



INTEGRATION JOINT BOARD

Date of Meeting	24 September 2024
Report Title	Discharge Without Delay (DwD)
Report Number	HSCP.24.062
Lead Officer	Claire Wilson
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Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	a.
Terms of Reference	1c

1. Purpose of the Report

1.1. The purpose of this report is to update the IJB on improvement activity in relation to the national oversight of Discharge Without Delay.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Notes the content of the report; and
- b) Notes that ongoing implementation of the improvement plan will be reported to each meeting of the Clinical and Care Governance Committee and the financial consequences to RAPC; and
- c) Instruct the Chief Officer to bring an update of the Mental Health & Learning Disability action plan to the IJB in November.



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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

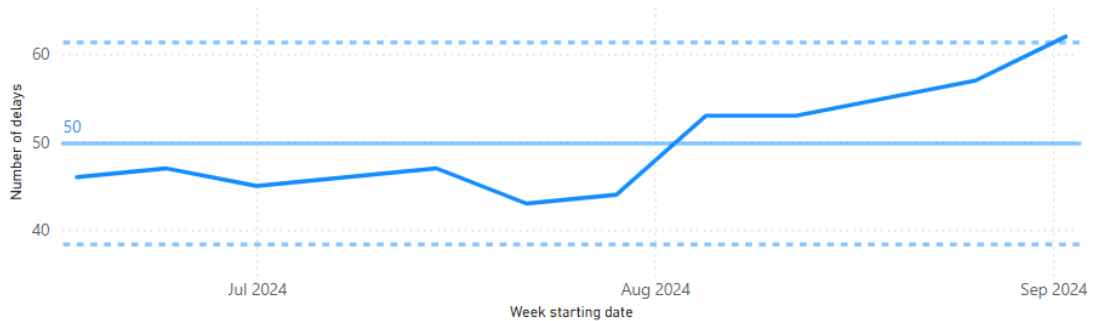
- 4.1. Following the last report presented to the board 9th July 2024 ¹regarding the renewed national focus on DwD, it was agreed that an update would be provided on the implementation of an improvement plan – Appendix 1.
- 4.2. As advised in the previous report, the national priority is on the basis 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 also 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. The national focus will be captured as part of the new Delayed Discharge and Hospital Occupancy Action Plan for 24/25 and delivered through the national DwD working group, building on the actions and outcomes of the previous action plan.
- 4.4. 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. Partnerships with delays that were below 34.6 per 100,000 are to remain at or below their baseline rate which was the 4-week average to 13 May 2024. For Aberdeen this relates to 20.8 per 100,000 which means our figure needs to be 45 people or below. At 2nd September 2024, 62 Aberdeen City citizens were classed as a delayed discharge in hospital (33.5 per 100,000). The graph below shows the number of delays in hospitals for ACHSP.

¹ [IJB Report Report DD.pdf \(aberdeencity.gov.uk\)](#)



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Latest 3 months, degree of variation**



** with three most recent months, upper and lower limit are 2 times the SD

- 4.5. An Aberdeen Delayed Discharge Improvement Group, with weekly meetings has been established and an improvement plan created. Several workstreams have been identified for improvement actions, which are phased into short-term to rapidly address the national target and longer-term strategic work to achieve sustainable change.

Activity identified and undertaken to date includes:

- Three areas have been identified for targeted resourcing by Social Work. Care Management will be involved with Multi Professional Team from patient admission in terms of discharge planning.
- Areas where Planned Date of Discharge (PDD) performance is lower has been targeted via construction of a Short Life Working Group.
- A Proposal was submitted to NHSG Chief Executive’s Team regarding development of a Discharge to Assess model. Consideration was given but was declined due to financial position and pace which it could be implemented.
- A Daily Screening Panel is in place for all care requests which is focussed on looking at alternatives to Care at Home via use of Technology Enabled Care.
- Criteria led discharge is to be robustly implemented via construction of a Short Life Working Group.
- Pop up demonstrations regarding Technology Enabled Care are planned for clinicians in early September.



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4.9. Specialist Mental Health & Learning Disability (MHLDS) service is engaged in both the Grampian Discharge without Delay Group and the ACHSCP Discharge without Delay SLWG. Agreement has been reached to develop a separate action plan for MHLDS. A MHLDS Discharge without Delay action plan meeting has been arranged for Thursday 22nd August 2024 with representatives invited from across Specialist MHLDS and the three HSCPs. The aim is to review and build on the previously agreed actions from the MHLDS cross system discharge planning and improvement group. In August, there was a workshop with Healthcare Improvement Scotland (HIS) identifying areas HIS can support the service to understand the challenges and make sustained changes to improve discharges. The action plan will be presented to the November Board and thereafter progress reported through 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

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 2024/25 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.

There has been no additional funding allocated to Adult Health & Social Care to progress the improvement plan. Therefore, teams are redesigning within existing resources to make improvements.

Delayed hospital discharge has an impact on the availability of hospital beds and can impact on patients' ability to transition from hospital back to the community. The average cost of a hospital bed is around £800 per night, therefore there is a cost incurred by NHS for each patient who is delayed. Discussion has been held about reallocation of money, but with current pressures this is not currently an option.



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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.

6. Management of Risk

6.1. Identified risks

- Failure to implement the Strategy and Action Plan.



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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:

Following the last IJB, it was highlighted that there was a requirement to add Dwd to the operational risk register. This has now been done.

Appendix 1 – Action Plan ACHSCP

Approvals



Aberdeen City Health & Social Care Partnership
A caring partnership

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Fiona Mitchelhill

Chief Officer