ITEM No …13……..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB44-2016

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Health and Social Care Integration Joint Board on Discharge Management Performance in Dundee.

1.2 Reference is made to the Health and Social Care Integration Joint Board Quarter 1 Performance Report.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the current position in relation to discharge from hospital.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications as a result of this report.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. (ISD Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their Indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.2.3 There are a number of other indicators which indirectly relate to discharge management and admission to hospital. These are percentage of people admitted to hospital from home during the year, who are discharged to a care home; percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency; readmission to hospital within 28 days; emergency admission rate and emergency bed day rate.

4.2.4 This report considers National Indicators 19 and 22. Performance against the further five indicators are discussed within Dundee Health and Social Care Partnership Quarter 1 Performance report.

5 CURRENT PERFORMANCE AGAINST NATIONAL HEALTH AND WELLBEING OUTCOMES AND THEIR INDICATORS

5.1 Governance and Monitoring Arrangements

5.1.1 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Service, Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

5.1.2 On a weekly basis, an update is provided to the Chief Officer, Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5.2 Discharge Data Types

5.2.1 Information is presented in this report on discharge delays by both standard and code 9 complex delay types. By presenting information on both types of delays this provides a greater understanding about delay reasons and areas of improvement.

5.2.2 Standard delays are defined by ISD Scotland as delays where the standard maximum delay period applies. This includes patients delayed due to awaiting assessment, housing, care home or nursing placements. The standard maximum delay period is now 72 hours.

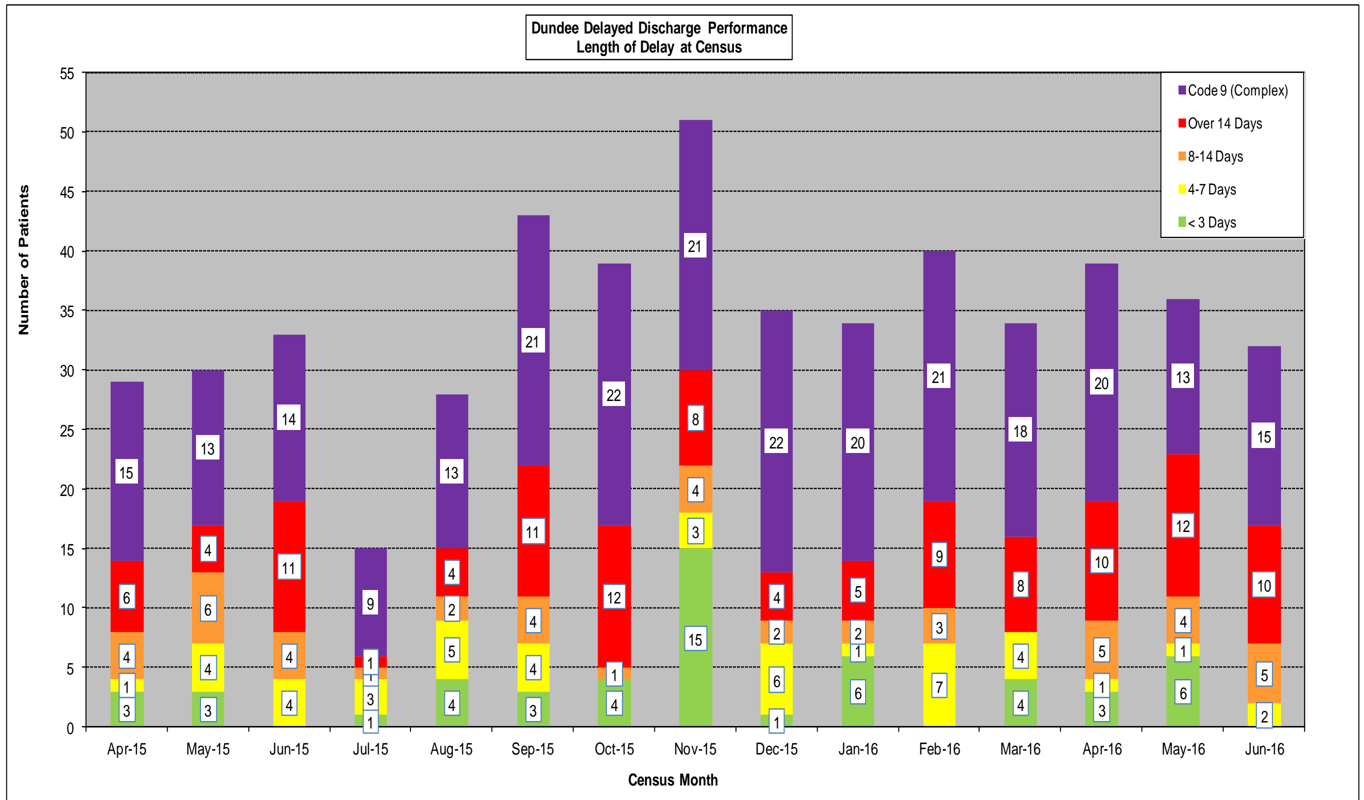
5.2.3 Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some patients whose discharge will take longer to arrange and would include patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

5.3 National Health and Wellbeing Outcome Indicator 22: Performance against percentage of people who are discharged from hospital within 72 hours of being ready.

5.3.1 Previously approaches to reducing delays have been to focus on a target – first 6 weeks, then 4 and then 2, but the Delayed Discharge Task Force agreed that in future, focussing on increasing the % who can be discharged as soon as possible while allowing for the fact that there will be individual reasons that this is not appropriate will result in greater improvement. (Scottish Government, Core Suite of Indicators)

5.3.2 At this time, further work is required to determine how this indicator is measured, reported upon and understood. In the meantime, Dundee performance by length of delay from April 15 to March 2016 is provided in Graph A below.

Graph A

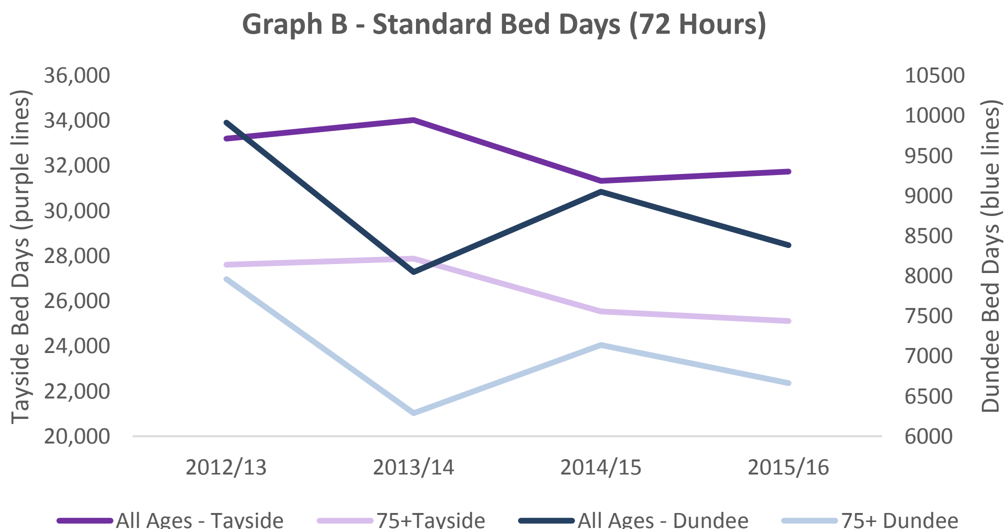


5.3.3 This data indicates that for patients who have a complexity of circumstances they will spend a greater length of time delayed in a hospital. This is congruent with the national position and a recognition of individual circumstances.

5.4 National Health and Wellbeing Outcome Indicator 19: Performance Against Number Of Days People Spend In Hospital When They Are Ready To Be Discharged.

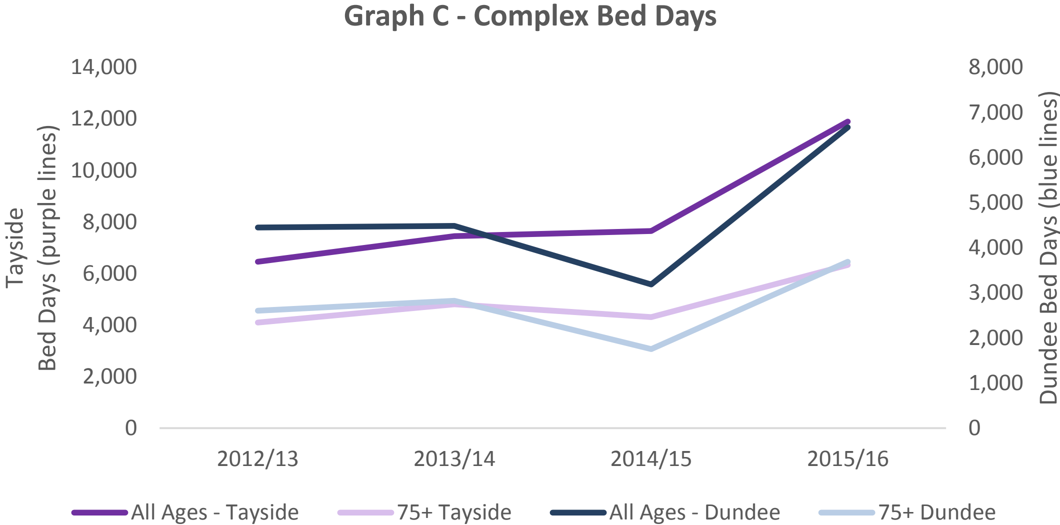
5.4.1 This indicator counts the number of bed days occupied for all patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month.

5.4.2 Graph B below provides information about number of days people spend in hospital when they are ready to be discharged where the standard maximum delay period of 72 hours applies.



5.4.3 It highlights that Dundee is making good progress in reducing delays for all patients where the standard maximum delay, which is 72 hours, applies. This is reflective of a number of initiatives which have endeavoured to streamline processes and increase capacity of services, in particular enablement and social care services.

5.4.4 Graph C below provides information about number of days people spend in hospital when they are ready to be discharged where patients have a complexity of personal circumstances.



5.4.5 It indicates a deterioration in relation to our performance where patients are ready to be discharged and have a complexity of circumstances. This trend is evident for patients between ages of 18 – 74 and 75 + and is likely reflective of a change in practice in recording of delays within specialist hospital settings.

5.5 Analysis of Why Patients Are Unable To Be Discharged When They Are Ready

5.5.1 To enable targeting of resources, activity and strategic shifts consideration has been given locally as to reasons why patients are unable to be discharged when they are ready and what actions are required to achieve this.

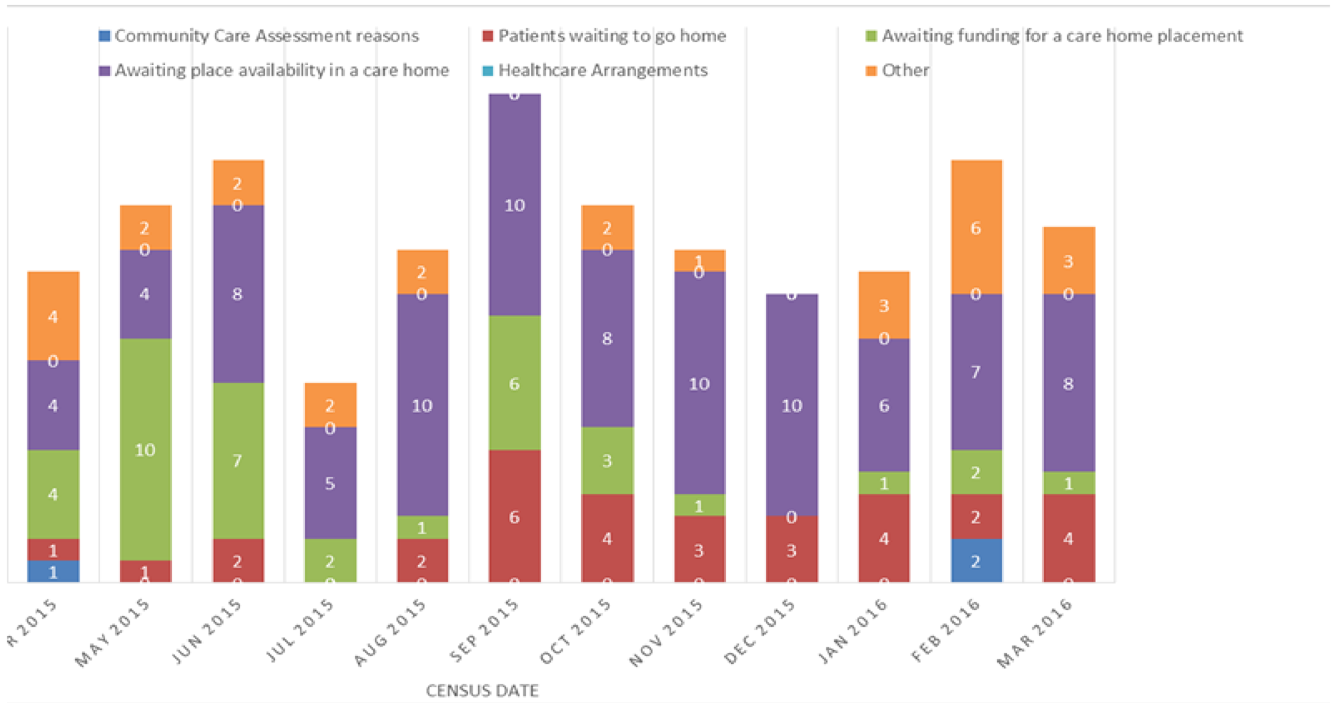
5.5.2 The main reasons for delays for people who have a complexity of circumstances are due to awaiting completion of:

- Adults with Incapacity (Scotland) Act processes;
- Complex care arrangements in order for patients to live in their own home;
- Place availability within a specialist facility which will enable the patient to return to a community setting; and
- A specially commissioned resource tailored to meet the patients' individual circumstances.

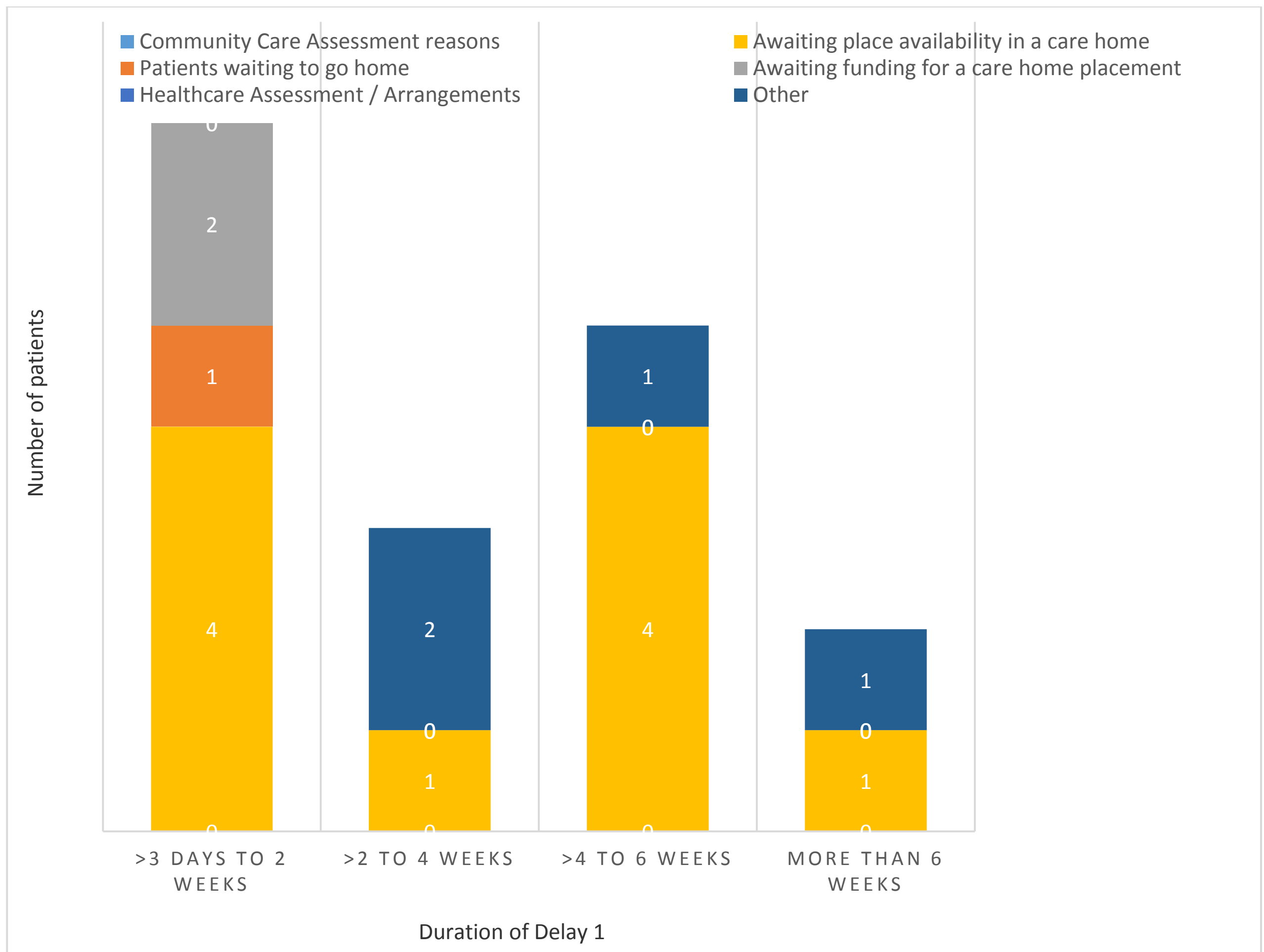
5.5.3 These reasons are comparable with Scotland wide averages produced by ISD Scotland.

5.5.4 Graph D highlights the main reasons for standard delays during the period April 2015 – March 2016.

Graph D



5.5.5 **Graph E** highlights the main reasons for standard delays by duration of delay at June 2016.



5.5.6 In summary, Graphs D and E highlight that the main reason for delay where the standard maximum delay period of 72 hours applies is due to people awaiting funding or place availability in a care home.

5.5.7 These graphs highlight that key priorities in going ahead are developing arrangements and supports so that patients who have a complexity of circumstances and patients who have been assessed as requiring 24 Hour Care can be discharged when they are ready. However, these priorities must be seen alongside reducing emergency admission and readmission to hospital and the priorities identified within Dundee Health and Social Care Partnership Strategic and Commissioning Plan.

5.5.8 It is also recognised that there are a number of challenges which impact on our ability to sustain our focus and ambition on preventing admission and re-admission and achieving discharge when people are ready. These challenges are national and can be summarised in relation to our ability to:

- Fund additional care home placements whilst sustaining level of community based support in a time of austerity measures and efficiency saving.

- Ensure that people with a complexity of need in a non-acute setting receive timely support to be discharged effectively, alongside people in acute settings.

- Complete Guardianship Reports within statutory timescales within a context of Dundee having the highest rate per 100K population of all Guardianships granted across Scotland (MWC, 2014).

- Respond safely to increasing complexity of need and increasing numbers of adults and older people living with co-morbidities.

- Meet demand in a context of austerity, an aging population and complexity of need.

6.0 SUMMARY

6.1 We have made good progress in Dundee in relation to reducing volume of standard delays and tackling key reasons why patients are unable to be discharged when they are ready. However, we recognise that in going forward there is further work to be undertaken to enable patients who have a complexity of circumstances and who have been assessed as requiring 24 Hour Care to be discharged when they are ready. We recognise that these require strategic and cultural shifts in relation to use of our resources and practice.

6.2 We have updated our discharge management improvement plan to help us to meet our ambition that all Citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

6.3 We recognise that there are a number of key challenges which will impact on our ability to achieve everything we would wish to. This includes the sustainability of community based health and social care services to meet increased demand and expectation in a context of increasing complexity of need, ongoing efficiency savings and predicted shortfall in health and social care workforce.

7.0 POLICY IMPLICATIONS

7.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

8.0 CONSULTATIONS

8.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 3 August 2016