INTEGRATION JOINT BOARD

Date of Meeting	12th February 2019
Report Title	Delayed Discharge Performance Update
Report Number	HSCP.18.132
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Consultation Checklist Completed	Yes
Appendices	None

1. Purpose of the Report

1.1. Following its meeting of 13th November 2018, the Audit and Performance Systems Committee requested that the Chief Officer prepare a performance report on delayed discharges and present the report to the Committee's next meeting.

1.2. Resultantly, this report provides an update on current delayed discharge performance information regarding the Aberdeen City Partnership.

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems Committee:

a) Note the performance information contained within this report.

3. Summary of Key Information

Current Performance Information

3.1. For the purposes of clarity, the Audit and Performance Systems Committee should be aware that the Delayed Discharge figures classify patients/clients into THREE types of delay:

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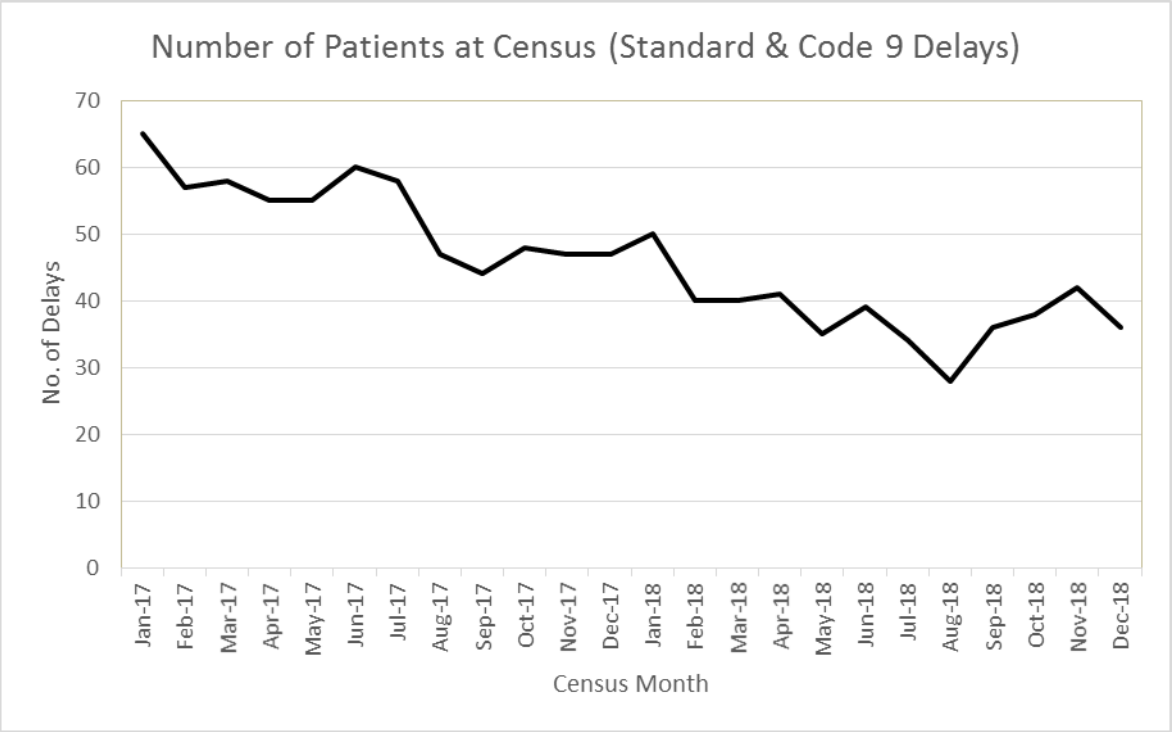
- "Standard" Delays – which are individuals who are medically fit for discharge and yet remain in a hospital bed.

- "Code 9" Complex Delays – which are individuals who have particularly complex needs (such as requiring legal intervention in the courts) that would indicate a longer timescale for a safe and appropriate discharge.

- "Code 100" Commissioning/Reprovisioning Delays – which are individuals who have exceptional complex needs relating to previously being long-term hospital inpatients or other such prolonged circumstances. It is recognised by the Government that the normal timescales for discharge would be unable to be adhered to for such patients/clients.

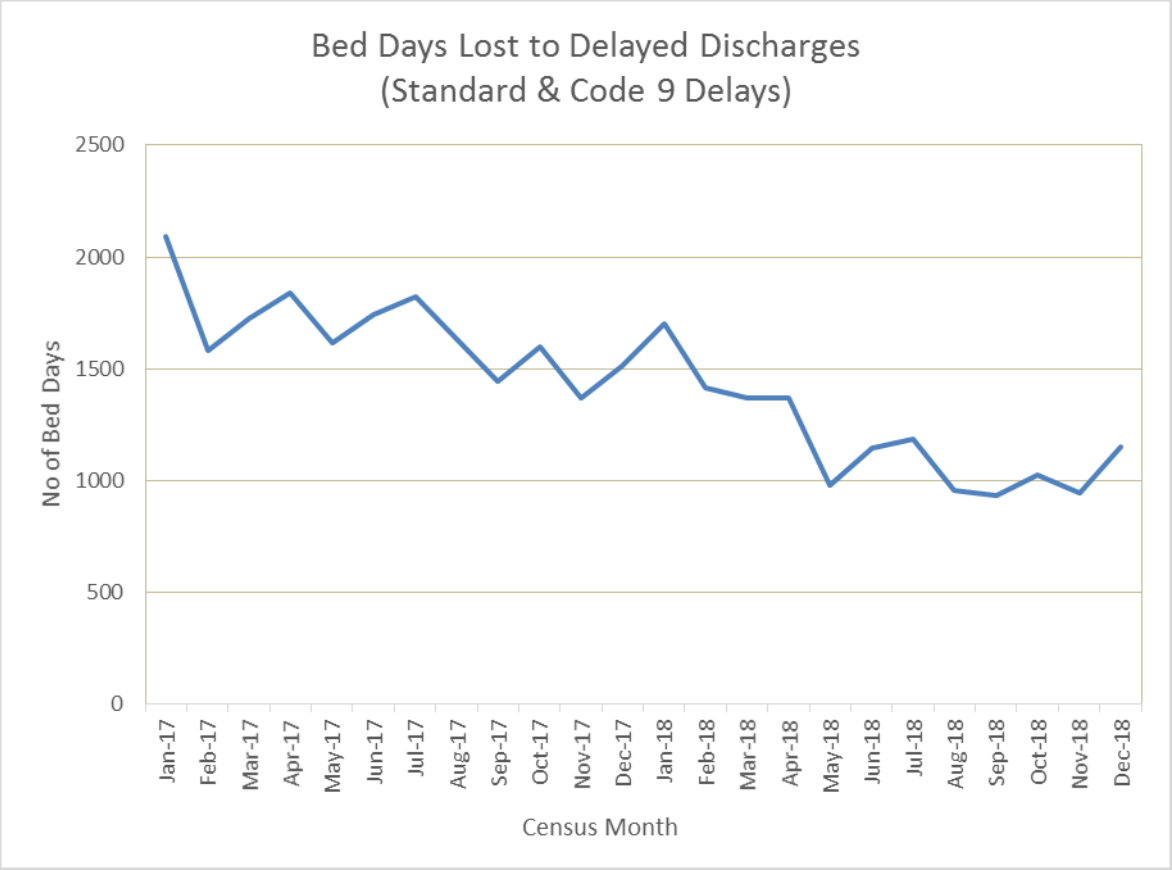
3.2. "Code 100" delays are reported to the Government however are not included in nationally published data.



[FIGURE 1] – Numbers of Patients/Clients Delayed at Census

3.3. **Figure 1** shows the overall count of those patients/clients classified as a 'delayed discharge' as at the end of month census point, (reflecting the fact

that the Government captures Delayed Discharge performance monthly). This includes both "standard" delays and "code 9 delays".



[FIGURE 2] – Bed Days Lost Due to Delayed Discharges

3.4. **Figure 2** shows the number of bed days occupied by patients/clients classified as a delayed discharge, also presented at monthly intervals. This has continued on a downward trend, although plateauing somewhat in recent months.

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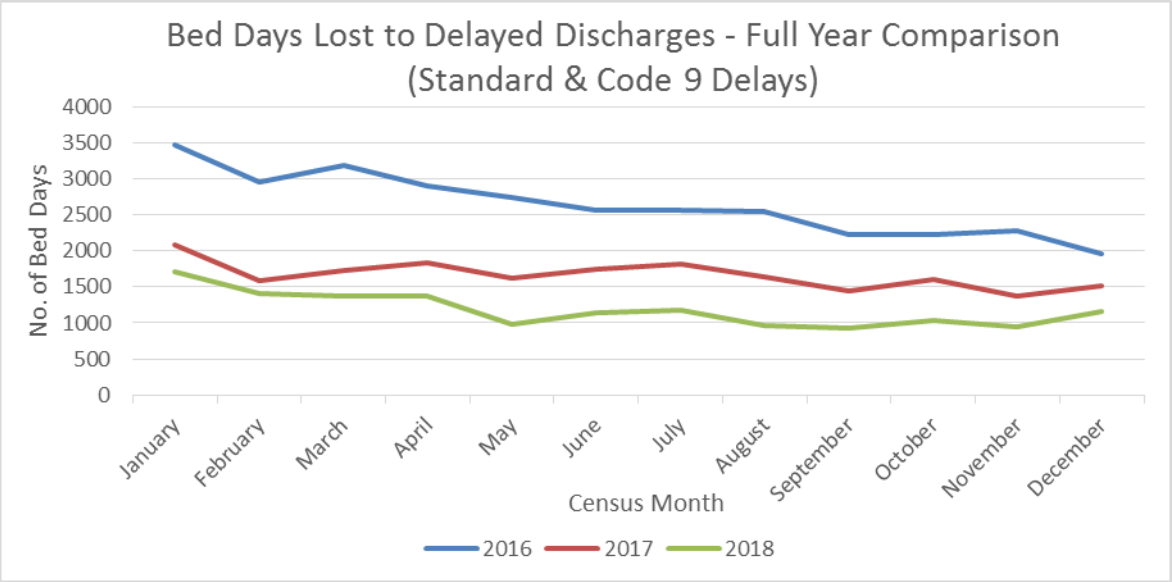
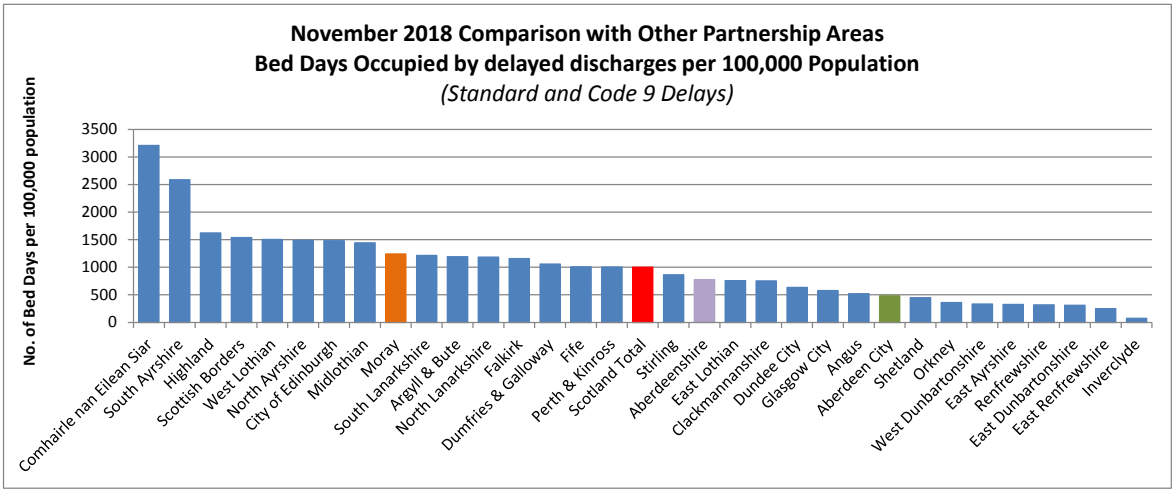


[FIGURE 3] – Bed Days Lost to Delayed Discharges – Full Calendar Year Comparisons

3.5. **Figure 3** shows the progress of the City Partnership in reducing bed days lost to delayed discharge over the course of the past three calendar years. Comparing calendar year 2017 with the most recent full year of data (2018), we can see that bed days lost to delayed discharges have reduced 28%. Comparing calendar year 2016 to 2018, bed days lost have reduced by 55%.

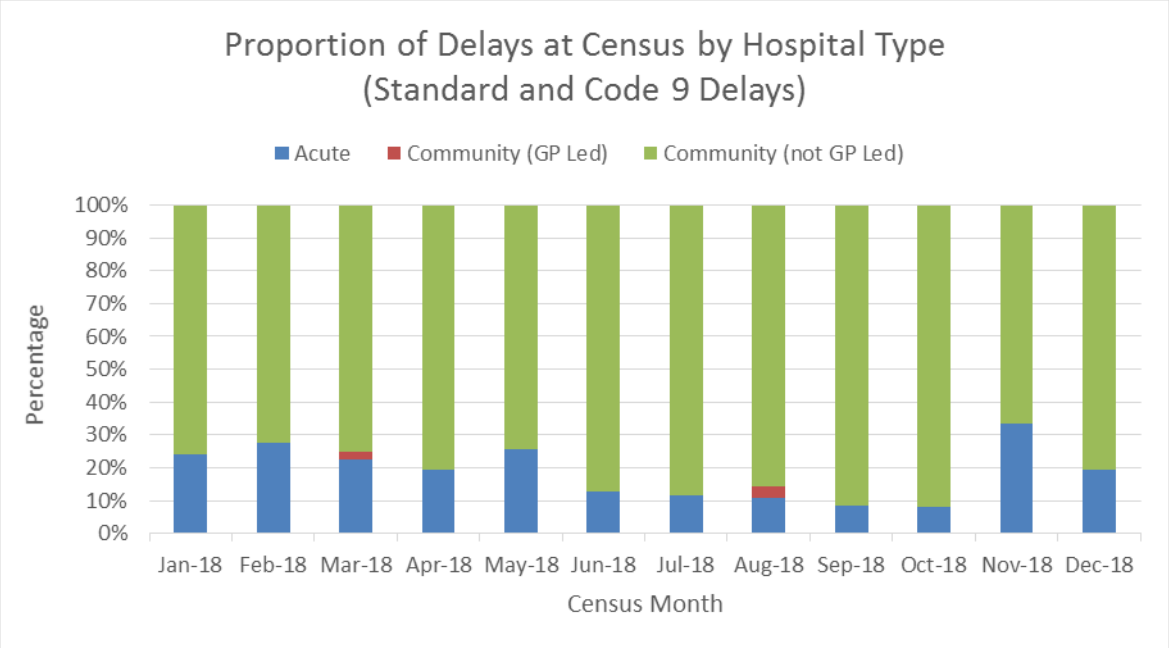


[FIGURE 4 – Comparison with Other Partnership Areas – Bed Days Occupied by delayed discharges]

3.6. Figure 4 shows Aberdeen City's number of bed days lost to delayed discharge in the context of other partnership areas. The data is adjusted to reflect population figures in the various areas. The most current cross-partnership data comes from the nationally published census information gathered for November 2018.

3.7. The total delayed discharge bed days in Aberdeen City in November 2018 equated to a rate of 482.7 bed days per 100,000 population. This was below the Scotland wide rate of 999.3 per 100,000 population and 23 Partnerships recorded a higher rate than Aberdeen City. This is an improvement on the October 2018 position when 21 partnerships reported a higher rate of delayed discharge bed days than Aberdeen City.

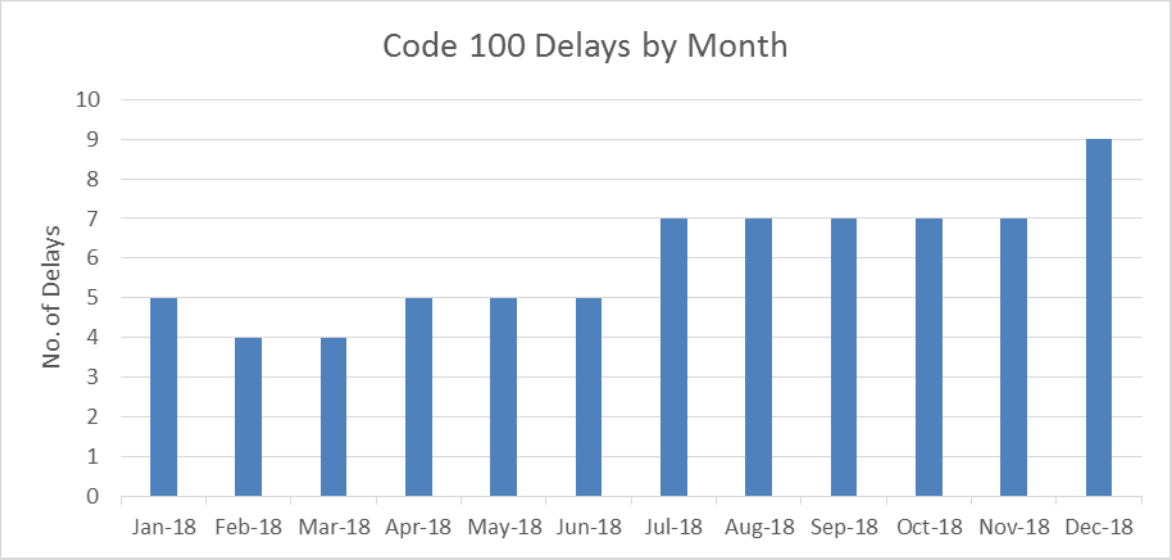
3.8. Based on data for November 2018 Aberdeen City is in the top 28% of Partnerships for delayed discharge bed days performance (adjusted for population). Aberdeen was the best performing city in Scotland for delayed discharge bed days (adjusted for population).



[FIGURE 5] – Location of Delays at Census by Hospital Type

3.9. **Figure 5** shows the location of delays by each hospital 'type'. Aberdeen City has continued over an extended period to record a relatively small percentage of its delayed discharges within the acute sector. In November 2018, 33% of the City Partnership's delays at census were in acute. For

comparison, the most recent Scotland wide breakdown of delayed discharges (November 2018) showed that 47% of all delays in Scotland were in the acute sector.



[FIGURE 6] – Code 100 Delays, Trend

3.10. Figure 6 shows the number of delayed discharges recorded as a Code 100 delay each month. [Please note that where a patients/clients delay has spanned more than one month this delay will be counted in each month that they were delayed]. Over the last 12 months 14 individuals were recorded as a Code 100 delay. It should be noted, that whilst the overall volume of individuals who are classified as Code 100 remains small overall, the lengths of delay recorded are very significant – reflecting the ongoing difficulties in commissioning bespoke support services for these complex client groups.

Summary of Key Data

3.11. To summarise:

- Aberdeen City has seen a 23% reduction in the number of people delayed at census comparing December 2017 to December 2018.

- Aberdeen City has seen a 28% reduction in 'bed days lost' due to delayed discharges, comparing full calendar years 2017 and 2018.

- From the latest 'cross-partnership' figures available, Aberdeen City's performance has improved slightly relative to other Health and Social Care Partnerships. As of November 2018, Aberdeen City is in the top 28% of all Partnerships for delayed discharge bed days performance when weighted for population. 8 of 32 Partnerships continue to perform better than Aberdeen City.

Aberdeen City Delayed Discharge Action Plan

3.12. The Aberdeen City Partnership has a regularly updated action plan which documents current and future initiatives related to delayed discharge.

3.13. Key aspects of the action plan that the Committee may wish to note:

- The success of the first-year pilot of interim housing provision for individuals delayed in hospital due to housing and adaptation needs. This is currently going through appropriate governance with a recommendation that it be continued for a further 12-month period.

- The impact of a dedicated Mental Health Officer (MHO) to support managing complex Code 9 delayed discharges. There has been a 61% reduction in delayed discharge bed days relating to such delays since the additional MHO capacity was put in place.

- The successful 'go live' of an embedded Social Worker/Care Manager in the Emergency Department at Aberdeen Royal Infirmary to 'turn around' patients/clients prior to becoming in-patients.

Sustainability of Current Improvements

3.14. Regarding sustaining the current level of improvement in delayed discharge performance – this will always be a potential challenge. Demographic change, accompanied by the ongoing pressure to discharge patients more quickly from a decreasing hospital bed base, does mean that the Partnership will have to "run to stand still" in relation to maintaining its performance.

3.15. It should also be recognised that some factors that impact upon maintaining delayed discharge performance are challenging for the Partnership to fully directly control. Capacity in the care at home market is directly influenced by the underlying labour market in the city and can have a knock-on effect on supporting discharge if there is a mismatch between supply of labour and demand for care. Similarly, closure or suspension of care homes operated in the private and voluntary sector can impact on the number of beds available to support flow out of hospital. Robust and active market management can mitigate the risks from these types of factors, but it can't eliminate them.

3.16. Positively, the Partnership does have access to £1.12 million of dedicated recurring annual funding from the Scottish Government specifically to support improvements in delayed discharge performance. This funding has been utilised by the Partnership to progress multiple initiatives to improve performance over the past 3 years.

3.17. The Partnership has taken a careful and evidence led and evaluation-based approach to the use of these funds. Even with the initiatives implemented to date using this funding to improve performance. The focus has been on testing new initiatives, evaluating them robustly, and then only continuing them if there is clear evidence of a positive impact.

3.18. As a result of this approach, the Partnership has been able to make permanent and 'lock in' some key initiatives that have delivered performance improvements – all within the budget envelope for dedicated delayed discharge initiatives/projects. The dedicated delayed discharge lead post, alongside interim care home beds, and dedicated social work liaison in the discharge hub, are all now established as ongoing commitments. This will help entrench existing performance gains.

<u>Possibilities for Further Improvements in Performance</u>

3.19. As mentioned above, even 'standing still' in the current environment is a challenge so, be definition, improving further will be an even greater challenge. From where it has previously been, the Partnership has improved dramatically regarding its delayed discharge performance. This has been to such an extent that the City Partnership was visited in December 2018 by the Scottish Government to get examples of good practice for sharing with other areas.

3.20. However, given there has been such significant improvements, it must be recognised that a lot of the relatively 'easy' wins to deliver improvements have already been exhausted.

3.21. Further improvements are possible, however they will, most likely, require higher amounts of spending to deliver smaller amounts of absolute performance gain. For example, it could be possible, to reduce significantly further the number of complex code 100 delayed discharges currently in hospital – however this would necessitate the Partnership committing to very large, high unit cost, ongoing packages of care and support on an ongoing basis.

3.22. Similarly, a further big improvement in delayed discharge performance could possibly be obtained by moving to a model of assessing and care planning for discharge outside of the hospital estate. However, this would require very significant investment in a large volume social care setting (or settings) that could 'cohort' and support enablement of most patients from the day they are clinically fit for discharge.

3.23. The above statements and examples notwithstanding, the Partnership continue to actively seek to gain further improvements in delayed discharge performance. The Partnership has led on the refresh of the "choice" policy and will seek to gain further efficiencies in the assessment and care planning elements of the discharge pathway. Additionally, further new initiatives are planned to hopefully deliver improvement in delayed discharge bed days lost. The delayed discharge lead for the Partnership will be visiting the highest performing Partnership within Scotland in March to learn from their projects/initiatives.

3.24. In summary, further improvement in delayed discharge performance is possible, and there is active work being undertaken to attempt to deliver this. However, such improvement is now much more of a challenge, and there may be a need to consider the financial costs of driving such improvement vs the performance gains achieved as a result.

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4. Implications for IJB

4.1. Equalities

The issue of Delayed Discharge disproportionately impacts upon older adults and adults with chronic illness and/or long-term disabilities. Whilst 'age' and 'disability' are protected equality characteristics, it is not anticipated that there will be anything other than a positive impact for both groups via the continued improvement in the timeliness of discharges.

4.2. Fairer Scotland Duty

Given the nature of the work being undertaken in regards to improving delayed discharge performance, (including ensuring that all patients/clients are able to be safely and appropriately discharged from hospital regardless of their socioeconomic status) it is anticipated that continued progress in this area will only have a positive impact on inequalities.

4.3. Financial

The implementation of initiatives contained with the Delayed Discharge Action Plan involves expenditure from the Partnership's dedicated delayed discharge funding stream provided by the Scottish Government. Specific projects within the action plan that require funding authorisation have appropriate permissions sought from the relevant authorities depending on the level of expenditure incurred and the governance required. Resultantly, there are no direct financial implications arising from this report.

4.4. Workforce

There are no direct workforce implications relating to this report.

4.5. Legal

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

4.6. Other

None.

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5. Links to ACHSCP Strategic Plan

5.1. The Partnership's Strategic Plan sets a very clear intention to shift the balance of care to community-based models. The focus on ensuring flow out into the community and homely settings from hospital, alongside sustaining individuals at home is congruent with this goal.

5.2. Additionally, given the strategic plan's focus on supporting staff to deliver high quality services, the focus on ensuring provision/support without delay is very relevant.

6. Management of Risk

6.1. Identified risks(s)

One of the most high-profile performance standards the Aberdeen City Partnership is held to account for is that of the numbers of people delayed in hospital unnecessarily. Significant volumes of delayed discharges will always have tangible consequences for patient flow and care – particularly in times of peak demand.

6.2. Link to risks on strategic or operational risk register:

From the Partnership's Strategic Risk Register

Item Number 5: "There is a risk that the IJB and the services that it directs and has operational oversight of fail to meet performance standards or outcomes as set by regulatory bodies and that, as a result, harm or risk of harm to people occurs."

6.3. How might the content of this report impact or mitigate these risks:

The delayed discharge action plan will help to address the overall volume of delays within the hospital estate – thereby mitigating some of this risk.