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## ADDITIONAL CIRCULATION



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

To: Members of the Integration Joint Board

Town House,  
ABERDEEN 8 July 2024

## **INTEGRATION JOINT BOARD**

The undernoted items are circulated in connection with the meeting of the **INTEGRATION JOINT BOARD** on **TUESDAY, 9 JULY 2024 at 10.00 am.**

ALAN THOMSON  
INTERIM CHIEF OFFICER - GOVERNANCE

### **BUSINESS**

6.4 Discharge Without Delay - HSCP.24.053 (Pages 3 - 12)

Should you require any further information about this agenda, please contact Emma Robertson, [emmrobertson@aberdeencity.gov.uk](mailto:emmrobertson@aberdeencity.gov.uk)

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## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	9 July 2024
<b>Report Title</b>	Discharge Without Delay (DWD)
<b>Report Number</b>	HSCP.24.053
<b>Lead Officer</b>	<i>Fiona Mitchelhill</i>
<b>Report Author Details</b>	<i>Name: Claire Wilson/Kay Diack          Job Title: Strategic Home Pathways Lead          Email Address:          clwilson@aberdeencity.gov.uk/KDiack@aberdeencity.gov.uk</i>
<b>Consultation Checklist Completed</b>	<i>No</i>
<b>Directions Required</b>	<i>No</i>
<b>Exempt</b>	No
<b>Appendices</b>	a. Letter from Cabinet Secretary, Scottish Government, 4 July 2024.
<b>Terms of Reference</b>	1. Any functions or remit which is, in terms of statute or legal requirement, bound to be undertaken by the IJB itself 6. The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement; 7. The approval or amendment of the Strategic Plan and on going monitoring of its delivery through the Annual Performance Report

### 1. Purpose of the Report

- 1.1. The purpose of this report is to inform the IJB of our response to the national oversight of Discharge Without Delay.



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### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note the content of the report;
- b) Instruct the Chief Officer to bring an update of our intended improvement activity in order to achieve the target set to the IJB in September; and
- c) Note that thereafter progress will be reported to each meeting of the Clinical and Care Governance Committee.

### 3. Strategic Plan Context

3.1. This is linked to Aberdeen City's Health & Social Care Partnership's 3 year Delivery Plan. The project description is 'develop and deliver local and sustainable system flow and return to home pathways with partners, supporting reduced hospital admissions, delays in hospital discharge and out of area placements.' This project is key to delivering on discharge without delay, a strategic priority for the Partnership.

### 4. Summary of Key Information

- 4.1. In a letter received on 14 May 2024 from CoSLA and Scottish Government sent to each NHS Board, HSCP and Local Authority Chief Executive, the intention to make a renewed national focus on DWD across local systems was outlined.
- 4.2. The national priority is on the basis that the First Minister and the President of CoSLA have agreed the importance of a focused and intensive approach to reduce delayed discharge and the subsequent issues of significant variance across the Country. The First Minister has raised concerns in relation to discharge figures increasing and the need to make sustained improvements prior to winter when demand will likely increase.
- 4.3. In the letter, CoSLA and Scottish Government advised of a national approach to interventions such as Planned Date of Discharge (PDD), weekend discharge, discharge before noon and referrals to social work and requesting collective support and leadership in ensuring these practices are embedded in service delivery.



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- 4.4. The national focus will be captured as part of the new Delayed Discharge and Hospital Occupancy Action Plan for 2024/25 and delivered through the national DWD working group, building on the actions and outcomes of the previous action plan.
- 4.5. NHS Grampian reached out to Scottish Government to gain support around delayed discharges across the Grampian system. A meeting was held with Chief Executives and Chief Officers along with Scottish Government representatives on 18 June 2024. Following this, a letter was submitted outlining the areas that Grampian required support with.
- 4.6. It has been agreed that senior leaders from across Grampian will come together to work on a shared improvement programme to make sustained improvements and address the ongoing challenges with delayed discharge.
- 4.7. The national work is overseen by the Collaborative Response and Assurance Group (CRAG) which meets weekly to enable a laser focus around this work. The CRAG has also placed a target on each partnership to reduce the number of delayed discharges by. The initial ask was 27.4 delays per 100,000 which meant our target in Aberdeen was no more than 59 people delayed. This has since reduced to the aim of reducing delayed discharge numbers to pre-pandemic levels. For Aberdeen this relates to 20.8 per 100,00 which means our figure needs to be 45 people or below. At the time of writing this report, a reduction of 1 person will be required to achieve this target.
- 4.8. In relation to our targeted work on delayed discharge and response to the national focus, a weekly group has been established to drive improvements in Aberdeen and build on the work that has already been undertaken. A Grampian wide group has also been established for a system wide improvement focus. A shared improvement plan is being written and will be presented to the September Board and thereafter progress reported to the Clinical and Care Governance Committee.

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from the recommendations of this report.

#### 5.2. Financial



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It is noted that due to current financial pressures, the Partnership is not, at this stage, in a position to invest additional monies beyond the budget set for 24/25 to create additional capacity to contribute towards meeting the discharge demand. Improvement will focus on streamlining and improving processes and collaborative working cross system to achieve the intended results.

### **5.3. Workforce**

There are no direct workforce implications arising from the recommendations of this report.

### **5.4. Legal**

There are no direct legal implications arising from the recommendations of this report.

### **5.5. Unpaid Carers**

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

### **5.6. Information Governance**

There are no direct information governance implications arising from the recommendations of this report.

### **5.7. Environmental Impacts**

There are no direct environmental implications arising from the recommendations of this report.

### **5.8. Sustainability**

There are no impacts on sustainable development arising from this report.

### **5.9. Other**

There are no other direct implications arising from the recommendations of this report.



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### 6. Management of Risk

#### 6.1. Identified risks

- Failure to implement the Strategy and Action Plan.

This risk is minimal due to the ongoing engagement with partners. Failure to implement the Strategy and Action Plan could lead to reputational damage, to mitigate this there is an established oversight and working group structure which will report to the Clinical and Care Governance Committee.

- Increase in delays due to closure of interim care home placements

There is a risk that due to the reduction in our interim bed base, our delays increase. To mitigate this risk we continue to work closely with our providers to ensure people are discharged home in a timely manner and progress our home to assess work to reduce the need for reliance on interim beds.

- Increase in delays over the requested target

The reason for delayed discharge is often challenging especially for those with complex needs or who fall under Adults with Incapacity where moving someone out of hospital without legal status in place cannot be done. We have like other partnerships raised the issues around this and a national campaign on Power of Attorney and national communication around hospital delays have been agreed. The need for placements for those with most complex needs is also a national issue which CoSLA have also agreed to address in the longer term.

The hospital social work team continue to have a laser focus on delays and are collaborating with secondary care colleagues in terms of discharge planning from the point of admission. There is risk of our local figures increasing as demand continues. A daily focus on discharges is ongoing with the weekly group driving forward the required improvements.

#### 6.1. Link to risks on strategic or operational risk register:

There is a requirement to add this to the strategic and operational risk register.



## INTEGRATION JOINT BOARD

Approvals

Fiona Mitchelhill

Chief Officer

*Mitchelhill*



Health and Social Care Partnership Chief Officers  
NHS Board Chief Executives  
Local Authority Chief Executives

*Via email*

04 July 2024

### **DWD (Discharge Without Delay) national and local focus**

Further to our letter of 14 May 2024, it has become increasingly clear that despite our collective best efforts the pressure across the health and social care system has not abated. We appreciate the pressures faced across all areas including increased demand for services, increasing frailty of our elderly population and significant challenges in recruitment and retention in social care. We also recognise the significant financial challenges being faced in all local areas. The Scottish Government and COSLA want to work with local systems to ensure that you are supported to take a focused and concerted position ahead of winter.

On that basis the First Minister and the President of CoSLA have agreed the importance of a focused and intensive approach to reduce this pressure with a significant reduction in the level of delayed discharges. Although this is clearly not the only pressure across our health and social care system, there is a clear need to reduce delayed discharge. We are all too aware that behind every statistic is a person who will not sleep in their bed tonight and who is being put at risk by being kept in hospital after it is clinically necessary. But we also know that being delayed in hospital can lead to poorer health outcomes for those individuals as well reducing the ability to provide care for others who need urgent care.

It is clear that there has been focused efforts in a number of areas with senior system leader support to make progress. The evidence points to variation across the country. Whilst we fully recognise that the challenges faced in reducing delayed discharge will vary from area to area the situation is such that we must take urgent action now. Through the jointly chaired Collaborative Response and Assurance Group (CRAG), Scottish Government, COSLA and local system leaders, including many who will be receiving this correspondence, have agreed a joint mission to significantly reduce the level of delayed discharges to pre-pandemic levels and address variability across the country. As such, we are asking you all as the senior system leaders do whatever is required to deliver a step change in the level of delayed discharges across your local systems in order to bring down the global national level of delayed discharges to pre-pandemic levels. This is a maximum of 34.6 delays per 100,000 adults in any Partnership and is set out further in **Annex A**

It is important to stress that this is not a social care or an NHS problem, but rather it requires a whole system response, with our NHS, working closely with our Health

and Social Care Partnership and Local Authority partners, and indeed our independent and third sector partners. We recognise that improvement must be delivered in a sustained and sustainable manner and as chairs of the CRAG, we stand ready to support you in your endeavours, both nationally and where you identify additional support that could be provided to assist your local delivery.

To support this, CRAG will now meet on a weekly basis, to allow us to provide regular updates to the First Minister and CoSLA leaders and we will be supported by a number of workstreams, and we will need to work closely with you in the weeks and months ahead. We are determined to deliver a substantial reduction in the level of delayed discharges, to those below pre-pandemic levels and are committed to support you in collectively delivering against this joint mission. That includes removing barriers or obstacles to enabling you to deliver, and escalating where required.

We know that we all share the aim of reducing delayed discharges to ensure that people in our communities get the right possible care at the right time and in the right place and we are sure you would agree that we all need to work together to achieve this.

**Neil Gray MSP**

Cabinet Secretary for Health and Social Care

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**Councillor Paul Kelly**

COSLA Health and Social Care Spokesperson

### Delayed discharge reduction levels agreed during 18 June 2024 CRAG meeting

In order to deliver the agreed trajectory of reducing delayed discharge to pre-pandemic levels, the following reductions are currently required, as at 03 July 2024:

<b>HSCP</b>	<b>% reduction of current number of people delayed</b>	<b>Total net delay reduction required to reach agreed level</b>
Highland	65%	124
South Ayrshire	56%	41
Dumfries & Galloway	55%	51
Scottish Borders	54%	39
Western Isles	53%	8
Orkney Islands	50%	6
Falkirk	47%	39
Argyll & Bute	40%	17
North Ayrshire	36%	21
Aberdeenshire	33%	35
East Dunbartonshire	31%	11
Dundee City	31%	8
West Dunbartonshire	29%	10
South Lanarkshire	28%	36
Midlothian	23%	8
Renfrewshire	22%	6
Moray	21%	7
City of Edinburgh	19%	35
Glasgow City	18%	40
Clackmannanshire and Stirling	18%	9
Aberdeen City	13%	6
Perth & Kinross	13%	6
East Renfrewshire	10%	1
North Lanarkshire	7%	2

Other partnerships are already under this target and delays should not increase in these areas to meet the Scotland target.

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