

**Title/Subject:** Delayed Discharge Progress Report

**Meeting:** Integration Joint Board

**Date:** 7 October 2016

**Submitted By:** Community Services Directorate General Manager  
and Head of Social Work Adult Services

**Action:** For Noting

## **1. INTRODUCTION**

- 1.1 The purpose of this paper is to update Integration Joint Board members on progress with meeting the national target that no-one who is ready for discharge should be delayed by more than 2 weeks.

## **2. RECOMMENDATION**

The Integration Joint Board is asked to:

- 2.1 note current performance and the work underway.

## **3. BACKGROUND**

- 3.1 Delayed Discharge is a standing agenda item at Integration Joint Board meetings acknowledging the impact that delays to discharge have on outcomes for individual patients and on the health and social care system.

## **4. PROGRESS UPDATE**

- 4.1 As of August census date, there were **51** people delayed in their discharge, **27** of who were delayed for more than 2 weeks. These relate to delays which count towards the national, published delayed discharge target (standard delays).

- 4.2 There has been an increase in the position since the last report to the IJB as can be seen in table 1.

**Table 1** (excluding Code 9 & Code 100)

	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Total delays at census point	25	36	23	37	35	27	23	29	27	23	32	45	51
Total number of delays over 2 weeks	16	25	19	20	24	20	14	18	18	12	18	30	33

- 4.3 At the August census point, there were **3** patients identified as a complex discharge (code 9) and **6** proceeding through the guardianship process.
- 4.4 At the August census point, there were **5** patients identified as a Code 100 delay. These are predominately patients with a learning disability.
- 4.5 Table 2 shows the total picture of delays in Falkirk Partnership across all categories expressed as occupied bed days. These figures are for full months to the end of August and show increasing pressure on bed days compared with February 2016.

**Table 2 total occupied bed days**

	Feb 16	March 16	April 16	May 16	June 16	July 16	Aug 16	Equivalent Beds (Aug)
Standard Delays	797	990	975	875	854	1247	1468	47
Complex Delays/ Guardianships (Code 9)	217	265	277	186	158	256	275	9

- 4.6 The LIST analysts supporting the Partnership have prepared a Delayed Discharge Summary Report: August 2016. This enables the Partnership to compare local performance against national data, where this is available. This is attached at Appendix 1 for information. The key points to note from the report are:
- The top reason for delayed discharge was 'awaiting a place in a care home' which accounted for 14 of the standard delays\*
  - In quarter 1 of 2016, 63% of clients who received the Rehabilitation At Home (RAH) were independent after 6 weeks
  - Since 2010/11 there has been an increasing trend in single (and multiple) emergency admissions for patients aged over 65 years
  - During 2015/16 the standardised rate of readmission at 28 days was consistently better than Scotland.

- Emergency admissions related to a fall are more prevalent in the older age groups. The 65-74 age group had a falls related discharge rate of 9 per 1,000 population compared to a discharge rate of 60 per 1,000 population for the 85+ age group in 2014/15.

\*Census figures

- 4.7 This information indicates the need for a more strategic approach to address the underlying issues contributing to both the delays in discharge and the rate of care home admissions in Falkirk.
- 4.8 Since the last Board meeting a range of work has been undertaken to develop the whole system approach as detailed in the Chief Officer report as a separate agenda item.

## 5. PROGRESS WITH DELAYED DISCHARGE STEERING GROUP ACTIONS

- 5.1 Work is ongoing to progress the actions included in the Delayed Discharge Action Plan. Integration Joint Board members supported a focus on addressing four key issues that were impacting on delayed discharge performance and these remain a focus for the Delayed Discharge Steering and Sub Groups.
- 5.2 ***Key Issue 1: There are a number of services which are currently being delivered which are having an impact on small numbers in the population but are not having the impact required across the area to reduce ED attendances or acute admissions***

The Closer to Home Service commenced as planned in December 2015 and continues to build. Over the winter months, the Enhanced Community Team also supported early discharge from hospital in addition to its core role of prevention of admission. To date 295 people have accessed the service - 127 people from the Grangemouth/Bo'ness (East) locality area, 86 from Falkirk Town (Central) and 82 from the Denny, Bonnybridge, Stenhousemuir and Larbert areas (West). In terms on patient contacts, to date this is 797 contacts for the East Locality, 482 for Central and 398 for the West Locality.

Discussions continue with the full range of services working to prevent admission to hospital, to see how they can connect better and to consider the potential for a single point of access to these services.

- 5.3 ***Key Issue 2: There are patients in hospital whose pathway is delayed for a variety of reasons or if not formally delayed in their discharge, their length of stay in hospital could have been shorter***

Work has commenced to review reablement services through the Reablement Steering Group and two reablement workshops took place in August 2016. Further information on the workshops is contained in the Chief Officer report as a separate agenda item.

**5.4 Key Issue 3: *There are a number of patients whose discharge becomes delayed as they fall within the scope of the Adults with Incapacity (AWI) Act***

A Planning Group, with membership including CVS Falkirk, Solicitors for Older People Scotland (SOPS), NHS Forth Valley and Falkirk Council as well as other third sector organisations have been meeting to consider how to increase awareness of Power of Attorney (POA) issues generally and specifically how to increase the numbers of people in Falkirk with a POA.

Work carried out to date:

**Partnership working with SOPs**

- SOPs stall and materials at Third Sector Conference (February)
- SOPs presentation to CVS staff
- Attendance at CREATE session - Inchyra Grange, September, with information provided to professional including GPs, Pharmacy Technicians, support staff

**Publicity**

- Leaflets in the Falkirk Community Hospital and medical centres
- CVS - 2 dedicated e-bulletin articles and referenced in 2 other articles. The e-bulletin distribution list is 1100
- 5 tweets, including one promoting an information session for carers at the Falkirk and Clackmannanshire Carers Centre

**Future Actions**

- SOPs Stall at Older People's Day
- Advert appearing in Falkirk Herald on 15 September promoting Older People's Day references Power of Attorney info will be available.
- Article in Central Scotland Regional Equality Council
- Special e-bulletin promoting Power of Attorney
- Two local radio stations have been contacted, Radio Royal and Central FM. An interview has been arranged with Central FM for later in September.

**5.5 Key Issue 4: *The right balance and range of care options is not available in Falkirk to support early discharge and avoid admission***

Work has commenced to look at bed modelling requirements across the Partnership. Further information is contained in the Chief Officer report as a separate agenda item.

**6. CONCLUSIONS**

**6.1 The delayed discharge position remains under significant pressure due to the reliance on care home places which continue to be limited.**

Work is ongoing to improve outcomes and to support people to remain in their homes with appropriate care packages.

It is critical that these issues are addressed through a strategic whole system approach as outlined within the Chief Officer report on this agenda.

**Resource implications**

Current investment is being reviewed through the Partnership Funding review as detailed in a separate report on this agenda.

**Impact on IJB Outcomes and Priorities**

This report identifies the current position in relation to the National Target for Delayed Discharges.

**Legal & Risk Implications**

There are no additional Legal and Risk implications associated with this report.

**Consultation & Equalities Assessment**

No additional consultation has been undertaken for the purpose of this report and no equalities implications have been identified.

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Approved for submission by: Patricia Cassidy, Chief Officer

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**Date:** 15 September 2016

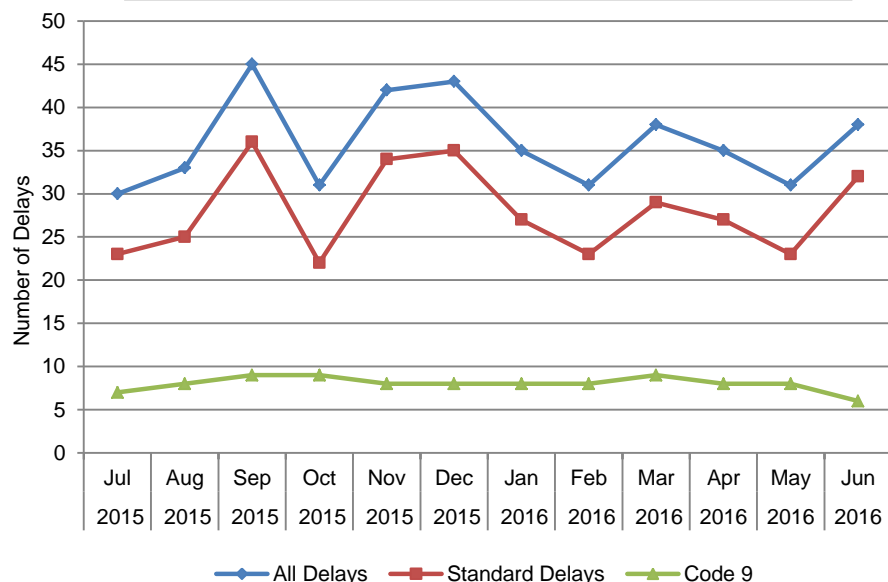
**List of Background Papers**

## Falkirk Delayed Discharges – Performance Report

August 2016

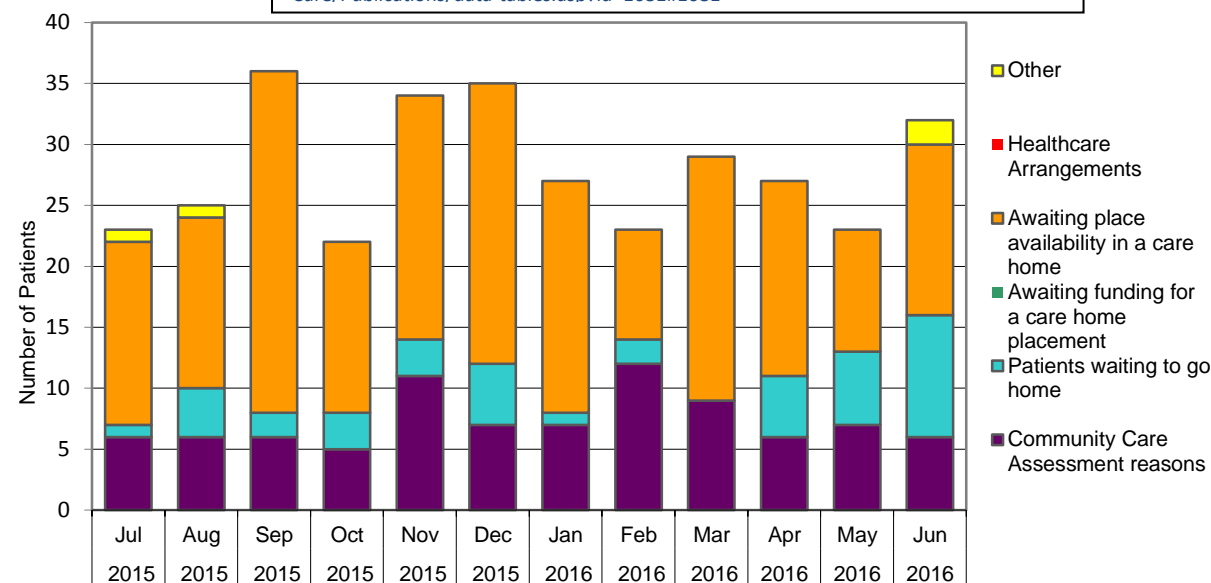
## All Delayed Discharges – Jul 2015 to Jun 2016

Source: <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/data-tables.asp?id=1681#1681>



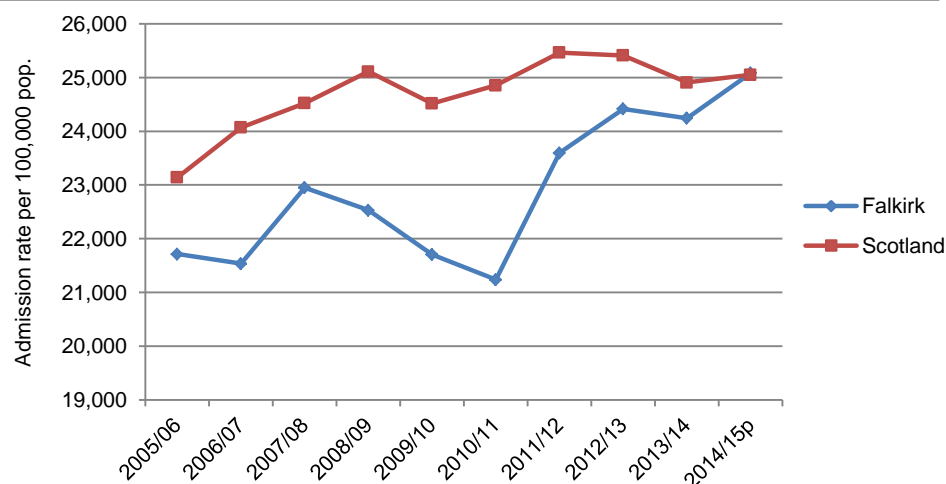
## Primary Reason for Delay – Jun 2015 to May 2016

Source: <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/data-tables.asp?id=1681#1681>



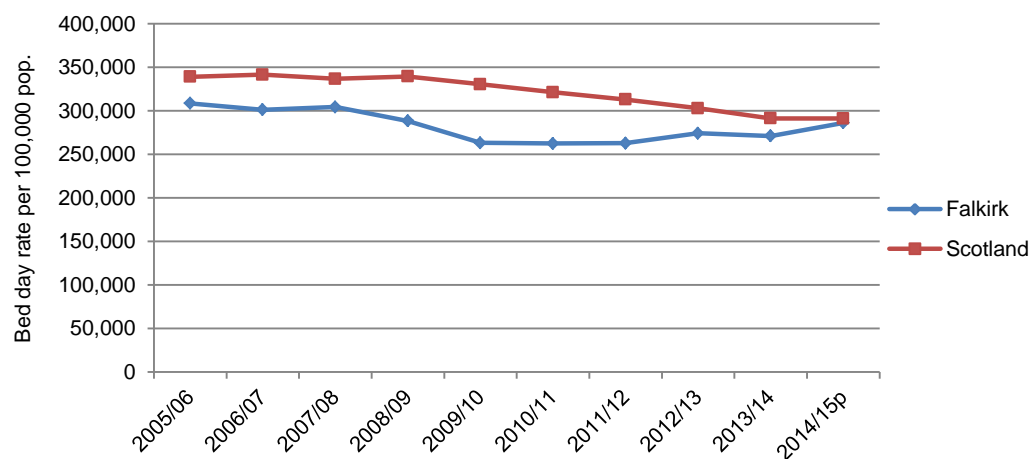
## Admission Rates per 100,000 Population of All Emergency Admissions for Patients Aged 65+

Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>



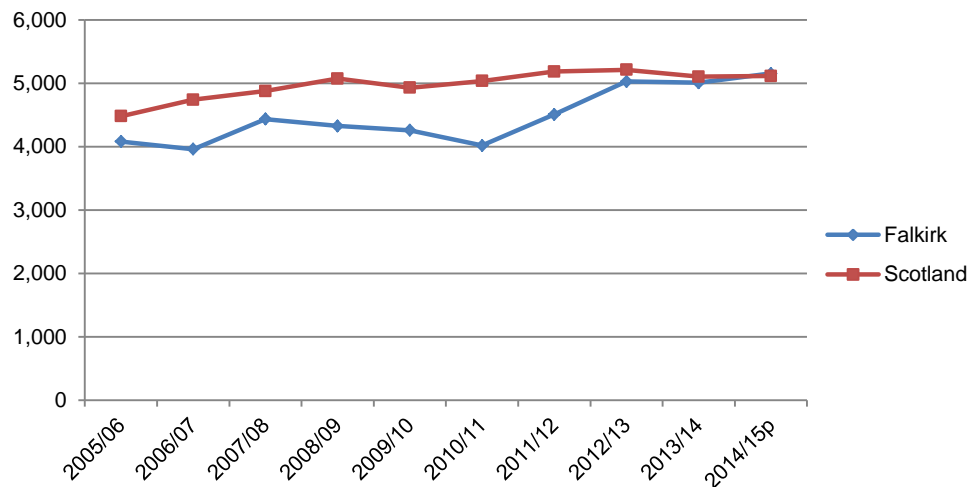
## Bed Day Rates per 100,000 Population of All Emergency Admissions for Patients Aged 65+

Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>



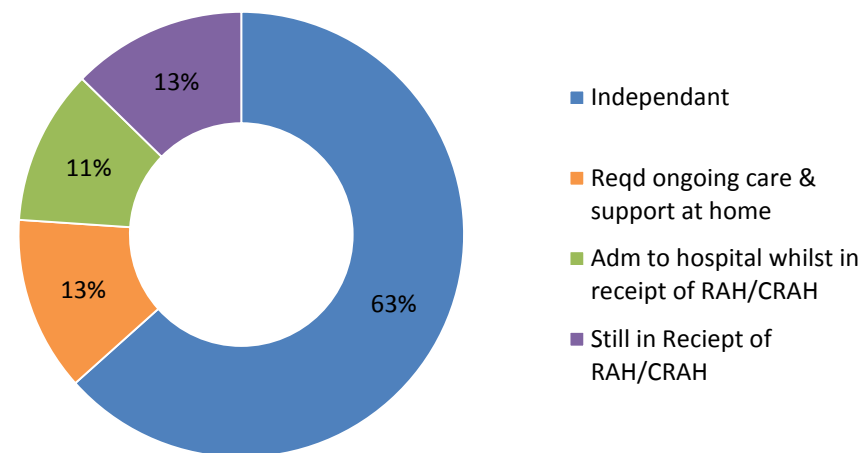
### Rates per 100,000 Population of Patients aged 65+ with 2+ Emergency Admissions

Source: <http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>



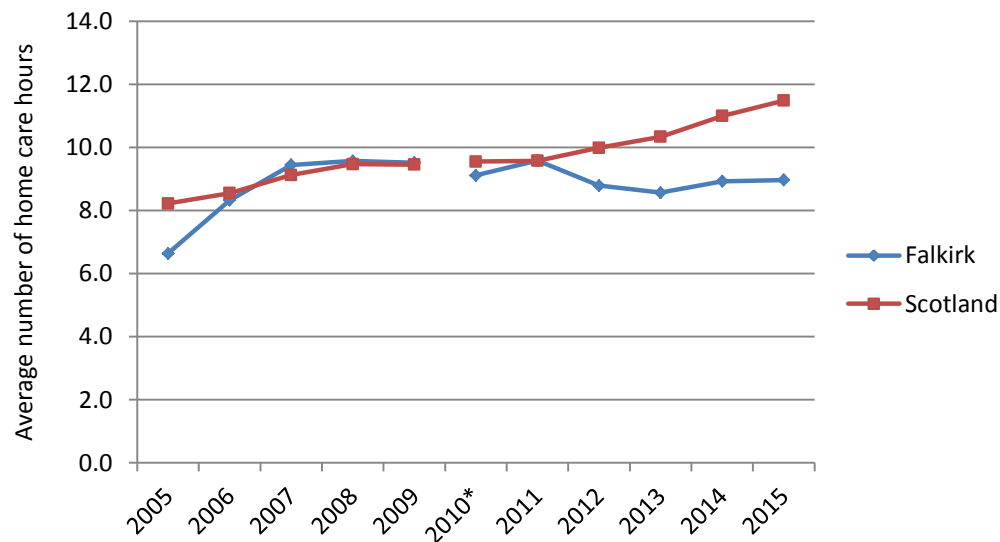
### Outcomes at the end of Rehabilitation at home (RAH/CRAH) (Q1 2016)

Source: Social Work Services 24/7 Team



### Average Home Care hours per client

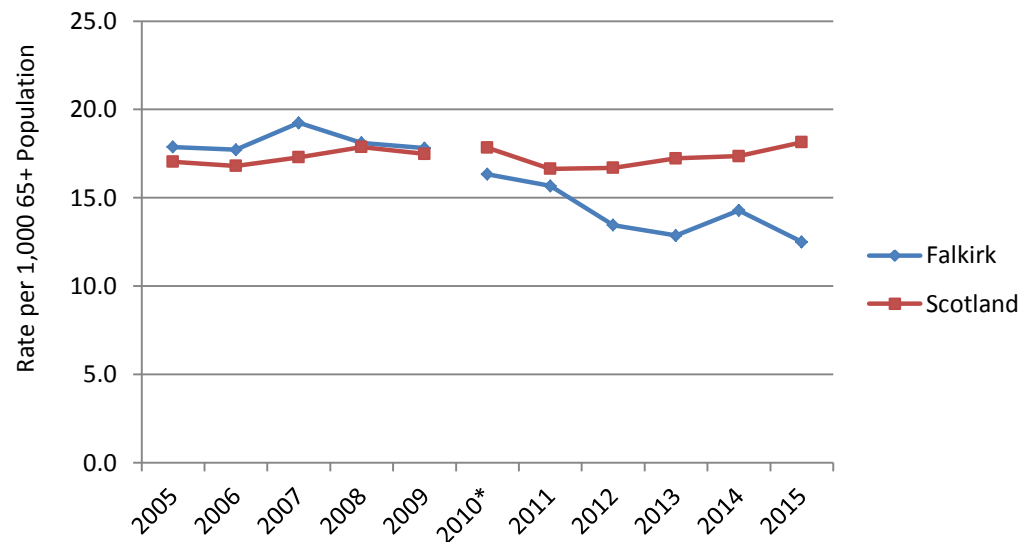
Source: <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/Homecare>



\*Figures for Home Care hours from 2010 exclude 24-7 care. This has resulted in a break in the time series between 2009 and 2010.

### Clients aged 65+ receiving home care – rate per 1,000 population

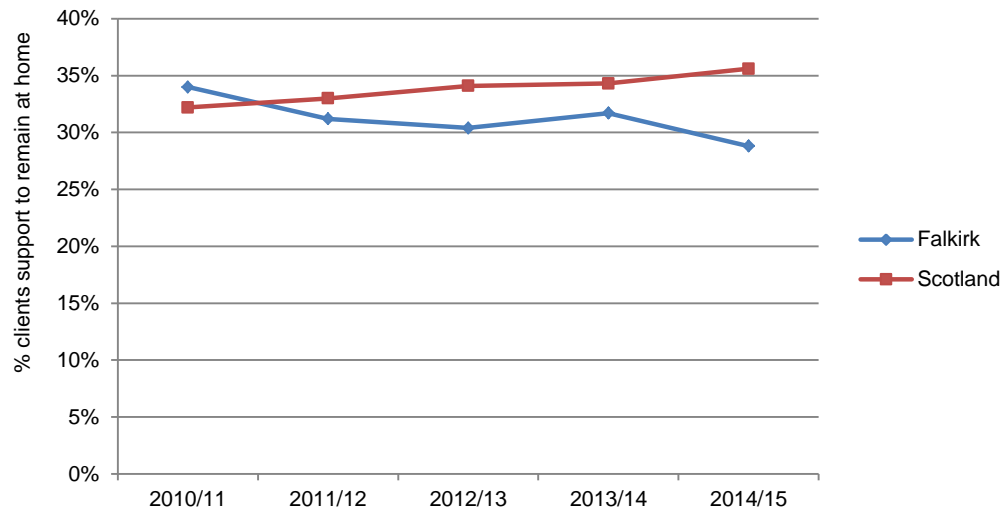
Source: <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/Homecare>



\*Figures for Home Care hours from 2010 exclude 24-7 care. This has resulted in a break in the time series between 2009 and 2010.

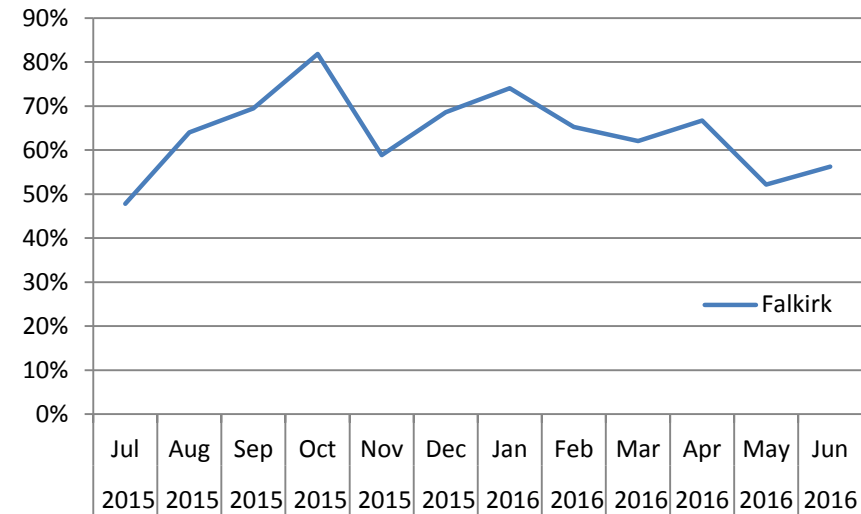
Percentage of clients with intensive needs who are supported so that they can remain in their own home

Source: <http://www.improvementservice.org.uk/benchmarking/tool.html>



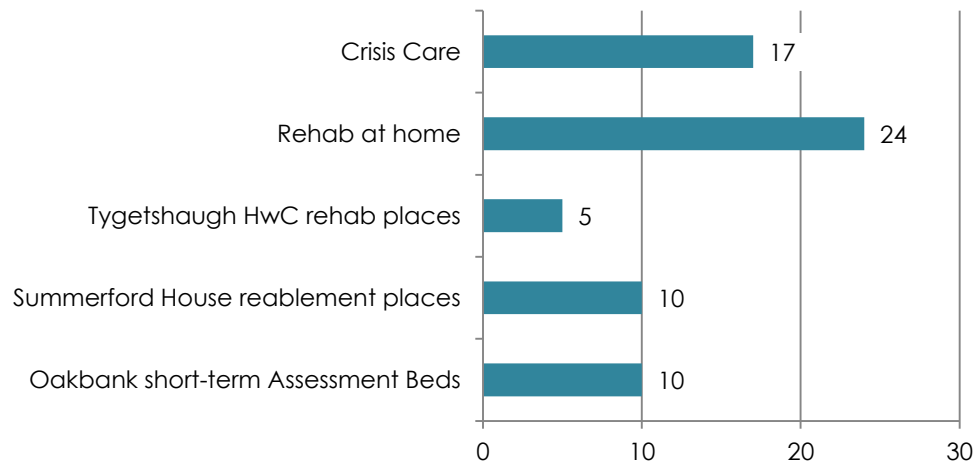
Percentage of standard delays that were over 2 weeks in 2015/16

Source: <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/data-tables.asp?id=1681#1681>



Intermediate Care / Reablement capacity at August 2016

Source: Falkirk Social Work Services

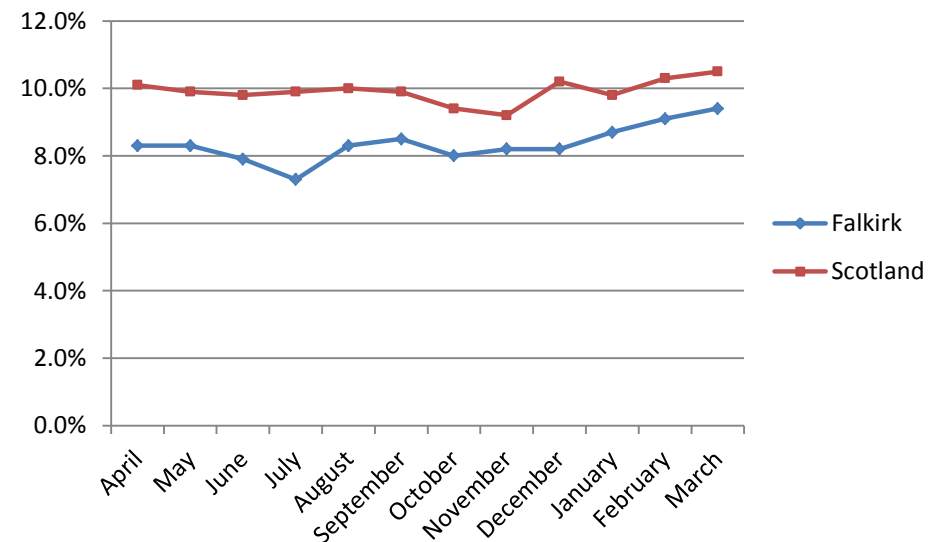


\*Rehab at Home - excludes two places for under 65s

\*\*Crisis Care - no set number of places, 17 represents average number of service users per month

Age-Sex Standardised Readmissions Rate % within 28 days (2015/16)

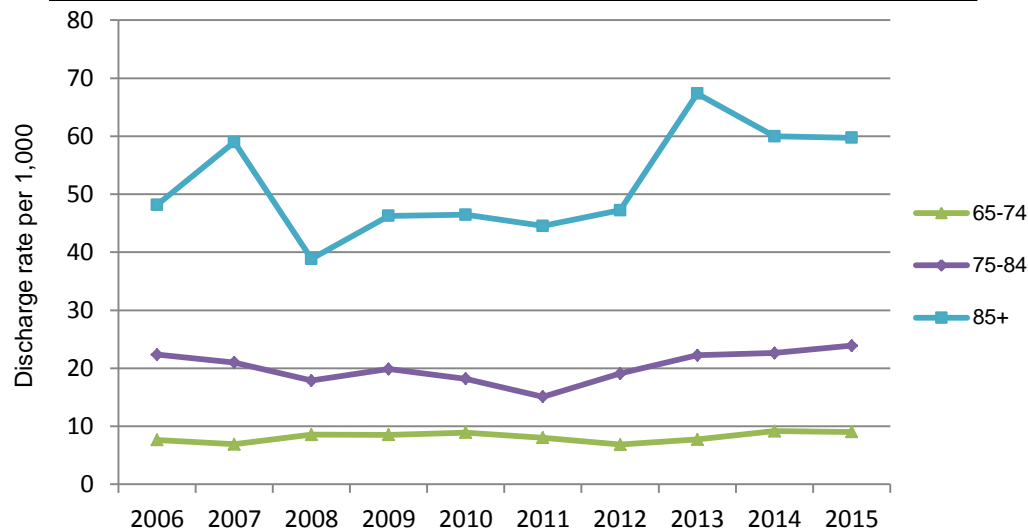
Source: ISD SMR01





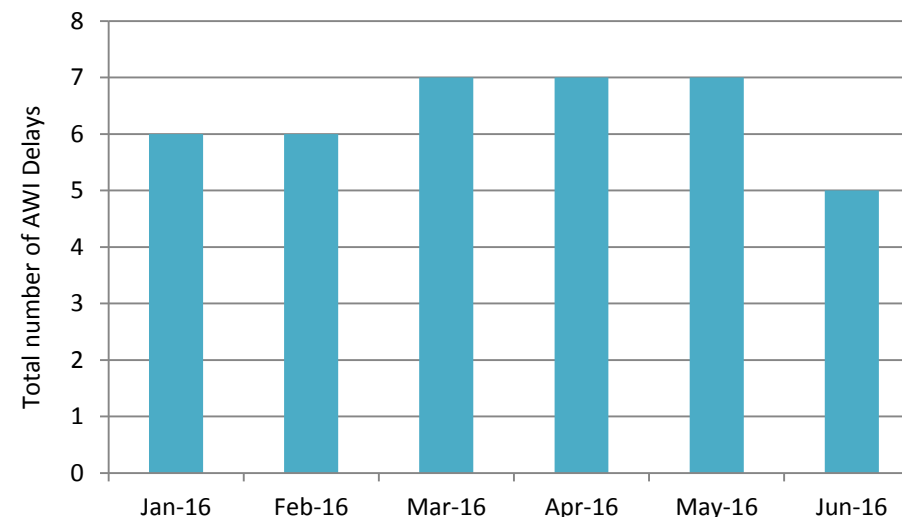
### Falls Discharge Rate per 1,000 population – 65+ Falkirk Population

Source: <http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2016-03-08/2016-03-08-UI-Report.pdf> (Table E5)



### Number of delayed discharges coded as Adults with Incapacity (AWI) – Jan 2016 to Jun 2016

Source: Delayed Discharges Team - ISD



### KEY POINTS – August 2016

- Total of 38 delays in June 2016 (32 Std and 6 Code 9)\*
- Over 50% of those were > 2 weeks\*
- The top reason for delayed discharge was 'awaiting a place in a care home' which accounted for 14 of the standard delays.\*
- In quarter 1 of 2016, 63% of clients who received the Rehabilitation At Home (RAH) were independent after 6 weeks.
- Since 2010/11 there has been an increasing trend in single (and multiple) emergency admissions for patients aged over 65.
- Unplanned readmission can cause pressure on hospital services, particularly since a readmitted patient could result in a delay. During 2015/16 the standardised rate of readmission at 28 days was consistently better than Scotland.
- Falls are a significant reason for admission in the 85+ population, reducing this number could reduce potential for a delay.

\*Census figures