ITEM No …11……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 6 DECEMBER 2016**

REPORT ON: **DISCHARGE MANAGEMENT PERFORMANCE QUARTERLY UPDATE (DECEMBER 2016)**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB57-2016**

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 Discharge Management Improvement Plan (DIJB40-2016) approved at the Integration Joint Board on 30 August 2016, Discharge Management Performance Report noted in Appendix 1 and the Tayside Winter Plan (DIJB52-2016) discussed at the Integration Joint Board on 25 October 2016.

2.0 RECOMMENDATIONS

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

2.1 The current position in relation to discharge management performance.

2.2 The improvement actions planned to respond to areas of pressure identified.

3.0 FINANCIAL IMPLICATIONS

3.1 The additional cost of increasing numbers of care at home packages and care home placements as a response to the delayed discharge pressures being faced in the current financial year is beginning to impact on budgeted resources for these services to the extent that a pattern of overspends is beginning to emerge. As reported in the financial monitoring report for October 2016, this translates into a projected overspend of around £400k for 2016/17. Any additional funding available specifically to respond to delayed discharges has been fully committed to the range of interventions outlined in the Home and Hospital Transition Plan and Tayside Winter Plan.

These overspends are being managed within the overall delegated budget from Dundee City Council due to underspends in other areas in 2016/17 however this is not sustainable in future years and will be considered as part of the financial planning process for 2017/18 and beyond.

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.

4.1.3 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of 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.

4.1.4 On a weekly basis, an update is provided to the Chief Officer, the 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.

5.0 CURRENT PERFORMANCE

5.1 Discharge Data Types

5.1.1 Discharge delays are defined in two ways: - standard delays and code 9 complex delays.

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

5.1.3 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.

5.2 Current Performance in Relation to People being Discharged When They Are Ready.

5.2.1 The discharge management performance report noted in Appendix 1 and our current performance data position highlights that the:

- Number of patients not being discharged within 72 hours of being ready for discharge is increasing.
- Majority of these patients are spending more than 72 hours in a hospital setting which means that the number days people are delayed awaiting discharge is increasing; and
- Number of patients who have a complexity of needs discharged is reducing, which is an improvement to our performance from last quarter.

5.2.2 The main reasons 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 and awaiting care arrangements being put in place. However, of note a number of patients are delayed due to waiting assessment.

5.2.3 The main reasons for delay where a person has a complexity of circumstances are due to awaiting completion of Guardianship processes, awaiting a place in specialist facility, awaiting completion of complex care arrangements and exercising their statutory right of choice.

5.2.4 More detailed information about Dundee Health and Social Care Partnership Discharge Performance is noted in Appendix 1 – Discharge Management Report.

5.3 Current Pressures and Challenges

5.3.1 The Discharge Management Performance Data and current position must be considered within the context of current challenges and pressures on service delivery. These challenges and pressures are as follows:-

- Increasing demand for resources to support people to remain in their own home or be discharged to their own home at same time as a disruption in the availability of external resources to meet this demand. This has led to a current challenge to provide the number of care at home packages required.

- Reduction in care home place availability and our ability to fund placements whilst sustaining level of community based support. This has led to a pressure on funding and our ability to allocate placements.

- Complete Guardianship Reports within statutory timescales within a context of Dundee having one of the highest rates per 100K population of all Guardianships granted across Scotland. This has led to a pressure on the Mental Health Officer Service to meet demand for completion of Guardianship Reports in a timely fashion.

- Respond safely to increasing complexity of need and increasing numbers of adults and older people living with co-morbidities in their own home. This then places pressure on availability of specialist facilities and arrangements to enable people with a complexity of need to receive timely support to be discharged effectively, alongside people in acute settings.

- Developing solutions which promote independence and with that prevent admission to hospital and placement in 24 hour care at the same time as responding to pressures noted above.

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

5.3.2 Furthermore, we recognise that further work is required to embed planned date of discharge guidance and a focus on timely assessments to reduce number of people being delayed due to awaiting an assessment and promote a multi-agency approach to discharge planning.

5.4 Improvement Actions

5.4.1 To respond to current trend in performance and prepare adequately for winter, improvement actions have been identified through the Home and Hospital Transition Plan approved at the Integration Joint Board on 30 August 2016 and the Tayside Winter Plan discussed at the Integration Joint Board on 25 October 2016.

5.4.2 In addition to these actions, additional social care packages have been procured from external care providers to the extent that current activity is delivering around 1,000 hours of social care per week above the contract amount. Furthermore, an increased rate of care home placements are currently being made to provide additional capacity to reduce the level of delayed discharges. It is recognised that this activity is over and above the level of activity budgeted for and will result in an additional cost to partnership resources.

5.4.3 To enable any further learning and improvement actions, a review of reasons for delay over past three months is being undertaken. The outcome of this will be reported at the next quarterly discharge management update.

6.0 SUMMARY

6.1 We have made progress in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further work is needed to support patients who have a complexity of needs, who require 24 hour care and who require care at home. Data provided at August 2016 highlighted a deterioration in performance for these reasons.

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. Actions have been identified in this improvement plan to respond to the areas of priority identified within this report.

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

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

9.0 BACKGROUND PAPER

None.

David W Lynch
Chief Officer

DATE: 11/11/16

Appendix 1

1.0 DISCHARGE MANAGEMENT PERFORMANCE REPORT

1.1 Background to Discharge Management

1.1.1 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)

1.1.2 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.

1.1.3 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.

1.1.4 This performance report considers National Indicators 19 and 22 at August 2016 as this is the most recent published discharge data from ISD Scotland.

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

2.1 Discharge Data Types

2.1.1 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.

2.2.2 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.

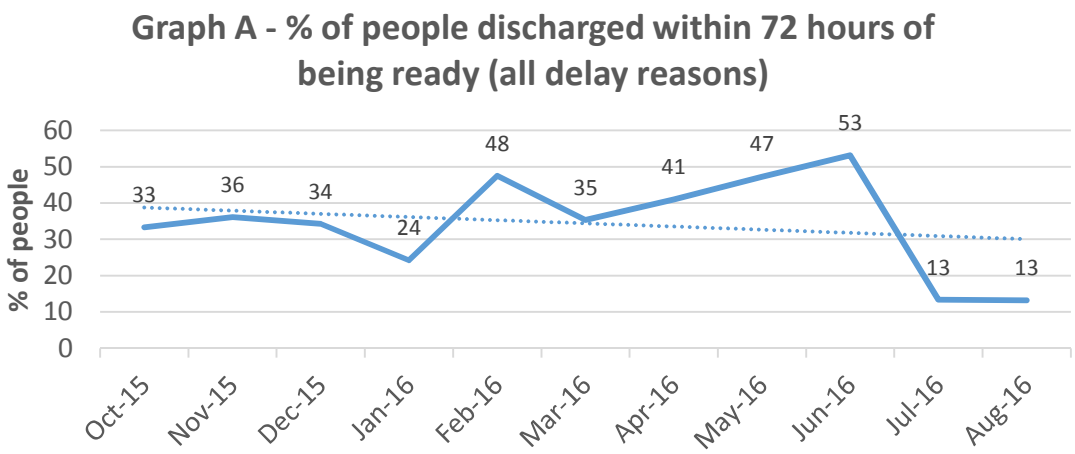
2.2.3 Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some Patients whose discharge will take longer to arrange and would include Patients delayed due to awaiting place availability 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.

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

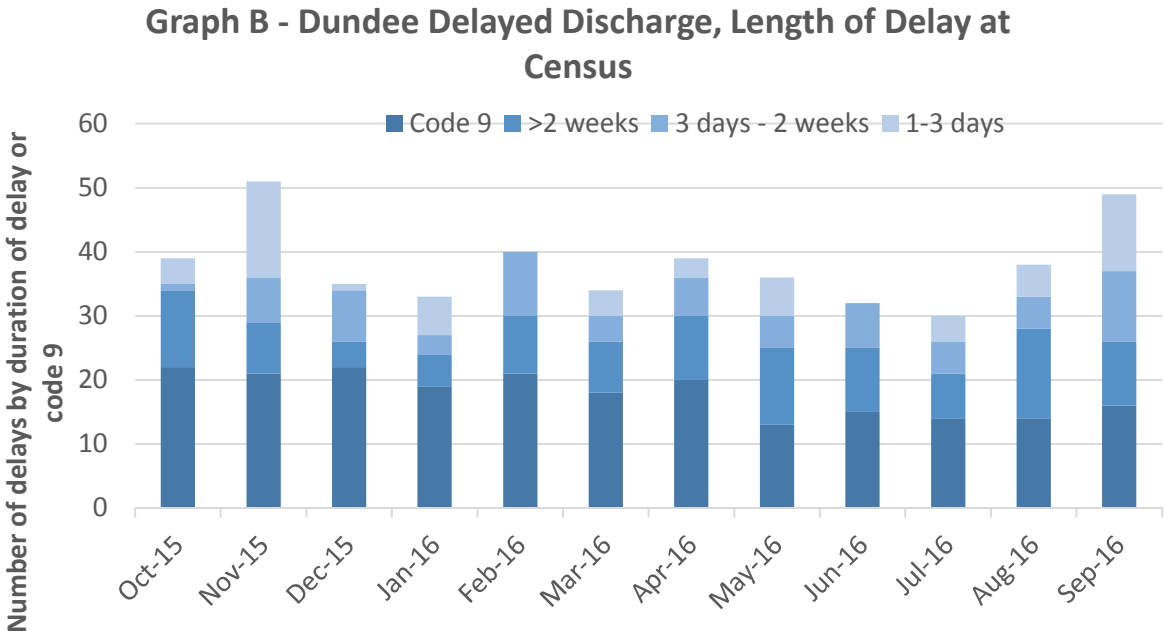
2.2.1 Previously approaches to reducing delays have been to focus on a target – first 6 weeks, then 4 and then 2, but the Delayed Discharge Task Force agreed that in future, focussing on increasing the % who can be discharged as soon as possible while allowing for the fact that there will be individual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

2.2.2 The measure percentage of people who are discharge from hospital within 72 hours is the percentage of people already delayed who are discharged within 72 hours. For clarity, this measure does not calculate the percentage of people who were discharged within 72 hours

from being an inpatient in hospital. Graph A demonstrates our performance against this target.



2.2.3 Length of delay for Dundee patients is provided in more detail in Graph B below for the period October 2015 – September 2016.

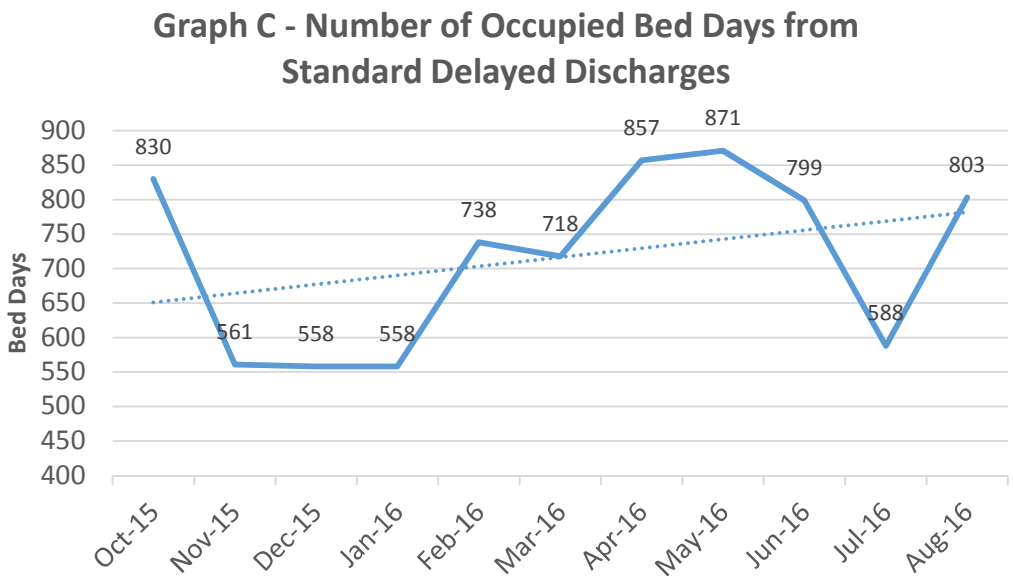


2.2.4 This data indicates that the majority of delayed patients are spending more than 72 hours in a hospital setting. In addition, that our performance in relation to number of patients being discharged within 72 hours of discharge is deteriorating.

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

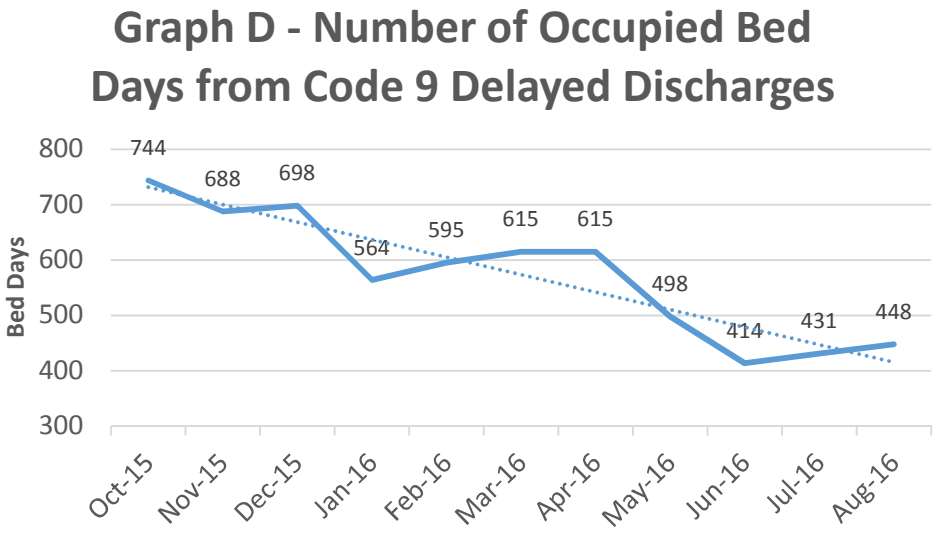
2.3.1 This indicator counts the number of bed days occupied for all Patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month.

2.3.2 Graph C 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.



2.3.3 As highlighted it section 5.3.3, Graph C highlights a deterioration in our performance at August 2016 and with that an increase in the length of time patients who are ready to be discharged are spending in hospital.

2.3.4 Graph D 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.

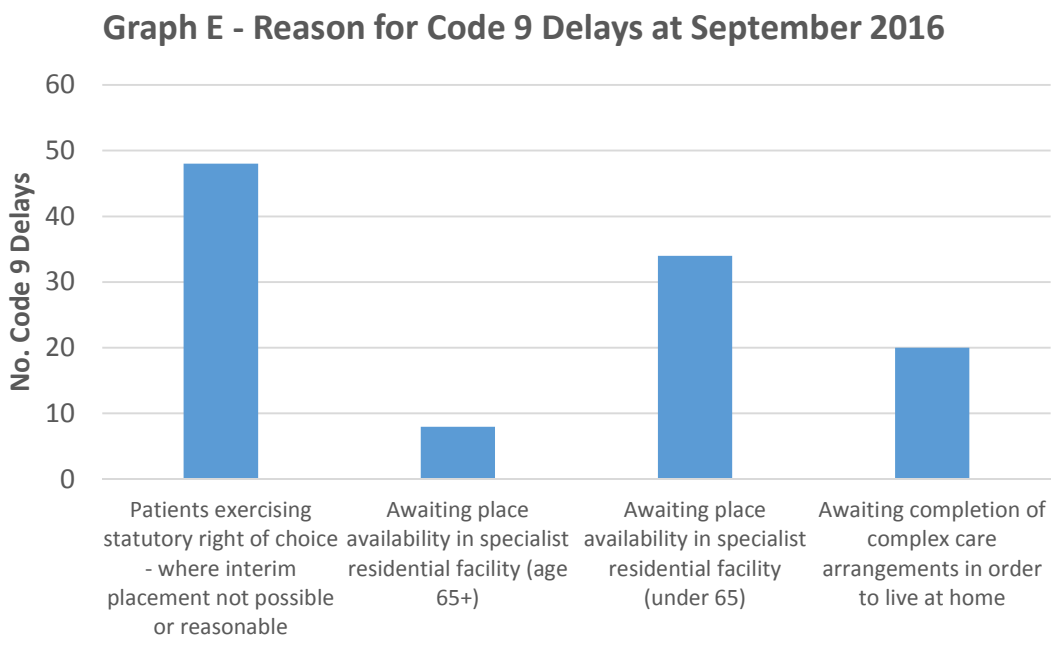


2.3.5 It indicates an improvement in relation to our performance where Patients are ready to be discharged and who have a complexity of circumstances.

2.4 Analysis Of Why Patients Are Unable To Be Discharged When They Are Ready

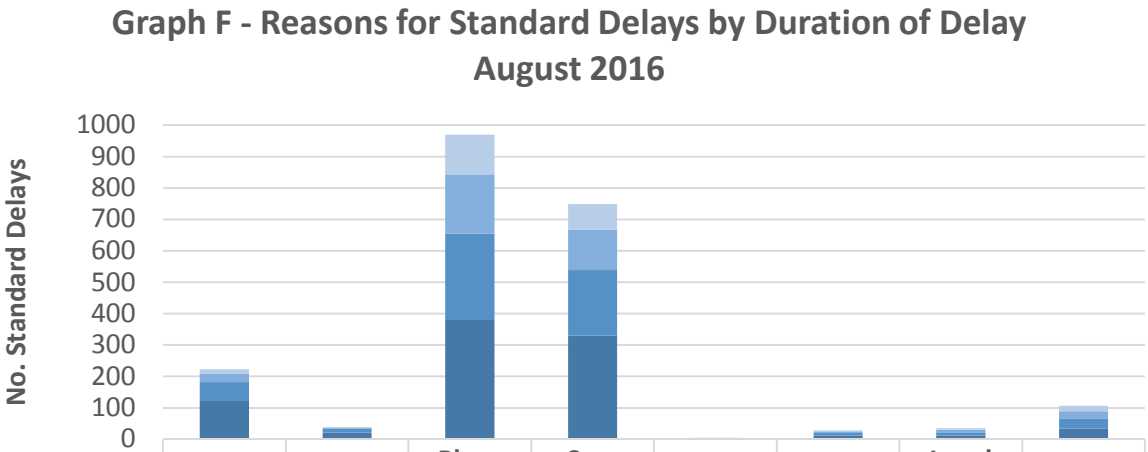
2.4.1 To enable targeting of resources, activity and strategic shifts consideration has been given locally as to reasons why Patients are unable to be discharged when they are ready and what actions are required to achieve this.

2.4.2 Graph E demonstrates the main reasons for delays for complex reasons at September 2016.



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

2.4.5 Graph F highlights the main reasons for standard delays by duration of delay at August 2016.



	Assessments	Funding	Place Availability	Care Arrangements	Transport	Disagreement	Legal /Financial	Other
	Health and Social Care					Patient and Family		
>6 weeks	13	1	126	82	1	3	5	18
>4 weeks	28	4	189	128	1	5	8	24
>2 weeks	60	12	275	209	1	8	10	31
>3 days	122	21	380	330	2	12	12	34

2.4.6 In summary, Graphs E and F highlight that the main reasons 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 and awaiting care arrangements being put in place. However, of note a number of patients are delayed due to waiting assessment.

2.4.7 These graphs highlight key priorities, particularly in preparation for winter, are developing sustainable solutions and supports so that patients who require 24 hour care, care in their own home upon discharge and complex care arrangements can be discharged when they are ready. Furthermore, that further work is required to embed planned date of discharge guidance and a focus on timely assessments to reduce number of people being delayed due to awaiting an assessment.

2.4.8 However, in Dundee we also recognise that solutions must also be considered which promote independence and with that enable people to prevent admission to hospital and 24 hour care. In addition, continuing to develop our assessment and discharge coordination so that patients can benefit from a multi-disciplinary approach to discharge planning.