



SCOTTISH EXECUTIVE

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20 March 2002

Dear Colleague

DELAYED DISCHARGES REPORT AND ACTION PLAN

On Tuesday 5 March 2002, the Minister for Health and Community Care, Malcolm Chisholm, announced a Delayed Discharge Action Plan that contains a number of recommendations for Local Authority /NHS partnerships to take forward. A copy of the announcement was sent to you on the same day. I am now writing to confirm members of the support team, the funding arrangements and details of the actions required to be taken by your partnership.

Support Team

The delayed discharges report recommended that a support team comprising a Local Authority Chief Executive and a NHS Board Chair be established to provide top level support to partnerships with the most disproportionate problems to be tackled. The Minister for Health and Community Care has appointed Dr Vicki Nash, Chief Executive of East Dunbartonshire Council and Peter Bates, Chair, Tayside NHS Board to provide this support.

Funding Arrangements

Reducing the number of patients waiting for discharge is a high priority for the Scottish Executive, not only in terms of providing the most appropriate care to patients, but also in terms of enabling the NHS to use beds and other resources to treat patients who need to be admitted to hospital. Experience shows that concerted action needs to be taken to minimise the number of people waiting to be discharged from hospital. Ministers recognise the good work already being done on delayed discharges by Local Authority and NHS partnerships, and therefore wish to strengthen these partnerships further by allocating the additional £20M funding announced in the report to the Local Authority/NHS Partnerships.



This will ensure that 1000 extra people experiencing delayed discharge are transferred out of hospital and placed in more appropriate settings during the coming year, with the focus on those in acute sector beds and those waiting longer than a year.

Monies will be distributed to the partnerships via NHS Boards, and a table showing the resource distribution to the partnership is attached. The target for the number of extra people experiencing delayed discharge being transferred out of hospital for each partnership is also given in the Appendix to this letter. An important component of the overall target is to make substantial reductions in the number of people waiting to be discharged from the acute sector and in the number who have had to wait for a year or more. Individual partnership targets are therefore included for these.

The funding is available for tackling delayed discharges only. It will be released by the Scottish Executive against joint Local Authority/NHS Board Action Plans to reduce the number of people waiting for discharge by transferring the target extra number of patients to more appropriate forms of care. These joint Action Plans should promote innovative solutions which reduce the numbers of people experiencing delayed discharge and which:

- help develop more community care services and support;
- utilise existing care home places where appropriate;
- bring into use extra NHS continuing care beds where care home capacity is limited;
- increase the rate of assessments by social work staff;
- provide more support at pre-admission and admission stages;
- develop stronger liaison between social work and NHS emergency services for older people to head off avoidable hospital admissions; and
- begin rehabilitation earlier.

It is important to stress that the additional funding, which is recurring funding, is dependent on partnerships delivering real reductions in the number of people waiting to be discharged from hospital. Partnerships should consider funding initiatives in both the Local Authority and NHS sectors. While partnerships should give consideration to equitable distribution between Local Authorities areas, the key issue to be addressed is making the target reductions for the whole partnership. In all cases it is for the partnership to agree the most appropriate actions and investment given the local situation, and each partnership must be able to demonstrate the commitment of all partners to the plan. The target reductions will relate to the census figures for January 2002 which are due to be published in April.

Partnerships should have regard to actions already planned using the recurring sum of £10M being paid to Local Authorities for delayed discharge initiatives, and to the local Outcome Agreements being drawn up for the £48M allocated to Local Authorities for older people's services. Partnerships should ensure that the new monies support initiatives that are additional to, or extend these initiatives. Action Plans must make it clear that the new monies are securing additional services.

Because urgent action is needed, up to 25% of the funding allocated to each partnership will be made available from 1 April, in advance of the Action Plans being submitted, but only for this initiative. Funding will not be provided to substitute for reduced levels of funding from NHS Boards or Local Authorities. The Scottish Executive will monitor performance closely, and where partnerships fail to deliver will not release future funds until the Support Team mentioned in the Report has helped the partnership resolve their difficulties. These arrangements will ensure any additional funds are used for resolving delayed discharges.



Submission of Joint Action Plans

Joint Action Plans, signed by all the partnership Chief Executives, should be submitted by Friday 26 April to Neil Hastie, Community Care Division 1, Scottish Executive Health Department, 2 East Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG. The plans will be evaluated by SEHD, and full funding will be released once the plans have been approved. It is expected that the approval and funding letters will be issued by Friday 24 May. The funding will be released to NHS Boards for the partnership and where services are to be provided by Local Authorities, NHS Boards will need to transfer the appropriate amount of finance to the Local Authority partner concerned.

Partnerships are also required to review all patients who have been in the delayed discharge category for 1 year or more to ascertain whether they can still be discharged, and to identify which appropriate care service can be procured for them. In order to assist in understanding the nature of the difficulties to be resolved for people waiting for such long periods, the Scottish Executive will require specific information on these cases in a format to be provided.

Other Actions for Partnerships outlined in the Report

The report on delayed discharges approved by the Minister also contained a number of other action points for Local Authority/NHS partnerships to take forward. These points and the actions now needed to be taken by partnerships are as follows:

Local Authority/NHS partnerships need to develop more support at pre-admission and admission stages, and stronger liaison between NHS and social work emergency services for older people to head off avoidable hospital admissions.

Local Authority/NHS Partnerships need to develop more co-ordinated rehabilitation encompassing hospital, community and care home based services.

Local Authority/NHS partnerships must cover these areas in their joint action plans to help minimise the number of people whose admission to hospital could be avoided and to speed up the discharge process. Partnerships should also consider in their longer term planning how further improvements in these areas could be made. Further detailed guidance will be issued to Local Authority/NHS Board partnerships on these issues.

Action needs to be taken in Local Authority/NHS partnerships to ensure the alignment of Social Work/Acute sector/NHS priorities and organisations, and to accelerate consolidation of the Joint Future agenda.

While progress is being made in implementing the Joint Future agenda, partnerships should review their local arrangements to ensure that the priorities, organisation and delivery of services to older people of all organisations involved are aligned, and that organisational boundaries do not inhibit the delivery of good quality care.

Greater integration of workforce planning needs to take place in Local Authority/NHS partnerships across the health and social care sectors to ensure an adequate supply and the retention of properly skilled staff.



Partnerships are asked to develop more integrated workforce plans across the whole sector to help ensure that the right numbers of appropriately skilled staff are able to be recruited and retained in the future and also to avoid publicly funded agencies competing with each other for the same diminishing pool of staff. Partnerships should aim to complete this work by the end of this year

The Delayed Discharge report also identified a number of issues for the Scottish Executive to take forward and I will let you have details of progress in due course.

I would be grateful if you would arrange for wide distribution of the Delayed Discharge report to staff at all levels within your organisation, and to other interested groups.

If you have queries on anything in this letter or wish to discuss its contents further, please contact Neil Hastie, Community Care Division 1, 0131 244 3748.

Yours sincerely



TREVOR JONES

PATIENTS WAITING TO BE DISCHARGED

Appendix 1

ADDITIONAL ALLOCATIONS AND TARGETS FOR LOCAL AUTHORITY/NHS BOARD PARTNERSHIPS

Local Authority/NHS Board partnership.	Additional Allocation £000	Target extra patients to be transferred to more appropriate care	Target reduction Acute sector	Target reduction 1 year and over
Argyll & Clyde	1734	87	36	25
Ayrshire & Arran	1544	77	33	6
Borders	449	23	5	1
Dumfries & Galloway	640	32	Maintain existing position	1
Fife	1324	66	14	6
Forth Valley	1047	52	6	4
Grampian	1795	90	24	14
Greater Glasgow	3796	190	79	5
Highland	915	46	17	11
Lanarkshire	2126	106	18	8
Lothian	2695	135	36	9
Orkney	84	4		Maintain existing position
Shetland	92	Maintain existing position		Maintain existing position
Tayside	1594	79	32	4
Western Isles	165	8		6
Total	20000	1000	300	100

FORMAT FOR ACTION PLANS

Action Plans should be relatively brief documents and should include key information to demonstrate each partnership's actions on meeting their targets for reducing delayed discharges. Information should be provided as follows:

1. Front page information

Names of Local Authority and NHS Board partners

Targeted reductions for the partnership: Total
In Acute Sector:
In number of people waiting a year and over:

2. Content of Joint Action Plan

1. An overview and brief analysis of the current situation across the partnership.
2. Key issues and problems faced by the partnership in managing problems arising from delayed discharges in the area.
3. Partnership's priorities for action.
4. Actions proposed for the partnership's allocation of additional funding, including:
 - (a) specific estimates of the cost for each action;
 - (b) a firm time scale for implementation; and
 - (c) the contribution each action will make to the overall targeted reductions outlined above.

5. Signatures of all the partnership's Chief Executives

**Scottish Executive Health Department
20 March 2002**