

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/108</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>21 August 2025</b>
<b>Title:</b>	<b>IJB Leads Whole System Report</b>
<b>Sponsoring Director:</b>	<b>Carron O'Byrne, Director of Whole System Flow</b>
<b>Report Author:</b>	<b>Kim Donald, Board Secretary</b>

## 1. Purpose

**The purpose of the attached paper is to:** provide the Board with information across the 6 IJBs and assurance on the whole system approach.

## 2. Executive Summary

**The paper can be summarised as follows:** Previously, the Board received 6 separate IJB Leads reports outlining the updates from the IJB meetings. In recognition of the focus on Transforming Together, the information across the IJBs has been collated to consider performance; risk and common themes. This demonstrates a whole system approach in reporting and working together to focus on the best services for our patients.

## 3. Recommendations

**The NHS Board is asked to consider the following recommendations:**

- Note the information within the report

## 4. Response Required

This paper is presented for **assurance**.

## 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Positive</u> impact |
| • Better Workplace     | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment          | <u>Positive</u> impact |

## 6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

Information has been collated from the IJB Meetings held since the June Board Meeting.

## 7. Governance Route

This paper has been previously considered by the following groups as part of its development:

IJB Meetings

## 8. Date Prepared & Issued

Prepared on: 11 August 2025

Date issued: 13 August 2025

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## 1. Introduction

In line with Public Sector Reform, and the Transforming Together Strategy, it is essential that the Board adopts a whole system approach to performance and risk. This paper sets out the key themes, highlighting the shared priorities across the IJBs.

## 2. Performance

Each IJB has its own area of focus, with the reduction in delayed discharges identified as a priority for Acute services and all Integrated Joint Boards (IJBs). It is recognised that this issue directly affects capacity within secondary care, and targeted work is underway to address the delays. Efforts include advancing population-based planning and tackling key challenges such as Adults with Incapacity (AWI) and complex needs.

The Chief Officers, Nurse Director and the Deputy Chief Executive meet regularly to review the delayed discharges position and work in partnership to develop solutions that support timely patient discharge. These discussions focus on ensuring that individuals are able to return home, or to an appropriate care setting, as soon as it is clinically safe to do so. It is widely recognised that remaining in an acute hospital environment longer than necessary can be detrimental to a person's physical and emotional wellbeing. The shared priority is therefore to provide the right care, in the right place at the right time and optimising capacity across the whole system.

A range of improvement actions and plans are in place across HSCTPs and Acute which aim to reduce acute delayed discharges across the system.

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The Whole System Action Plan sets out 39 actions across the following themes:

- Optimise AWI Discharge Processes and Resource
- Streamlining AWI discharge pathways by improving coordination, clarity of PoA roles, and legal capacity to reduce delays.
- Enhancing discharge efficiency across all pathways through better workflows, staffing, and use of Care at Home resources.
- Improving acute discharge through Clinical Led Discharges, Discharge without Delay planning, and updated discharge policies. Communication & Engagement
- Strengthen communication and collaboration with staff, patients, and families to support smoother discharges.
- Address the need to expand step-down care facilities, allowing patients who are medically fit for discharge to move to a more appropriate setting.
- Increasing the availability of social care placements for individuals with complex needs.
- Optimise Care Home Capacity
- Maximising care home occupancy by improving coordination and access to support safe, timely discharges

Each action has been rated by the services as High (14), Medium (23) or Low (2) for Intended Impact.

A number of actions are being monitored via existing monitoring frameworks including as part of the OIP (£20.9m Plan). Updates to this plan will align with current reporting and monitoring frameworks to avoid duplication and ensure due governance. A number of actions are still in the process of collating baseline data to further assess impact, we are currently working through a way of showing the combined impact of our actions within the plan

The increasing demand for mental health services continues to present a significant challenge, placing sustained pressure on capacity and directly affecting waiting list performance. Rising referral rates, coupled with complexity, mean that patients are often waiting longer to access the care they need.

To address this, a programme of waiting list revalidation is underway. This process applies the national eligibility criteria across the specific services to ensure the referrals are appropriate, that patients are directed to the right level of care, and those with the most urgent needs are priorities. Revalidations also helps identify individuals who may be better supported by alternative services, thereby optimising the use of specialist mental health capacity.

This targeted approach aims to reduce waiting times, improve patient flow, and ensure that people receive timely, effective and appropriate support, ultimately safeguarding patient outcomes and service quality.

### **3. Risk**

To assist the Board in meeting the target set within the Financial Plan 2025/26, a comprehensive blueprint is being developed to ensure services are delivered as efficiently and effectively as possible, with a strong emphasis on strengthening

community-based provision. This approach aims to support the population's needs in the most appropriate settings.

The broader financial context across the public sector remains challenging, with IJBs breaking even in 2024/25 largely through the use of reserves. This approach is not sustainable in the long term. It is important to recognise that if an IJB fails to breakeven, there will be a direct impact on the Board's overall financial position. This risk reinforces the importance of adopting a whole system approach to patient care – one that integrates acute and social care services to maximise resources and improve outcomes.

Delayed discharges present a significant whole system risk due to their impact on occupancy and overall capacity across the acute sites, reducing flexibility to respond to demand.

Our IJBs and Committees receive regular updates on delayed discharge performance and the data indicates that the rates have not declined as hoped across the summer months. This sustained level of delay increasing the risk of acute hospitals reaching maximum capacity over the winter period, when demand for inpatient care typically peaks.

The delayed discharges are monitored weekly with the analysed data demonstrating a pattern of gradual increases in patients delayed each week followed by a sharp correction. This trend also suggests some patterns around holiday periods.

**Average Time between social work referrals and patient discharge:**

- Across all HSCPs, for patients in delay there is a clear upward trend, pre-Covid period from summer 2018 to March 2020, across all HSCPs this figure averaged ~25 days. in the period April 2023 to May 2025 the equivalent figure was ~42 days.

**Number of delays and bed days lost at each census point;** This dataset confirms a gradual increase in numbers in both metrics over the past three years

- 2022 - **220** acute delays and **6,700** bed days lost
- 2025 -**260** acute delays and -**7,500** bed days.

It would be important to reflect that there are significantly more complex AWI delays now than in previous years:

- 2023 ~20 complex AWI delays at the end of each week, with this figure rising from summer 2024 onwards to >100 at the end of each week in June 2025.

Several actions are underway to mitigate the increasing delay experienced by our patients. These include:

- Reduce waiting times for care home placements for patients in delay.
- Review patients waiting for care home placements to identify any trends and 'hot spots' in areas where there may be particularly long waiting times.

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- Work with partners in the Care Home Sector to address the underlying reasons for these delays to transferring care and work to resolve them.
- Ensure appropriateness and timeliness of referrals to Social Work from Acute
- Acute teams to continue to work with HSCPs to review criteria for ward teams to follow before making any referrals to Social Work.
- Establish feedback loop for inappropriate referrals.

### **4. Engagement**

A key element of reducing overall capacity is improving public awareness of alternative pathways for care, ensuring that people know how and where to access the most appropriate support without defaulting to emergency departments and unnecessary admissions. This includes promoting community health centres, pharmacy led service sand other local resources that can meet needs more effectively. Strengthening communication and partnership working with care homes is also a priority, enabling smoother transitions of care, reducing unnecessary admission and supporting timely discharges.

In addition, dedicated development sessions are held regularly across the IJBs, providing the opportunity to explore priority areas in depth, share learning and align on system-wide objectives. These sessions support informed decision-making and ensure a strategic focus in maintained on areas with greatest impact.

All of this is underpinned by robust community-based planning, ensuring that resources are targeted to where they will make the most difference, and care is designed around the needs of local populations, supporting prevention, early intervention and sustainable service delivery.

### **5. Recommendations**

The Board are asked to note the update and provide feedback on detail of future reports.