



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 21 December 2016

BY: Chief Officer

SUBJECT: Delayed Discharges

1 PURPOSE

- 1.1 This report updates the Integration Joint Board (IJB) on performance on delayed discharges in East Lothian.

2 RECOMMENDATIONS

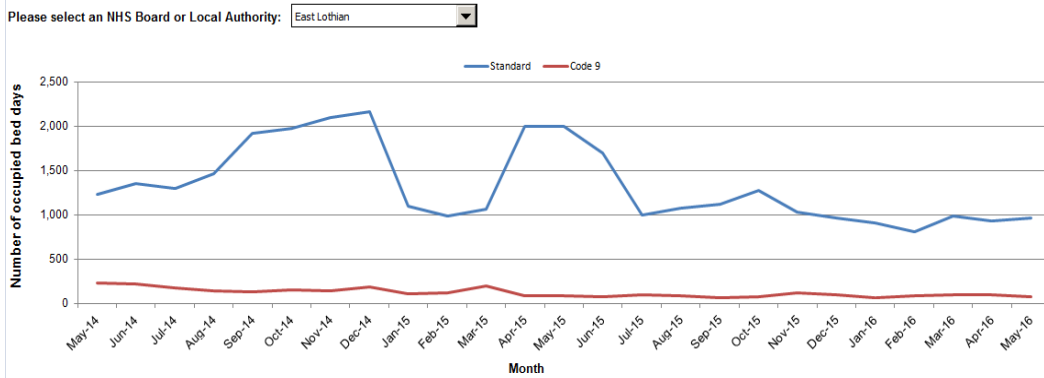
- 2.1 That the IJB notes the recent improving trend on performance.

3 BACKGROUND

- 3.1 The IJB has a key strategic objective to minimise the total number of delays, meet the current two week target and work towards the 72 hour indicator. No date has been set for achievement of the 72 hour indicator. The indicator comes from the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014—Core Suite of Integration Indicators March 2015. This was informed by the Delayed Discharge Task Force report October 2011 Annex A Recommendations ‘*A perception should be promoted that 2-3 days be considered a reasonable period for someone to return home*’.
- 3.2 From July 2016, the NHS National Services Scotland introduced revised Delayed Discharge National Data Requirements. The main change, as it affects Partnerships is an increase in the number of clients/patients captured at census. The rules now allow for all non-complex, clients/patients as at 00.01 on the day of census (last Thursday of the month) to be included in the snapshot. Previously clients/patients, who had a planned discharge up to 3 working days post census, were excluded from the count. This rule change adds between 15-25% to the reported figure, from the previous reporting rules.

Increasingly, the level of Occupied Bed Days (OBD) has taken as much significance as the individuals counted in a monthly snap shot.

**Tab 3 - Bed Days Occupied by Delayed Discharge Patients, by Delay Type:
East Lothian, May 2014 to May 2016**



1. Occupied bed days information is available up to May 2016

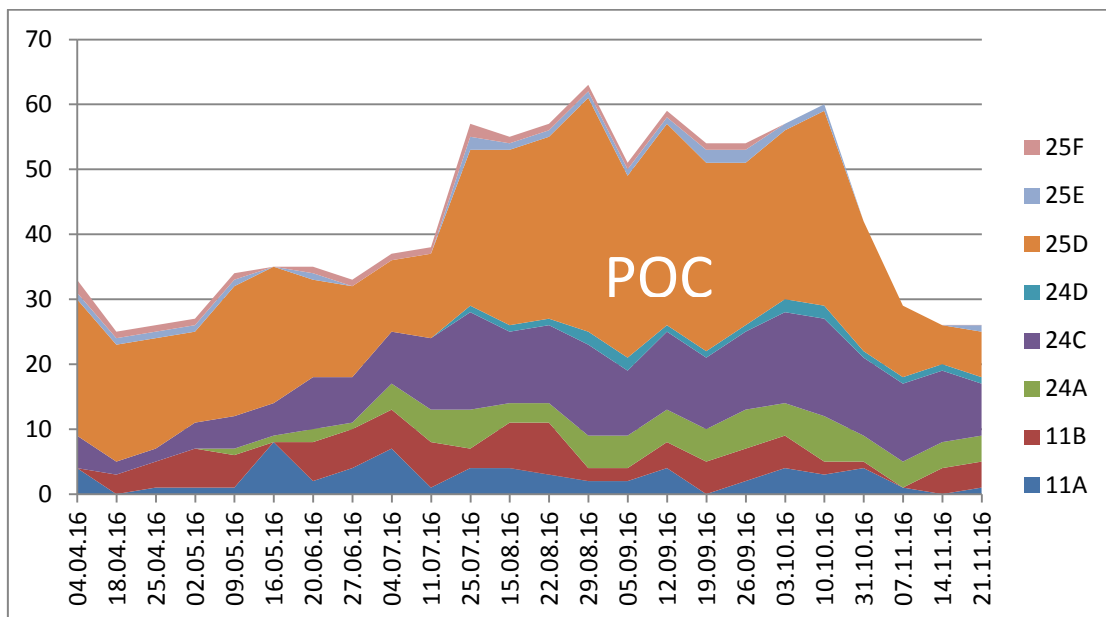
Source: ISD Scotland

3.3 Performance across July to November 2016 census is reported below. These show a marked improvement in October and November in comparison to the previous 3 months.

ISD Reportable delays on census day	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
standard and complex	40	61	59	41	26
those standard, in breach of the 2 week standard	22	29	38	24	12
All Delays on Census day	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<i>unwell</i>	3	1	0	0	0
<i>reprovisioning</i>	2	5	4	2	1
<i>complex</i>	3	3	2	1	1
<i>standard- undergoing social needs assessment</i>	4	4	5	3	0
<i>standard- care home</i>	15	19	23	17	18
<i>standard- care at home</i>	18	35	29	20	8
<i>standard- carer family disputes</i>	0	0	0	0	0
Total	45	67	63	43	28

The National NHS Scotland ISD rules on reporting Delayed Discharges are what they are, however had this been pre July 2016 our 25 standard delays would have been 21 (4 patients/clients being discharged just after census). Had this been July 2012 as well as the 4 we would have had another 3 (added three days or less before a census) = 18 standard delayed discharges at the monthly census.

The following graphic shows our performance across this financial year to the census point in November. The largest single reason for delay in discharge is in securing a home care package (POC) the code for which is 25D. It is the reduction in those waiting a POC in November that brought the total number down to the mid 20's. The 2nd highest reason is waiting for a care home be it nursing (24C) or residential (24A). The 11A and 11Bs are those in the process of assessment of need, and will translate into either going home with a POC or a Care Home.



3.4 Factors supporting the improving position in East Lothian

- We have had one care home closed to admissions from May this year, which has in mid November reopened to new clients. The HSCP is working closely with the care home to build it back up to capacity. Admissions are being phased, at one per fortnight initially, as previous experience elsewhere suggest filling all vacancies immediately, can be detrimental for staff, management and residents alike.
- The implementation by the East Lothian Health and Social Care Partnership of the Living Wage – contributes to having a stabilising effect on the workforce within home care sector providers and supports better staff retention.
- The increased use of Hospital at Home- which avoids hospital admissions and all the associated risks of some individuals then becoming a delayed discharge. The hospital team has been increased by 20%, and prevents hospital admission many of which would become a delay 4-6 weeks after admission.
- Through the Head of Older People and Access/Chief Nurse, from August, weekly sessions are held with relevant partnership staff focused on finding solutions for all patients/clients with a delayed discharge, be they in hospital, waiting in step down units, Interim placement, as well as

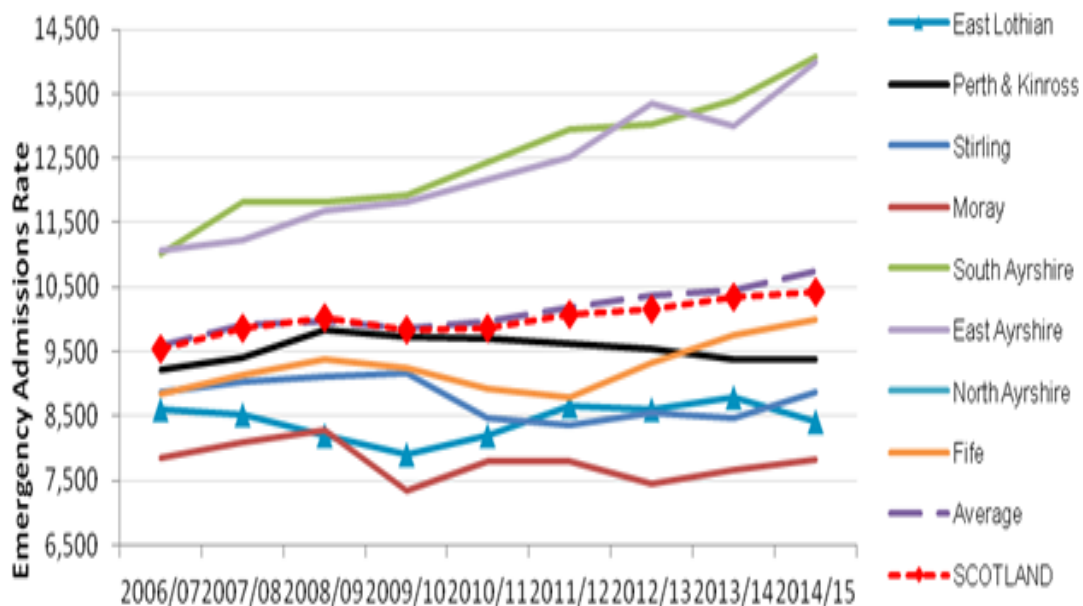
our complex and reprovisioning delays (the code 9's and 100's) - the session is about bringing latest actions and answers.

- Further improving the effectiveness and responsiveness of the Emergency Care Service, ELSIE (East Lothian Service for Integrated care for the Elderly).
- Increased experience with in the 'discharge hub' at Roodlands Hospital, that enables NHS Lothian and Adult Wellbeing to manage discharges, and monitor care home vacancies both with and increasingly out with the county.

Still to be implemented:

- The ELHSP partnership step-down capacity is planned to increase from the current 20 beds in one unit to 28 beds across two units.

3.5 Delayed discharges are part of a picture of the health of the whole system. Account also needs to be taken of hospital admissions and length of stay in hospital. East Lothian's performance in relation to emergency admissions has been improving as shown in the chart below (East Lothian is the line with triangles). However, our residents in hospital have more occupied bed days than our peer partnerships which is partly a reflection of our historically poorer performance on delayed discharges. Thus improving delayed discharge performance will reduce our utilisation of acute hospital beds.



4 POLICY IMPLICATIONS

4.1 There are no policy implications of this paper.

5 INTEGRATED IMPACT ASSESSMENT

- 5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy. There are no equalities implications of this paper.

6 RESOURCE IMPLICATIONS

- 6.1 There are no new resource implications as a result of this report.

7 BACKGROUND PAPERS

- 7.1 None.

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