

## **Complex MH/LD delays SLWG**

### **Terms of Reference**

#### **Purpose of the SLWG**

The purpose of the group is to:

To provide a focal point for the work being undertaken within Workstreams 1 and 2 to be considered and brought together. This will be done through receipt of regular workstreams update and consideration of papers on specific issues as they arise.

To agree the content of regular updates to Cabinet Secretary and Councillor Currie on progress within the SLWG and associated workstreams

Deliver to Cabinet Secretary for Health and Sport and Councillor Currie, Health and Social Care Convenor, COSLA, conclusions and recommendations in August that are expected to provide options to expedite improved outcomes for patients who are delayed in hospitals across Scotland by way of accessing sustained community living experiences.

#### **Membership of the group:**

[redacted – SG Official] and Jane O'Donnell (joint chairs);  
Representative from Solace (to be confirmed)  
Social Work Scotland (to be confirmed)  
Julie Murray CO East Renfrewshire, Representative IJB Chief Officers' network  
(Val de Souza, Chief Officer South Lanarkshire, substitute)  
Hugh McAloon, Deputy Director MH Directorate, SG.  
[redacted – SG Official] Integration Division

#### **Accountability:**

To Cabinet Secretary and Councillor Currie representing COSLA

#### **Meetings:**

Scheduled fortnightly. Standing item agendas as follows:

- Update from Workstream 1
- Update from Workstream 2
- Consider specific papers coming from either workstream

Secretariat to be provided by [redacted – SG Official] from SG Integration Division

## **Complex delays – Workstream 1, Revenue Funding**

### **Terms of Reference**

#### **Purpose of the SLWG**

The purpose of the group is to:

Explore the possibility of cost sharing arrangements between local authorities and Scottish Government in the context of the needs of the individuals who are lengthily delayed in specialty hospital beds. The workstream will also clarify routes to ensuring appropriate and expected procurement.

Ensure discussion align to work taken forwards under workstream 2.

Will report to fortnightly meetings of Short Life Working Group who will be providing regular updates on progress to Cabinet Secretary and Councillor Currie.

#### **Membership of the group:**

[redacted – COSLA Official] (COSLA)

[redacted – COSLA official] (COSLA)

[redacted – COSLA official] (COSLA)

[redacted – SG official] (SG)

#### **Accountability:**

To Cabinet Secretary and Councillor Currie representing COSLA Health and Social Care Board and COSLA Leaders.

#### **Meetings:**

Scheduled weekly.

Secretariat to be provided by [redacted – SG official] from SG Integration Division

#### **Timeframe:**

Deliver conclusions and recommendations in August that are expected to provide options to expedite improved outcomes for patients who are delayed in hospitals across Scotland by way of accessing sustained community living experiences.

# **Intellectual/ Learning Disabilities and Complex and Enduring Mental Health Patients Discharge from Hospital**

## **Workstream Two**

### **Terms of Reference**

#### **Background/Rationale**

In recent years the Mental Welfare Commission's report *No Through Road*, and the Scottish Government's *Coming Home* report have highlighted the significant number of people with learning disabilities who are delayed in hospitals in Scotland, sometimes for many years, despite being clinically assessed as ready for discharge into community settings. This situation is also evident for people with complex and enduring mental health difficulties.

These reports highlighted that people living in hospital have restricted life opportunities, including their use of the community, access to work or meaningful day activities, personal relationships, and autonomy. There is also use of restrictive practices such as restraint, seclusion and psychotropic medication within these settings. Some people have been delayed in hospital for many years, e.g. delays of 10+ years were noted in the *Coming Home* report. The delayed discharge of people with learning disabilities or mental health difficulties is therefore recognised as a human rights issue and must be addressed with a level of urgency.

Although hospital discharge and commissioning are the remit of local Health & Social Care Partnerships (HSCPs), the Scottish Government considers this an urgent national issue which needs to be addressed at a national strategic and system-wide level in order to find innovative, resourced, and sustainable solutions. This working group has therefore been set up to provide guidance and support from the Scottish Government to HSCPs.

#### **Remit**

To identify and describe the processes required to avoid inappropriate admission to hospital, and to support the discharge from hospital of people with learning disabilities or enduring mental health difficulties, who are currently ready for discharge, but whose discharge is delayed.

This will include:

- A clear statement on the appropriate use of hospital Assessment and Treatment Units, making clear that these should provide temporary care and treatment, rather than becoming a default care provider.
- A description of models of care most appropriate for this group, including accommodation specifications, and staffing; this will include recruitment, remuneration, skills and experience, team roles, and clinical/specialist input likely to be required.

- Analysis of current barriers to discharge for this group, based on experience of individuals who are currently or recently delayed in hospital, and based on the skills, knowledge and experience of group members; and suggesting solutions to addressing these barriers, based on current best practice and examples of success.
- Describing national arrangements for the governance and longer-term monitoring required in order to ensure action, and providing performance management standards to achieve this.

### **Outcomes/Deliverables**

The group will work towards the following deliverables:

1. **A comprehensive pathway** for people with learning disabilities and complex needs, or people with enduring mental health difficulties, including:
  - a) An early intervention model to provide proactive planning for those individuals as they approach the age of transition (12-14 years old)
  - b) A risk management process to identify those who are at risk of placement breakdown and hospital admission, and providing proactive steps to prevent admission and develop positive community-based alternatives.
  - c) A clear pathway for discharge for people who are delayed in hospital, which will include timescales and milestones, and the process to be followed at each of the milestones.
  - d) Guidance for the commissioning of support services for people with complex needs.
2. **A framework for governance** and long-term monitoring to oversee discharge from hospital for this group, and to provide support and expert advice to HSCPs and commissioners. This will include incentives to support milestones being met, and actions to be taken if they are not. In addition, this will consider the current system of delay codes and recommend how these could be better used to support progress towards discharge.
3. **A review of the barriers to development** of more suitably adapted accommodation and community services. This may also cover the regulations in respect of Ordinary Residence determinations.

### **Process**

The whole group will meet weekly, but work will take place outwith the group meetings, and specific tasks will be allocated to individual members, or to small sub-groups to action and bring back to the wider group.

The group will bring its collective skills, knowledge and experience to critically review best practice and to highlight the key success factors deployed in innovative and creative community-based care and accommodation solutions that have proved successful in providing person-centred solutions elsewhere across the country.

This group will be collaborative in its approach, involving the voice of expert providers and those with lived experience through advocacy in order to achieve alliance-based solutions.

The group will work in an integrated way with the main Short Life working Group (SLWG), sharing progress and recommendations on a regular basis.

### **Membership**

Gillian Barclay, 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 RCPHysc  
[redacted – NHS Official] NHS GGC  
[redacted – NHS Official] NHS GGC  
[redacted – LA Official], Moray HSCP  
[redacted – NHS Official] (NHS Grampian)  
[redacted – SG Official]  
[redacted – COSLA Official] CoSLA  
[redacted – SG Official]  
[redacted – SG Official]

### **Consultation**

The group will consult with experts who are external to the group as required to give specialist input on specific topics or areas for discussion. This may include for example, those with lived experience of being delayed in hospital, commissioners from HSCPs, representatives from the housing sector, academics and researchers etc.

### **Reporting**

The group, via the SG Integration Policy team, will report directly to the overarching SLWG on a fortnightly basis.

The chair of this group, will report back the remit, progress, and recommendations from the overarching SLWG on a fortnightly basis, in order to ensure a collaborative approach.

### **Timescale**

The Workstream will deliver agreed developed proposals for consideration by SLWG by August 2020

### **Meetings**

All communications will be via email or conference call and initially meetings will take place weekly.

Given the current pandemic distancing restrictions, all meetings of this group will take place by telephone or via MS Teams:

- Workstream members should refrain from carrying out detailed discussions on any email chains to ease pressure on all members inboxes.
- Please observe normal rules on confidentiality and discretion around any particularly sensitive issues.