the family/lived experience perspective remain invaluable going forward.

Members discussed the IG may have a requirement to set up specific commissions requiring specific expertise, and therefore while not everyone may need to be a member of the IG, there will likely be a need for all members to stay connected to the ongoing work if they wish.

ITEM 2– Final Report

Discussion moved onto the final report of which members were asked to continue drafting. There was agreement that both positive and negative case studies prove useful to share learning.

Members discussed the report needs to reflect that there is a small need for inpatient care, and therefore anticipation that significant budget can be freed up is unrealistic.

ITEM 3 – Derek Feeley Review

Members discussed the topics that would be worthwhile highlighting to Derek Feeley and the Independent Review into Adult Social Care Review Team and a number were raised:

- People with complex disabilities who are well-supported can live rich, fulfilled lives, contributing to society
- We know what that support looks like but needs a joined up approach across Accommodation, High-quality care, Activities & lifelong learning, Relationships with family, wider community, Purpose & meaning.

- There is insufficient high-quality care in combination with suitable housing to meet current demand in Scotland
- A genuine partnership approach is the way to tackle this with involvement of: families of people with complex disabilities, NHS, Local Authorities, HSCP/IJBs, Third Sector, Scottish Government, and care givers in the informal/community sector and faith sector.
- A fundamental Human Rights' approach, within a legislative framework is required. The solutions become drivers for the Scottish Economy - financial, intellectual and cultural.
- Is there an argument for this particular group to be taken out of standard procurement processes?
- The need for the fair work agenda to be examined, considering that the enhanced skills required need adequately remunerated.
- The role of the register, the national panel and funding, and how these will influence systemic change.
- The importance of a human rights based agenda and the shift from preventative interventions as opposed to the currently reactive system that exists.
- The existence of 'imaginary barriers' – we have evidenced that it is possible, just need to get on with it.

The next meeting will be Tuesday 10th November.

ENDS

SLWG – WORKSTREAM 2

NOTES FROM MEETING

Date: 10 November 2020

Time: 1530 hrs

Location: Microsoft Teams

ITEM 1 – Summary Report

The summary report has been considered by the Cabinet Secretary and Councillor Currie with all recommendations accepted. The paper has not yet been through COSLA governance, which will be completed towards the end of November. Following this, it is intended that a public facing version of the paper will be published and available to aid wider consultation. This is still a confidential document at this stage and is not yet ready for wider sharing.

Members were updated on progress of the Register proposal and informed a paper will be ready shortly for comment. It will identify the areas of further work and consultation required in order to deliver. These can be roughly split into 3 areas: The register itself - and the work required around issues of tendering, design and testing. The guidance - which is a necessary complement to the register but will require further consultation on how prescriptive it is, as well as alignment with other pieces of existing guidance available. And Reporting - how the register feeds into local and national government and the role of the national panel. Members fed back that there may be benefit in exploring the feedback of people with lived experience who have been delayed discharge and their experiences, as well as wider consultation with COSLA/MWC and others.

Members discussed the need to consult more widely with Mental Health leads and specialists given the need for solutions to cut across both populations, although there was acceptance that if a system can be developed that gets it right for the LD population, it should be possible to get it right for everyone. Many of the barriers across the populations are similar.

Members highlighted that there may be benefit of national work to define the role of the 'named person' within each local authority, and consider any national training requirements for them to be effective in post. There is an expectation that this post be 'change management' and therefore needs to be recruited appropriately.

Given the need to start work on implementation of the short term recommendations, while simultaneously completing the final report due in January, ScotGov and COSLA explained this would be a suitable time to consider management of the group. The 2 workstreams are now at a stage of being reconciled, given the limitations to this structure. Many of the actions are now at a stage of needing consulted, costed and project managed, which will require stricter governance.

ScotGov/COSLA will work on a paper proposing a new leadership structure for the SLWG which will be circulated for consideration. There was strong emphasis on the need to not lose any experience from the group, as well as members agreeing the benefit of the collaborative relations that have developed between members over the past few months.

ScotGov thanked members for their time and participation.

This meeting concludes Workstream 2 of the Short Life Working Group.

ENDS

The response to the second part of your request

1. The letter goes on to say: "These proposed changes have been discussed with the Cabinet Secretary for Health and Sport, COSLA and the Delayed Discharge Expert Group."
    I. Please could you provide papers, agendas, meeting minutes and all other documents (in full) considered at meetings of the Delayed Discharge Expert Group where these proposed changes were discussed.
    II. Please could you provide the membership of this group.

While our aim is provide information whenever possible, in this instance we are unable to provide some of the information you have requested. This information has been redacted under section 38 personal information.

Membership of Delayed Discharge Expert Group

Angie Wood, Chief Officer, Aberdeenshire HSCP (Chair)
[redacted – SG Official] Scottish Government (co-chair)
Eddie Fraser, Chief Officer, East Ayrshire HSCP
[redacted – NHS Official] Associate Medical Director, NHS Tayside
[redacted – NHS Official], Primary Care Lead, Aberdeenshire HSCP
[redacted – LA official] Assistant Chief Officer, Glasgow City HSCP
[redacted – LA Official] Head of Health and Social Care, South Lanarkshire, HSCP
[redacted – LA Official] Head of Operations, City of Edinburgh HSCP
[redacted – LA Official] CSWO, Aberdeenshire HSCP
[redacted – NHS official] Associate Nurse Director, NHS Lanarkshire
[redacted – NHS official] General Manager, NHS Greater Glasgow & Clyde
[redacted – LA official] Head of Service, Stirling & Clacks HSCP
Dr Graham Ellis, Senior Medical Officer, SG
Iona Colvin, Chief Social Work Advisor, SG
[redacted – COSLA Official] Policy Manager, COSLA
[redacted – NHS official] Head of Improvement Support, HIS
[redacted – SG Official] Improvement Advisor, SG
[redacted – SG Official] Telecare Lead, SG
[redacted – Health and Social Care Scotland official] Policy Manager, Health and Social Care Scotland
[Redacted – SG Official]
[Redacted – SG Official]
[Redacted – SG Official]

Action Note – meeting date 27 October 2020

In attendance:
Redacted out of scope

Apologies
Redacted out of scope

Agenda

- Note of last meeting (paper 4:1)
- Modelling presentation (redacted out of scope)
- Proposed data publication changes (paper 4:2 – redacted out of scope
- Newsletter (redacted out of scope)
-

Introductions
Redacted out of scope - did the introductions and welcomed the presentation team.

Presentation
Redacted out of scope - presented the whole system service recovery modelling project. Purpose of work to create an interactive planning tool and model to support development of remobilization for all scenarios. Particular attention given to SEIR 12, scenarios 2 and 3. At present the whole system seems to be about whole hospital but need to shift balance to include social care. This group is to capture a short summary and raise its profile ensuring all partnerships are aware.

Notes of last meeting

- The minutes were accepted.
- Establish a group to begin conversations around the standards and indicators – [redacted out of scope]
- TORs to be reviewed at the next meeting – comments to [redacted out of scope]

Proposed data publication changes

- Overall support for the approach
- Discuss at next meeting the different types of delays

Newsletter and communication

- This fits in with TORs
- Need to discuss how to feed into the system including the modelling work.
-

Next meeting: 3 November 2020 at 11:00 (via MS Teams)

Paper

DRAFT LETTER RE PROPOSED DATA PUBLICATION CHANGES

I write to explain changes in the content presentation and emphasis I would like reflected in the publication of delayed discharge information in future.

As the things currently stand, information on the number of patients delayed, and the associated bed days lost is published monthly by Public Health Scotland. The data is broken down into two broad categories – 'standard' and 'code 9' delays. I would like to see a greater split in the reporting of these distinct patient groups to better reflect the trends in "standard" delayed discharges.

The rapid reduction in "standard delays" in March and April this year has highlighted the differences in nature between the two categories of patients. Standard delays include delays in assessment or waiting for care arrangements, a care home place, funding or transport.

Code 9 is predominantly used where the patient is deemed to lack capacity and where the requirements of the Adults with Incapacity Act are applicable. For these patients it is generally not possible to legally move the person out of hospital until the legal process is complete. This has long been an anomaly that such patients are deemed ready for discharge when they cannot be legally discharged.

Other code 9 reasons may be where a patient requires a highly specialist facility or level of care where such a facility or care does not exist, and discharge may take several weeks or months to be implemented effectively. A Short-Life Working Group has been established specifically to address the code 9 cases associated with people with challenging learning disabilities or enduring mental health problems and this will report to me next month.

I have requested that Public Health Scotland consider making changes to how the delayed discharge information is presented in the future. I propose that the focus shifts to the standard delays which are most within your gift to ensure are kept to an absolute minimum. Information on delays due to Adults with Incapacity procedures and those with complex needs will continue to be collected as it is now but will be highlighted separately from the standard delays.

Reporting on these individual categories separately will provide a richer and clearer source of information on delayed discharges, whilst still allowing full transparency. It will shine a light on both the AWI delays and the very complex delays, recognising that these will need different resolutions to the standard delays, for whom no prolonged, unnecessary time in hospital should be acceptable. It will also help with the development of the integration indicator which looks to measure the number of these delayed discharges who are delayed for more than 72 hours.

COMMUNITY LIVING CHANGE FUND PROPOSAL

Background

'The Same as you?[1]' recommended that "but for a few people, health and social care should be provided in their own homes or in a community setting, alongside the rest of the population". It was clear that people's home should not be in hospital. This is also emphasised in the Hospital Based Complex Clinical Care guidance from May 2015[2], which says "as far as possible, hospitals should not be places where people live – even for people with on-going clinical needs. They are places to go for people who need specialist short-term or episodic care. Hospitals are highly complex institutions which should focus on improving the health of people with acute conditions before discharging them back into the community".

The 'Coming Home' report[3], commissioned by the Scottish Government, made recommendations to improve the support for individuals with learning disabilities who have complex needs, and who are either placed out-of-area, or are currently delayed in hospital-based assessment and treatment units.

Data

Yet, as at March 2020, there were 65 delayed discharge code 9 cases that were waiting on specialist care and of these 17 had been delayed for more than 12 months. In addition there were 76 "code 100" cases, long-stay patients who could be cared for outside of a hospital setting but who are in the process of having a bespoke service commissioned for them. So around 140 people in hospital who no longer require any sort of treatment. Preliminary returns from 24 out of 31 partnerships shows there were 54 people placed outside of Scotland in the rest of the UK at a cost of £9.7m. The 2019 long-stay inpatient survey showed 91 such cases so we might assume this will aggregate up to about £15m if all partnerships submitted data.

Information from Public Health Scotland shows that delays in learning disability beds accounted for 23,255 bed days (a third of the total occupied bed days in LD specialties) at an annual cost of £16m and a further 33,803 bed days for people delayed in mental health specialties, at a cost of £15m.

The bed days are accounted for by a higher number of episodes of delay (108 for LD and 427 for MH) as the census figure is a snapshot at a point in time (26 March). However, they average out at a total of 156 people delayed at any one time, so not inconsistent with the March figure. So we might assume a cohort of about 240 very complex individuals with learning disabilities or enduring mental health problems either inappropriately delayed in hospital or placed far away from home, at a cost to the public purse of around £46m a year.

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[1] The Same as You?

[2] Hospital based Complex Clinical Care, May 2015

[3] Coming Home. A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs. November 2018

This cohort of people will be delayed in hospital or placed outside the UK, mainly because of a lack of funding, accommodation or suitable care package, or most likely a combination of all three. The Good Life Group, a group of housing and care organisations, has previously claimed there are community living solutions available for many of these people. Work stream 2, looking at best practice and delivery, has heard from providers that they can structure complex care packages and from a housing specialists who suggested access to capital funding would not be a major issue.

Tackling the problems

A paper to the Cabinet Secretary and Councillor Currie, that initiated this work, highlighted the problem:

> "Most of these individuals will have been previously supported in community placements but their package has broken down due to usually as a result of challenging behaviours that carers have been unable to manage. The issues for this group of individuals in providing an opportunity to succeed in community living include the level of continuous long-term revenue funding; capacity and capability of the provider sector to deliver sustainable care, appropriate low arousal accommodation and available capital funding; lengthy transition costs requiring double funding."

Work stream 2 has also highlighted difficulties in commissioning for a fairly small cohort, noting that planning is rarely co-produced with service users and carers. It suggested a disconnect between Integration Authorities and Local Authority Housing Departments and registered social landlords.

So, much of the problem is about transition costs, accessing sufficient funding and suitable accommodation, and taking a truly collaborative approach to commissioning. The work stream therefore suggests tackling these through a short-term Change Fund, adopting a programme budgeting approach and developing additional guidance on commissioning and procurement for these client groups.

Strategic commissioning

Going as far back as the Commission on the Future of Public Services (the Christie Commission)[4], it identified as a priority "maximising scarce resources from the public, private and third sector, individuals, groups and communities". It further stated that "effective services must be designed with and for people and communities…..and not delivered top-down for administrative convenience". Integration brought single accountability and single budgets. It introduced strategic commissioning with a duty to involve users and carers, and providers including housing. Guidance[5] for Integration Authorities on strategic commissioning, notes that a good plan should:

- Identify the total resources available across health and social care for each care group and for carers and relate this information to the needs of the local populations set out in the Joint Strategic Needs Assessment.

[4] Commission on the Future of Public Services

[5] Strategic Commissioning Plan Guidance, October 2015

- Agree desired outcomes and link investment to them.
- Use a coherent approach to selecting and prioritising investment and disinvestment decisions.

Programme budgeting

Work stream 2 has an emerging proposal for a "register" of the most complex cases, which would:

- Provide greater visibility of the client group in terms of strategic planning
- Monitor performance to reduce both inappropriate admissions to hospital and to ensure patients stay in hospital for as short a time as necessary to successfully rehabilitate them to appropriate person-centred community setting
- Monitor out of area placements
- Ensure greater anticipation of need for children transitioning into adult provision

It is suggested that Integration Authorities adopt a programme budgeting approach to the cohort for whom the register would apply (and which would include the delayed discharge and out of area cohort) identifying the totality of resources (which must include the hospital budget) and agreeing how it could be more effectively used to provide better outcomes. Partnerships should take a "collaborative commissioning" approach, working with other partnerships and service providers to assess the level of need across an area, describe the pattern, level and cost of the current supply of these services and identify the extent of any gaps. They should then work together to describe how services would be provided in future to fill those gaps. Programme budgeting is further described in annex A.

Change Fund

It is clear that change will not happen overnight, that in many areas a radical redesign is needed in how services are provided in the local community. In order to facilitate this we propose a short-term "Complex Care Change Fund". This Fund would be available over a two year period to accommodate the re-provisioning of long-term hospital and out of area care and create a powerful lever to a longer term shift from institutional care. The fund is not intended to replicate the current inappropriate spend but rather act as a facilitating mechanism to bring about change

The original Reshaping Care for Older People (RCOP) Change Fund was a powerful lever to support NHS, local authority, third and independent sectors to work more effectively together and to share ownership of local change plans. It accelerated a change in attitudes, cultures and behaviours and resulted in a greater focus on preventative and anticipatory care. To that end, we anticipate an annual fund of £XXm in each of two years (UKG has just announced a £62m fund for similar purpose so assume £6-7m).

It is important though to recognise that the full ambitions of the RCOP Change Fund were not fulfilled, as there was little long-term shift in resources away from institutional care. It is important therefore that the Community Living Change Fund

should drive further service redesign that adopts a preventative and anticipatory approach to supporting people with very complex needs that avoids the need for institutional care in the future. The Fund should be used over the course of two years to bring home those that are placed outside of Scotland, to discharge those that have endured long stays in a hospital setting and design community based solutions that negate or limit future hospital use and out of country placements.

Distribution of funding

The work stream discussed various distribution and allocation methods, including making the fund open to local bids and allocation based on the scale of the delayed discharge and out of area cases. However, it agreed that the fairest method was to allocate via an established combination of health and local government formulae (a mix of relevant GAE and NRAC) to Health Boards, for onward distribution to Integration Authorities. They would be expected to work collaboratively and agree between themselves (where there are multiple Integration Authorities) the spend.

Led by Integration Authorities, the local use of the Fund should be subject to a set of principles, laid out in annex B, signed off by representation from NHS Boards, local authorities, third sector providers and service users. The proposals agreed under these sign off arrangements must bring in to play the wider resources under discussion, including large hospital budgets (the “set aside”), third sector funding and housing contributions.

Annex A

Programme budgeting

Programme budgeting is an approach that collects resource allocation by "programme" groupings, enabling the analysis of historic total expenditure on each programme; programmes may be defined in terms of client or care groups or diseases or service categories. It looks at resource utilisation within a certain programme rather than resource allocation between programmes.

Programme Budgeting Marginal Analysis (PBMA) is an approach to commissioning and redesign of services that can accommodate care professional, service user and management perspectives within a single, transparent decision making framework. It is a practical health economics tool for prioritising investment and disinvestment decisions within the programme budget, that allows for the complexities of health and social care provision to be examined alongside the economic concepts of opportunity cost and the margin.

The starting point for PBMA is to examine how resources are currently spent, i.e. identify the programme budget; marginal analysis is the appraisal of the added benefits and added costs of a proposed investment or, equally, the lost benefits and reduced costs of a proposed disinvestment. The standard approach, following development of a programme budget, is for a panel to be formed from representatives of key stakeholders including clinicians, statutory partners, third and independent sector and service users and carers. This panel has the mandate to identify areas for investment and disinvestment.

An important factor in the successful implementation of PBMA is the training of stakeholders in PBMA concepts and methods. This requires education in key principles, including allocative efficiency and cost-effectiveness, as well as training in the different models for health service resource allocation and priority setting. PBMA was piloted in three test site partnerships in Scotland in 2015. However, critics highlighted the difficulties in practical implementation outside of a one-off exercise, describing it as a complicated process.

That said, the principles of PBMA were well regarded. It is, at its simplest, a tool that allows for collaborative discussion to make informed decisions on where resources should be prioritised. It can see a "wish list" developed of favoured investment proposals but uses the premise that money can only be spent once and the total resource envelop not exceeded. Therefore some balanced decision making is required so that, in order to fulfil the wish list, a list of disinvestment proposals must also be developed.

Taking a programme budgeting approach to the relatively small cohort of severely learning disabled people, allows us to see the total resource utilisation for that cohort and allows us to readdress how and where it is spent within that programme. In basic terms it allows us to look at the money currently spent in hospitals and out of area placements and in community supports and decide if that, and other resources, might be better spent in communities.

In that regard it is the element of programme budgeting that is appealing, along with some of the techniques used in Marginal Analysis. It is not proposed that the full prioritisation process involved in PBMA be adopted although the principles of decision making inherent within should be.

Indeed, an advice note from 2016[6] on introducing a prioritisation process recommended option appraisals that should include an ethical evaluation alongside an economic appraisal.

It further highlighted guidance from the Chartered Institute of Public Finance CIPFA and Accounting (CIPFA)[7] on option appraisals and briefing from the Institute of Public Care (IPC)[8] on other techniques such as Cost Benefit Analysis, Social Return on Investment, and Multi-criteria Analysis.

[6] Advice Note: Prioritisation Process
[7] CIPFA, General Guidance on options appraisal
[8] Three techniques to support option appraisal and evaluation: Briefing paper, IPC, March 2011

Annex B

Principles

- **Leadership-**the budgets in scope (hospital inpatients and delays, community supports and the cost of placements) have all been delegated to Integration Authorities, so they should take the lead in developing proposals.
- **Partnership** – the use of the Fund should take cognisance of the expertise within different sectors including health, social work, social care support, housing and the voluntary sector. Integration Authorities should take an inclusive and collaborative local approach through their Strategic Planning Groups that seeks out and takes into account the views of non-statutory partners in the assessment of priorities and delivery of innovative ways to deliver better outcomes.
- **Locality based** – the locality aspects must include input from users and carers and the public. Partnerships should develop plans with the people who best know the needs and wishes of this cohort. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks. These links should be made at both a practice and strategic level.
- **Best use of resources** – the funding represents a small percentage of the total currently spent on delayed discharges and out of Scotland placements so must be able to improve the use of that resource while seeking to optimise the sustainable use of the total resource envelope.
- **Transparency** – there must be a 'single version of the truth' with regard to cost and activity data so that the totality of the resource (financial and assets) is used to best effect.
- **Flexibility** – makes better use of all resources (financial and human) in a flexible way, supporting staff to work across organisational boundaries focussing on the best care and support to meet the needs of the individual.
- **Collaboration** –partnerships should take a collaborative approach, working together with neighbouring partnerships to develop area plans where this delivers better outcomes.
- **Involvement** – Partnerships should take a co-production, co-operative, participatory strength-based approach, ensuring human rights are central to the design and delivery of new ways of working – delivering support and services based on an equal and reciprocal person centred relationship between providers, users, families and communities.
- **Visionary** – focused on providing better outcomes for people to live their lives as independently as possible, incorporates clinical expertise to support people in the community.
- **Human rights** - partnerships should adopt a human rights based approach. Taking a human rights based approach empowers people to know and claim their rights. It increases the ability of organisations, public bodies and businesses to fulfil their human rights obligations. It also creates solid accountability so people can seek remedies when their rights are violated. The PANEL principles are one way of breaking down what a human rights based approach means in practice. PANEL stands for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.

Complex Delays – Report to Cabinet Secretary and Councillor Currie

Summary

1. This paper sets out the recommendations from the Short Life Working Group (SLWG) in relation to shorter term proposals that can be moved forwards in the next few months. It seeks agreement that these can form the basis of the final report. The proposed final report structure is included in Annex A.

Background

2. Two subgroups of the SLWG have been meeting on a weekly basis since the 28th May 2020. During a discussion on the report format for the complex care work on 17th September, it was agreed that this work should report to the Independent Review of social care. However, it was also recognised during the meeting that shorter term actions may also be moved forwards in the interim without waiting for the outcome of the Independent Review.

3. It is recognised that alignment with the Independent Review is critical and a date will be arranged to offer a more detailed discussion with Derek Feeley on the work of this group. However, a number of the actions that have been proposed are shorter term and do not require structural or strategic changes to the system. There has been agreement within the work streams that these could be moved forwards in the interim in order that the momentum of this work is maintained.

Shorter term recommendations

4. The work streams have considered a number of areas for further work in relation to the identified barriers as set out in the discussion paper. (Annex C)

5. There has also been a period of engagement carried out to ensure that a wide number of stakeholders and expertise in the system has informed this work. This engagement highlighted a number of areas that the work streams have considered further but there was significant support from all stakeholders for this focused piece of work and the emerging recommendations.

<u>Dynamic Support Register</u>

6. At a previous meeting, Cabinet Secretary and Councillor Currie had agreed to the development of a proposal for a ‘dynamic support register’ to improve the visibility of this group of people both at a local strategic level and nationally in terms of monitoring the length of delay for people with complex needs. As a result of discussions in the working group, the following has emerged in relation to the “register”;

    - Primarily it will provide greater local and national visibility of the client group in terms of strategic planning;
    - It will provide accurate national information in relation to support required for people with complex needs and allow for better longer term planning;

- It will aim to embed anticipatory care into practice via proactive and preventative measures in order to ensure that real time actions are devised which enhance support when people are most at risk;
- It will provide local data recorded consistently by HSCP teams;
- Individuals will be monitored on a RAG status;
- Performance will be more visible in order to reduce both inappropriate admissions to hospital and to ensure patients stay in hospital for as short a time as necessary to successfully rehabilitate them to appropriate person-centred community setting;
- Monitor out of area placements particularly where those are institutional, inappropriate or where the person was not placed through choice due to lack of provision; and
- Ensure greater anticipation of need for children transitioning into adult provision.

7. The group looking at development of the register have concluded that the register should be consistent across all partnerships and be maintained and owned by each partnership area. In addition, it will identify key performance measures in order to ensure greater levels of oversight and scrutiny of individual cases including the involvement of Welfare Guardians and families.

8. It is proposed by workstream 2 that a named senior individual [name of position to be decided] within each HSCP should be appointed as a change agent and be sufficiently credible to challenge the behaviours and decision making within the partnership.

9. Longer term it is proposed that a national oversight "panel" would be established to monitor the outcomes of each locally held dynamic register and challenge and support individual partnership. This panel would promote accountability while also supporting collaborative and solution-focused approaches. A Complex Needs Pathway will be devised to provide a context for the work of the national oversight panel. This will outline the steps required to plan for discharge from hospital or from out of area placement, including timescales and milestones to be achieved.

<u>Community Living Fund Proposal</u>

10. Both work streams have considered a proposal for a Community Living Fund, this proposal has received strong support during the process of engagement as a lever to create a powerful longer-term shift from institutional care. The fund is not intended to replicate the current inappropriate spend but rather act as a facilitating mechanism to bring about change.

11. There is significant learning from the Reshaping Care for Older People (RCOP) Change Fund. However, it is important to recognise that the full ambitions of the RCOP Change Fund were not fulfilled, as there was little long-term shift in resources away from institutional care. It is important therefore that the Community Living Fund should drive service redesign that adopts a preventative and anticipatory approach to supporting people with very complex needs that avoids the need for institutional care in the future. The Fund should be used over the course of three years [from April 2021] to bring home those that are placed outside of Scotland, to discharge those that have endured long stays in a hospital setting and design community based solutions that negate or limit future hospital use and out of country placements.

Principles for the change fund have been developed and are set out in Annex B, however they could be adapted to apply more widely to all the recommendations in this report.

Programme budgeting

12. It is suggested that this focused piece of work lends itself to undertaking a programme budgeting approach to support the strategic commissioning undertaken by Integration Authorities.

13. This links closely with the emerging proposal for the 'register' of the most complex cases which aims to provide greater visibility of the client group in terms of strategic planning, act as a tool to enable monitoring and support transitional planning.

14. The adoption of a programme budgeting approach to whom the register would apply (which would include the delayed discharge and out of area cohort) would include identifying the totality of resources (which must include the hospital budget) and agreeing how it could be more effectively used to provide better outcomes. It is recognised that there can be challenges with releasing resource from hospital budgets and it will depend on level of need in the locality.

15. Partnerships should take a "collaborative commissioning" approach, working with other partnerships and service providers to assess the level of need across an area, describe the pattern, level and cost of the current supply of these services and identify the extent of any gaps. They should then work together to describe how services would be provided in future to fill those gaps.

16. To support this approach work would be undertaken with the Health and Social Care Partnerships to understand the revenue cost of complex care packages. This will be used to inform the national picture on the cost of complex care, support transparency in the provider market and to consider purchasing patterns for the commissioning of services for people with complex needs.

Disinvestment

17. It is appreciated that during and after this period, a shift in resources will be required so that long-term funding follows the individuals to the community. Appreciating that alternative accommodation would need to be organised, in the case of out of country cases this would in simple terms see subsequent money spent in Scotland rather than other countries. For those in hospital in Scotland, plans would need to be collaboratively agreed that would see replacement funding at the end of the Fund period being released from institutional care. This resource transfer was the model applied during the nationwide hospital closure programme in the 2000s.

18. Disinvestment decisions will need to be taken, potentially resulting in a reduction in hospital-based functions, which might lead to negative public perception. However, the necessary disinvestment in these cases is not about cost savings, but about transfer of spend to community based settings, improving outcomes and the quality of care, while improving value, so the reasons for change will need to be effectively communicated.

Capital Funding

19. Strategic Housing Investment Plans are the basis for targeting investment through the Scottish Government's Affordable Housing Supply Programme. They are used in local areas to prioritise capital spend and can be utilised to ensure there is enough appropriate housing for people with complex needs depending on a local assessment. There are mechanisms in place for this and have been successfully used in local areas to develop specialist housing for complex need.

20. However there remain challenges in relation to the building cost of highly specialist accommodation and the gap between what is funded through the grants. This requires a funding package to be put in place by multiple partners. It also requires the capital funding and revenue funding to be put in place at the same time.

21. This would require the appropriate data at a local level to support planning and the alignment of housing contribution statements with health and social care planning to ensure priorities can be identified and longer-term need is planned for.

22. It is recognised that it will not always be most appropriate to build new accommodation for people with complex care and in a number of cases existing or privately rented stock may need to be adapted. It has been identified that the existing budgets for adaptations does not meet the level of need and can be a barrier in supporting people to move back to the community.

23. Through the engagement process a number of stakeholders identified issues with eligibility for housing benefit and the complexities in relation to what can be funded in supported accommodation. This has been cited as a long-standing issue in providing housing for people with complex need and it is proposed a piece of work is commissioned to provide clarity on this.

24. Whilst in the longer term, alignment with local Strategic Housing Investment Plans is the goal; there are other models which can achieve a good housing outcome for individuals in the immediate term. Other opportunities to commission and provide appropriate housing are available through existing routes by implementing models such as arrangements with Registered Social Landlords through the development of existing housing stock and/or the acquisition of homes in good areas, with property developers to make the appropriate adjustments, and providers to deliver the social care support.

25. Providers may also support housing development through the acquisition of property and subsequent appropriate safeguards for the individual via partner Registered Social Landlords. The identification and acquisition of property in this model must be a partnership approach, with person-centred planning process including the property acquisition and design. A core principle must also be that security of tenure is to the individual and not the provider. The provider relationship is completely independent of the property, to ensure that the principles of choice and control are maintained for the individual.

<u>Commissioning and Procurement</u>

26. Procuring care and support services is a complex area. More so, as Integration Joint Boards are not able to contract or hold contracts with third parties as contractual arrangements remain with either the local authority or NHS Board. They are responsible, however, for the production of Strategic Commissioning Plans thereby

providing direction and oversight of what should be procured where there are external providers.

27. This group of individuals have very complex needs and specialist knowledge of their support needs is required this can provide a significant challenge to commissioners, particularly for frontline practitioners who may not regularly commission complex care and support. It is recognised that given the speciality nature of these services they may be purchased differently to other services and a more collaborative approach to commissioning and procurement may result in better outcomes.

28. To support this process a simple guide should be developed to support commissioners to easily navigate local procurement and commissioning processes to;

- Provide clarity on the specific rules that apply to the procurement for care and support services such as; Council Contract Standing Orders and when to involve procurement specialists;
- Using innovative procurement approaches such as Prior Information Notice (PIN) as a call for competition to the market for a specialist care package for people being discharged from hospital, after involving families and carers in the assessment and how services are developed;
- Share examples of best practice and collaborative models of commissioning;
- Build on the work by CCPS on Commissioning for Complexity and wider best practice guidance; and
- Signpost providers to gain the relevant skills and experience as this can be variable across Scotland.

29. Ensuring that there is a robust and sustainable provider market who can deliver complex care packages is key to prevent inappropriate hospital admission if a package breaks down and should be a key element of market facilitation plans.

Shorter term recommendations

30. The SLWG request approval to take forward the following shorter-term recommendations;

- Introduction of the Dynamic Needs Register once its final structure and content are agreed by relevant professional groups;
- Introduction of a named local change champion for complex care;
- Develop the Community Living Fund Proposal;
- Develop the supporting arrangements and build capacity for local areas to adopt a programme budgeting approach;
- Complete work on the revenue cost of care packages;
- Engage with relevant stakeholders to consider the flexibilities in relation to capital funding grants;
- Engage with relevant stakeholders to consider housing benefit rules for supported accommodation;
- Engage with relevant stakeholders to consider budget for adaptations; and
- Produce a guide to support commissioning and procurement of complex care packages;

Longer terms recommendations

31. The recommendations that are considered for longer term consideration by workstream 2 are;

    - Develop a Complex Needs Pathway to provide milestones and timescales in relation to discharge from hospital specifically in relation to this client group;
    - Creation of a National Oversight Panel to provide national scrutiny of partnerships performance against criteria set out in the dynamic needs register;
    - Greater oversight of appropriate service provision to provide better evidence on gaps in provision of appropriate service; and
    - Maintain momentum for driving change by collecting good practice examples.

Next Steps

32. If agreed it is proposed that this will form the basis of the final report that will be taken to Scottish Government and COSLA Leaders as appropriate. The engagement session will be undertaken with the Independent Review Chair to ensure this cohort of people are considered within any emerging recommendations.

33. To drive forwards these recommendations it is proposed that the Short Life Working Group is disbanded, and a Programme Board is established to act as the delivery mechanism to move forwards the shorter-term recommendations within this work. It will be necessary to build on the membership of the Short Life Working Group and workstreams and involve representation from each of the areas that will be considered including mental health, finance and housing.

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COSLA

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Scottish Government

Gillian Barclay
Scottish Government

Annex A

Section/ Theme	Outline content
THEME – Setting the Scene	
Foreword Cab Sec and Cllr Currie	If agreed and governance approves recommendations
Why this Report? (Timing and need)	Context of reductions in standard delays and long standing need for improvement
Previous Enquiries and Findings – recommendations	Summary of recent report recommendations – coming home report. Whorton Hall findings and other relevant reports
Trends and Data	Description of trends in hospital usage and delayed discharge
THEME – the Future	
The Future Vision	Setting out what good care needs to look like going forward
Getting the Right Support	Pathways out of hospitals
Models of support that work	Review of best practice with case studies
THEME – People	
Why we need a register	Setting out the reasons for the need to highlight and track the
Who are the individuals that need “complex care	Going into detail about the client group attributes
Who is accountable / Governance	Setting out where responsibility for improvement and recourse to appeal will sit
THEME – Place	
Where is best – appropriate use of Hospital	Looking at appropriate use of hospital beds – and avoidable admissions, crisis planning
Importance of Accommodation	Types of accommodation best suited to this population
Strategic Planning and housing	the importance of strategic housing statements
THEME – Sustainability	
Revenue Funding	Setting out the issues in relation to revenue funding and the recommendations in relation to a change fund and cost sharing if approved
Capital Funding	Setting out the issues in relation to capital funding
Commissioning	Setting out the issues in relation to commissioning and procurement and recommendation of a step guide as an immediate action and longer term action to work to support collaborative models of commissioning through reform.
Conclusions and Recommendations	
To follow	

Annex B

Principles

- **Leadership-**the budgets in scope (hospital inpatients and delays, community supports and the cost of placements) have all been delegated to Integration Authorities, so they should take the lead in developing proposals.
- **Partnership** – the use of the Fund should take cognisance of the expertise within different sectors including health, social work, social care support, housing and the voluntary sector. Integration Authorities should take an inclusive and collaborative local approach through their Strategic Planning Groups that seeks out and takes into account the views of non-statutory partners in the assessment of priorities and delivery of innovative ways to deliver better outcomes.
- **Locality based** – the locality aspects must include input from users and carers and the public. Partnerships should develop plans with the people who best know the needs and wishes of this cohort. Such a bottom-up approach should maximise the contribution of local assets including volunteers and existing community networks. These links should be made at both a practice and strategic level.
- **Best use of resources** – the funding represents a small percentage of the total currently spent on delayed discharges and out of Scotland placements so must be able to improve the use of that resource while seeking to optimise the sustainable use of the total resource envelope.
- **Transparency** – there must be a 'single version of the truth' with regard to cost and activity data so that the totality of the resource (financial and assets) is used to best effect.
- **Flexibility** – makes better use of all resources (financial and human) in a flexible way, supporting staff to work across organisational boundaries focussing on the best care and support to meet the needs of the individual.
- **Collaboration** –partnerships should take a collaborative approach, working together with neighbouring partnerships to develop area plans where this delivers better outcomes.
- **Involvement** – Partnerships should take a co-production, co-operative, participatory strength-based approach, ensuring human rights are central to the design and delivery of new ways of working – delivering support and services based on an equal and reciprocal person centred relationship between providers, users, families and communities.
- **Visionary** – focused on providing better outcomes for people to live their lives as independently as possible, incorporates clinical expertise to support people in the community.
- **Human rights** - partnerships should adopt a human rights based approach. Taking a human rights based approach empowers people to know and claim their rights. It increases the ability of organisations, public bodies and businesses to fulfil their human rights obligations. It also creates solid accountability so people can seek remedies when their rights are violated. The PANEL principles are one way of breaking down what a human rights based approach means in practice. PANEL stands for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.

Delays in hospitals for patients with Complex Needs – Discussion Paper

10th August 2020

Purpose

1. To seek wider engagement from professional networks on a focussed piece of joint work in respect of the needs of patients who are lengthily delayed in hospital and who have complex needs. This work was commissioned by the Cabinet Secretary for Health and Sport and COSLA Health and Social Care Spokesperson on 23rd April. Since this date a Short Life Working Group (SLWG) jointly chaired by Scottish Government and COSLA has met and established two workstreams;

    - Workstream 1 – Revenue and Capital Funding
    - Workstream 2 – Best Practice

Background

2. Significant progress on reducing delayed discharges was made by local systems across Scotland during the response to the pandemic. However, there are a number of individuals (approximately 140) who are very lengthily delayed in specialty mental health and learning disability hospitals.

3. There are models of care and evidenced based solutions that work well in local areas to support people with complex needs. However, the number of delays may require a systemic focus to ensure people do not become delayed and can be supported in more appropriate settings.

4. There are currently approximately 60 individuals with complex learning disabilities often with a comorbidity associated with autism who are delayed in specialty beds dispersed across Scotland. These individuals may have been previously supported in community placements but their package may have broken down due to challenging behaviours that carers have been unable to manage or due to lack of planning for crisis.

5. The barriers for this group of individuals in providing an opportunity to succeed in community living include the level of continuous long-term revenue funding; capacity and capability of the provider sector to deliver sustainable care that is adequately financed, appropriate low arousal accommodation and available capital funding; including lengthy transition costs.

6. It has also been highlighted the issue of patients placed in specialty beds in England, or in Scottish establishments that are far from their family homes and local communities who may need to be repatriated. As part of the recommendations from the Coming Home report (2018), alongside the an anticipated increase in requests from English authorities and providers for repatriation, both these cohorts of patients will also be considered within the scope of this work.

7. In addition, there are approximately 60 individuals who are lengthily delayed within inpatient mental health specialty beds with different but equally challenging and unique needs who require specialist and bespoke provision.

8. Adults with incapacity legislation will apply in most if not all of these cases, and the concurrent work being led by the Scottish Government's Integration Division needs to be taken into account in the development work of this SLWG.

Workstream 1 – Revenue and Capital Funding

Identified Barriers

9. A number of barriers that fall into the remit of this workstream have been identified including;

    - Revenue Funding
        - Historic funding arrangements that may be a disincentive to discharging people living in hospital;
        - Individual package of care may be in excess of £250,000 per annum and requires long term commitment from budget;
        - Investment in social care.
    - Capital Funding
        - Commissioners feel limited in what they can provide due to lack of specialist providers within their areas, and they are constrained by access to available capital funding.
        - Length of contracts may also prevent providers from investing in new models.
    - Commissioning
        - Competitive tendering including some of the timescales used in tendering can be seen as unhelpful in terms of engaging social care providers in a frank and person-centred discussion of good support requirements and challenges;
        - Difficulties in co-producing commissioning and involving families and carers in how services are developed.
        - Availability of providers with the relevant skills and experience can be variable across Scotland.

10. The group has already considered and discounted an early idea proposed, to look at the Independent Living Fund and a top up scheme for this area of work due to the fact this will not resolve the issue of available appropriate support options in the community. It was recognised that although that mechanism may not be appropriate some of the principles of the scheme could be used for a cost sharing proposal.

Proposed areas for further work

Revenue Funding

11. In relation to revenue funding three areas have been discussed for further exploration;
    - Cost sharing mechanism;

- Change Fund approach; and
- Programme budgeting approach.

Cost Sharing

12. A proposal for cost sharing for high cost care packages between local and central Government could be developed using the concept of the ILF scheme to support people to return to their communities.

13. The eligibility and mechanism would need to be co-produced with finance representatives, including the threshold for eligibility and proportion that national funding would support. In essence, this would set a consistent mechanism for Scottish Government to support some of the costs involved in supporting people in this group to return to their communities and have the care and support that they need; but uphold the responsibilities of local government as set out in the Social Work (Scotland) 1968 Act.

Change Fund

14. It is clear that change will not happen overnight and in some areas a redesign is needed in how services are provided in the local community. In order to facilitate this, a "Complex Care Change Fund" is being explored. This Fund could be available over an agreed period (two years has been suggested) to accommodate the re-provisioning of long-term hospital and out of area care. This could create a powerful lever to enable a longer-term shift from institutional care. The fund would not be intended to replicate the current spend, but rather act as a facilitating mechanism to bring about change.

Programme budgeting approach

15. A programme budgeting approach is also being explored and work is ongoing to identify the totality of resource (including hospital budgets) that is currently spent on the group of people within scope for this work. This approach would also consider how to release money from hospital budgets to re-invest in community-based services. The review of integration proposed that "IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local population", further highlighting that this must include the use of delegated hospital budgets. The group will do further work to analyse the current spend within hospital settings for the cohort delayed in their discharge.

16. There are challenges with this approach in relation to the ability to stop using beds and the release of funding, that require to be worked through. A level of provision will be required for people who require hospital admission and the clinical team may need to be retained to provide support within community services.

17. There is also a requirement to consider transition costs or 'double running' or to support a person to move from hospital or to return to their communities.

<u>Capital Funding</u>

18. Strategic Housing Investment plans are the basis for targeting investment through the Scottish Government's Affordable Housing Supply Programme. They are used in local areas to prioritise capital spend and could be utilised to ensure there is enough appropriate housing for people with complex needs depending on a local

assessment. There are mechanisms in place for this and they have been successfully used in local areas to develop specialist housing for complex need such as core and cluster models.

19. This would require the appropriate data at a local level to support planning and the alignment of strategic commissioning and housing plans with appropriate links to Housing Contribution Statements. There is significant good practice in local areas that demonstrate how housing and care and support services can be developed by reconfiguring hospital and community budgets and staff. Guidance in relation to housing specifications for complex care has been identified as an area for further work.

20. The requirements for housing need to be clearly identified, discussions around this have taken place in workstream 2 and have identified the requirement for property to be appropriately adapted, based in the community and centred around an individual. Further discussion will be required in relation to adaptations to identify any barriers and enablers in relation to this process such as local capacity.

21. Alternatively, new models of care can be developed by Registered Social Landlords or Providers. The group have identified financial transactions as an area for further exploration to determine if this could be used to support development of new purpose-built models of care in the third sector. Financial transactions are funding in the form of loans from the Treasury. They can be used to provide loans to support capital expenditure and equity investments and have been utilised for housing related equity and loan finance schemes beyond the public sector. Interest rate and repayment terms are flexible (within the State Aid rules) and determined on a project by project basis depending on the business case.

22. Ensuring there is the appropriate available housing is key to ensuring a person can remain in the community. When a person is admitted to hospital in a crisis, they may be at risk of losing their tenancy and then become delayed if they have nowhere to return to. Work should be undertaken to further explore this area; this may involve recommendations on a change to housing benefit rules.

Commissioning

23. There are a number of identified challenges with commissioning for complex care, given the relatively small number of individuals, it may not be something that is done regularly in a local area. There are specific things that need to be taken into account in a contract to ensure a placement is successful including clauses around hospital admission, treatment of voids, length of contracts and flexibility for service provision such as dual registration.

24. Scotland Excel have identified that this is a piece of work they would be able to work in partnership on and complete in the short-term, building on work by CCPS on Commissioning for Complexity.

25. There are alternative models of collaborative commissioning and procurement that can be used, the Adult Social Care Reform programme has a subgroup developing work on this. Whilst this work has been paused over the last few months there is an

opportunity to ensure this work incorporates alternative approaches to commission for complex care.

Workstream 2 – Best Practice

26. The best practice work stream has discussed presentations from the wide membership of the group, including Dr Anne MacDonald, author of the Coming Home report, Scottish Government on the current coding and data on this client group, clinical leads in NHS Greater Glasgow & Clyde, service providers (Quarriers, ENABLE and the Richmond Fellowship) on discharge pathway models, ALACHO on the housing contribution and from SCLD and a carer representative on family options.

27. Both workstreams have agreed the barriers to progress, many of which are not structural, legislative or financial but are caused by a lack *of visibility and understanding of this small but relatively complex population. Factors relating to this include:*
    - Lack of data which provides any level of useful quantitative data about needs for specific types of care and accommodation – making long term planning difficult.
    - Lack of data which tracks individuals in terms of their risk of admission or re-admission to hospital – and a range of other risk factors
    - Lack of data to manage where individuals with complex needs are placed out of area, or in temporary placements at a time of crisis – making it difficult to monitor the appropriateness of placements over time. Given that many of these individuals needs will change, when there are multiple changes of care manager, it has been stated that individuals can get lost in the system.
    - Voices of families, advocates, Welfare Guardians, speaking for individuals in this population may not be heard in relation to their human rights.

Register

28. The key emerging proposal from this group is the establishment of a 'register.' This has been considered by the Cabinet Secretary and Councillor Currie and further work will be completed to shape a recommendation. It has the potential to:
    - Provide greater visibility of the client group in terms of strategic planning;
    - Monitor performance to reduce both inappropriate admissions to hospital and to ensure patients stay in hospital for as short a time as necessary to successfully rehabilitate them to appropriate person-centred community setting;
    - Monitor out of area placements;
    - Ensure greater anticipation of need for children transitioning into adult provision; and
    - Record occasions of restraint as a factor indicating risk of placement / evidence for monitoring.

29. There are several details about defining who (in terms of needs), what (in terms of data) and how the register is be maintained and by whom – but it is emerging as a strongly supported proposal. A sub-group being chaired by Anne MacDonald and including data experts at the Scottish Observatory for Learning Disabilities has been tasked with taking forward this proposal to answer some of the main questions of who what and how a register could be established.

30. Whilst the register will be useful it will not in itself lead to the change required. Local leadership in commissioning and planning needs to be put in place to drive the required change. However, it is clear from discussions to date, that it is difficult to exercise that leadership when the client group concerned is not visible in routinely collected data and the voices of their families/advocates not heard.

31. In addition to highlighting the needs of this complex care group, the establishment of a register would facilitate performance measurement about admission and discharge which could be separate from the current Delayed Discharge reporting mechanism.

Proposed further work

32. One of the key concerns raised about the care and planning for this vulnerable group is that it is perceived individuals can be "lost in the system" due to lack of visibility leading to loss of accountability and care management. We recognise that due to pressures on social care, placements are sometimes made on the basis of available spaces, or under crisis circumstances and care placements are not revisited or reviewed regularly. This may be alleviated through improvements brought about by the introduction of a register, but there may be further governance required to ensure that people's human rights are fully respected. We are keen therefore to explore the role of enhanced external scrutiny, either through the existing human rights commissioner, Care Inspectorate, mental welfare commission, or some other form of enhanced promotion of the rights of choice and control.

33. There is evidence that admissions to hospital are often made due to a breakdown of care placement or inappropriate placement rather than clinical need. We would like to explore a more rigorous independent process with advocacy support prior to admission to hospital with the aim of ensuring there are no admissions to hospital-based care, unless hospital based clinical assessment and treatment is required. As part of this work we would also explore multi-agency contingency planning for crisis. Arrangements will be in place at a local level, but the group identified that clarity on roles & responsibilities if a placement begins to fail, including what additional support can be offered, governance issues, changes to working conditions etc may be helpful.

Next Steps

34. Following a period of wider engagement with professional advisors in Local Government and other stakeholders, the recommendations will be developed and reported politically. It had initially been proposed that the SLWG report at the end of August however it has been recognised that to do this wider engagement fully the reporting date of end of August may need to be extended.

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