Item No. 5.9

Report

Delayed Discharges in Edinburgh

Integration Joint Board

11 March 2016

Executive Summary

1. This report summarises the latest Delayed Discharge ISD Census and the actions in place to support an increased number of discharges from hospital.

2. Additional funding has been made available from Scottish Government to enable specific actions associated with increasing the number of discharges supported.

Recommendations

3. The Integrated Joint Board is recommended to note this position and the actions associated with improving this performance.

Background

4. On the 15th of each month a census is taken and reported to the Information and Statistical Division of the Scottish Government. This shows the number of people delayed in hospital along with the reasons for the delay.

5. In January there were 122 people who were delayed; 61 of whom were delayed for over 2 weeks and 36 over 4 weeks, an overall reduction of 46 from the October census.

6. In January 2016 an agreement was reached with Scottish Government which will provide £2m non-recurring, non recoverable funding in 2015/16 towards the cost of reducing the number of people delayed in hospital. This money will be allocated in two separate tranches, with the final tranche dependent on results.

Main report

7. At the January census, the largest category of delay, 59 people, were those awaiting packages of care to support them in their own home, with a further 26 people awaiting a place in a care home. Of these, 24 people had waited for their package of care, and 7 people for a care home placement for over 4 weeks.

8. In addition to the headline figure there are a number of exclusions for the census count shown as x codes. These codes are used where the situation is classed as 'complex' reflecting the fact that there are either legal processes which are causing the delay such as guardianship, or where there are no suitable facilities available in the NHS Board area. In total there were 59 people excluded, 53 of whom had been delayed longer than 4 weeks and 6 longer than a year.

9. In January an agreement was reached with Scottish Government to provide additional investment to support specific areas to reduce the number of people delayed. The Scottish Government will provide £2m non-recurring, non recoverable funding in 2015/16 towards the cost of this agreement. This money will be allocated in two separate tranches, with the final tranche dependent on results.

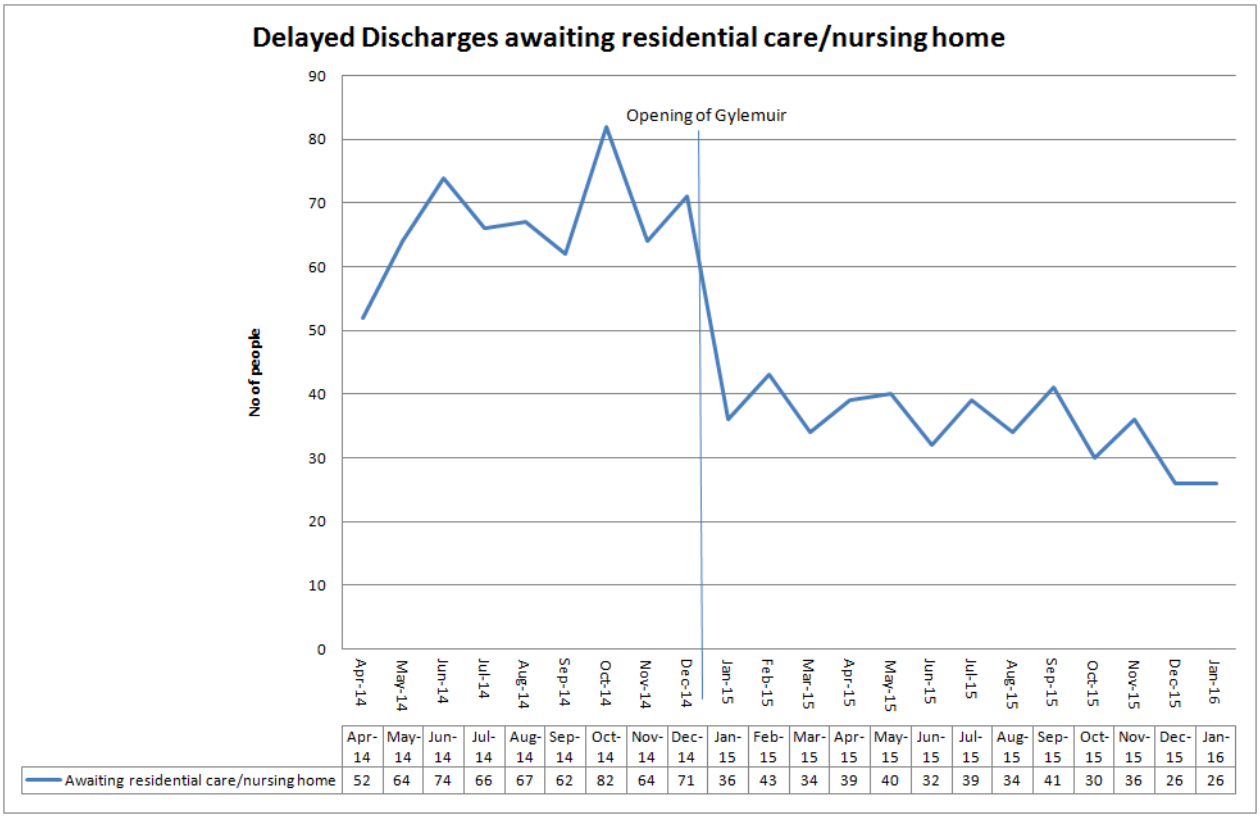
10. It is agreed that the money will be used on a partnership basis to fund the necessary provision of care home places, Reablement in the community and home care. It is not to be used to create additional NHS capacity.

11. The agreed target trajectory for delayed discharges per month is shown below:

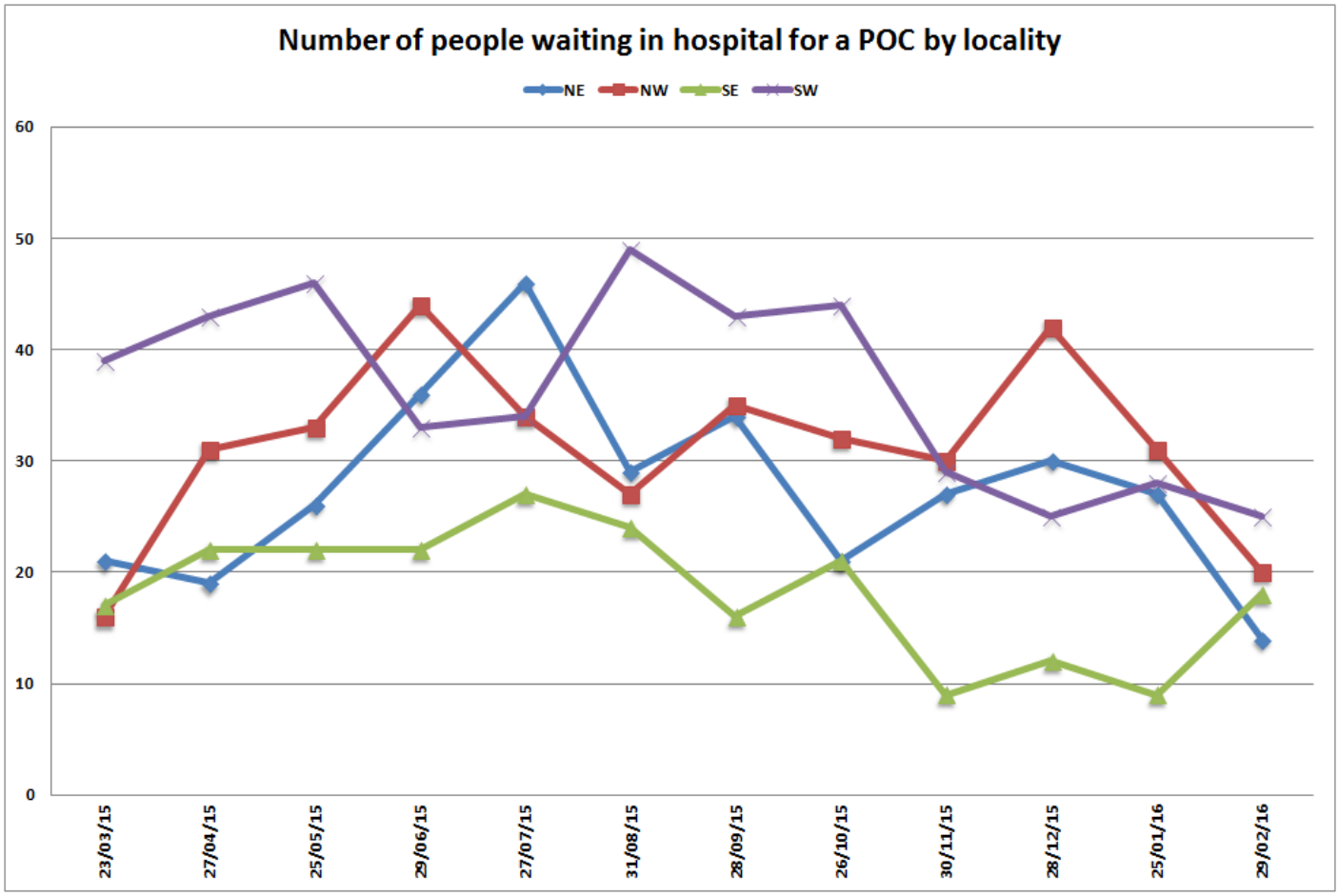
Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
146	133	118	100	80	55	50

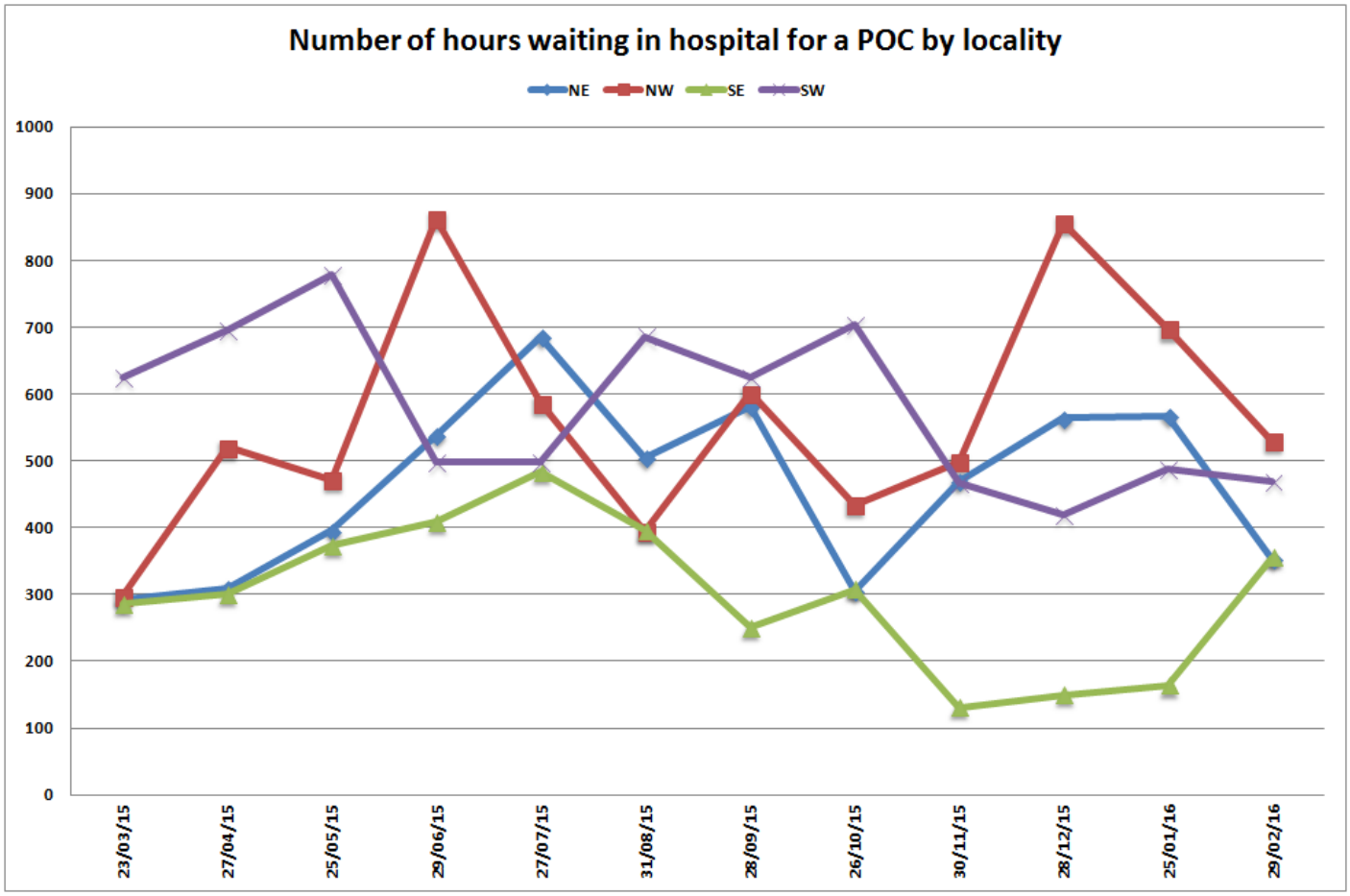
12. The actual number for February 2016 was **95**, which is below the target.

13. The following graph shows the number of delayed discharges awaiting residential care or a nursing home per month, and indicates the impact of Gylemuir House Interim Care Home:



The number of people waiting for packages of care and the number of hours of care those people are waiting for, are shown in the following tables, split by locality. (The figures represent the numbers **on the date** shown, rather than a total per month.)





14. The main investments which will support a reduction in the number of people delayed in hospital awaiting discharge are as follows:

    - 30 additional beds at Gylemuir to bring capacity to 60;
    - Additional staffing in Reablement and mainstream domiciliary care;
    - Development of Locality Hubs within the four IJB localities to enable timely discharge and reduce admission to hospital;
    - Deployment of Clinical Support Workers to ensure the prevention of admission and early discharge pathways are supported.

15. The impact of these investments is being measured in the key categories of delay and requires us to reach a weekly target, as follows:

Care homes	13
Reablement	20
Care at Home (packages of care delivered by non-Council providers)	10
Others (incl. interim/intermediate care)	24

16. The additional capacity at Gylemuir has been achieved to offer 60 interim care home beds allowing people to make longer term arrangements in a more appropriate setting.

17. The Reablement service has been successful in recruiting additional staff with 15 additional staff commencing in February, a further 20 in March and a further 20 expected in April. This will bring the total number of additional staff to 65 since December.

18. The development of locality hubs is underway with a positive impact being achieved not only in supporting timely discharges but most significantly in the prevention of unnecessary admission. A number of people who would otherwise have been admitted to hospital for their care have successfully been supported at home instead. 11 Clinical Support Workers are now in place and will provide additional capacity to support the care needs of people being supported through the hubs.

19. The weekly discharges for the week ending 5th February were as follows: 21 discharges into care homes; 29 to Reablement; 7 to Care at Home (which is defined as packages of care delivered by non-Council providers); and 6 “other”.

20. A key challenge for the partnership is in providing the necessary capacity in care at home. A new ‘hospital to home’ service has commenced this week in addition to the services described above to provide additional short term capacity to support discharges from hospital until longer term arrangements can be put in place. This will provide additional capacity of between 250-300 hours per week phased in over the next few weeks.

21. Additionally, from 29th February 2016, Avenue Care (a Fife-based company) has been picking up approximately 500 hours of care from the North West Reablement team in order to free up capacity in the north west of the city.

Key risks

22. Delayed discharges are a risk to the partnership in providing the right care at the right time. Having patients delayed awaiting care arrangements in acute hospitals means that people who need hospital care may either have this delayed or may not receive this in the most appropriate ward putting outcomes for those patients at risk.

Financial implications

23. Providing long term care arrangements for more people in the community will place an additional cost pressure on the purchasing and provision budgets.

Involving people

24. As we move towards the locality model and develop the Locality Hubs, there will be engagement with local communities and other partners to inform the further development of the model.

Impact on plans of other parties

25. This report outlines the response of the Edinburgh IJB to pressures within acute services and has been delivered in close liaison with NHS Lothian acute services. The Locality Hubs model, which is now in development across all four localities, is being progressed jointly with acute services.

Background reading/references

Lothian Delayed Discharge Partnership Monthly Data Report January 2016
Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

Report author

Contact: Nikki Conway, Interim Locality Manager South East E-mail: nikki.conway@edinburgh.gov.uk Tel: 0131 553 8364

Links to priorities in strategic plan

Priority 4	Providing the right care in the right place at the right time
Priority 6	Managing our resources effectively