

# Report

## Delayed Discharge – Recent Trends Edinburgh Integration Joint Board

19 August 2016

### Executive Summary

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1. This paper provides an overview of performance in managing hospital discharge, showing the total number of Edinburgh people who were delayed at each monthly census point over the past two years, alongside the target level for 2015-16.
2. Changes to national reporting of delayed discharge, outlined in the May 2016 report to the IJB, were introduced for the July 2016 census, and the total of 173 delays for July is the first produced using the revised method. The key change to reporting is that people discharged in the three days following the census date are now included in the total. Using the previous methodology the figure would be 160, an increase of 40 from June figures.
3. Whilst there was a significant improvement in performance over the period October 2015 to April 2016, this paper now reports a decline in performance from May 2016 to July 2016 and explores some of the reasons behind this change.

The paper also details work underway to reverse this downward trajectory and the way in which the partnership seeks to maintain the improvement. This includes the work initiated at the flow workshop on 8th March 2016, which is overseen by the Patient Flow Programme Board.

## Recommendations

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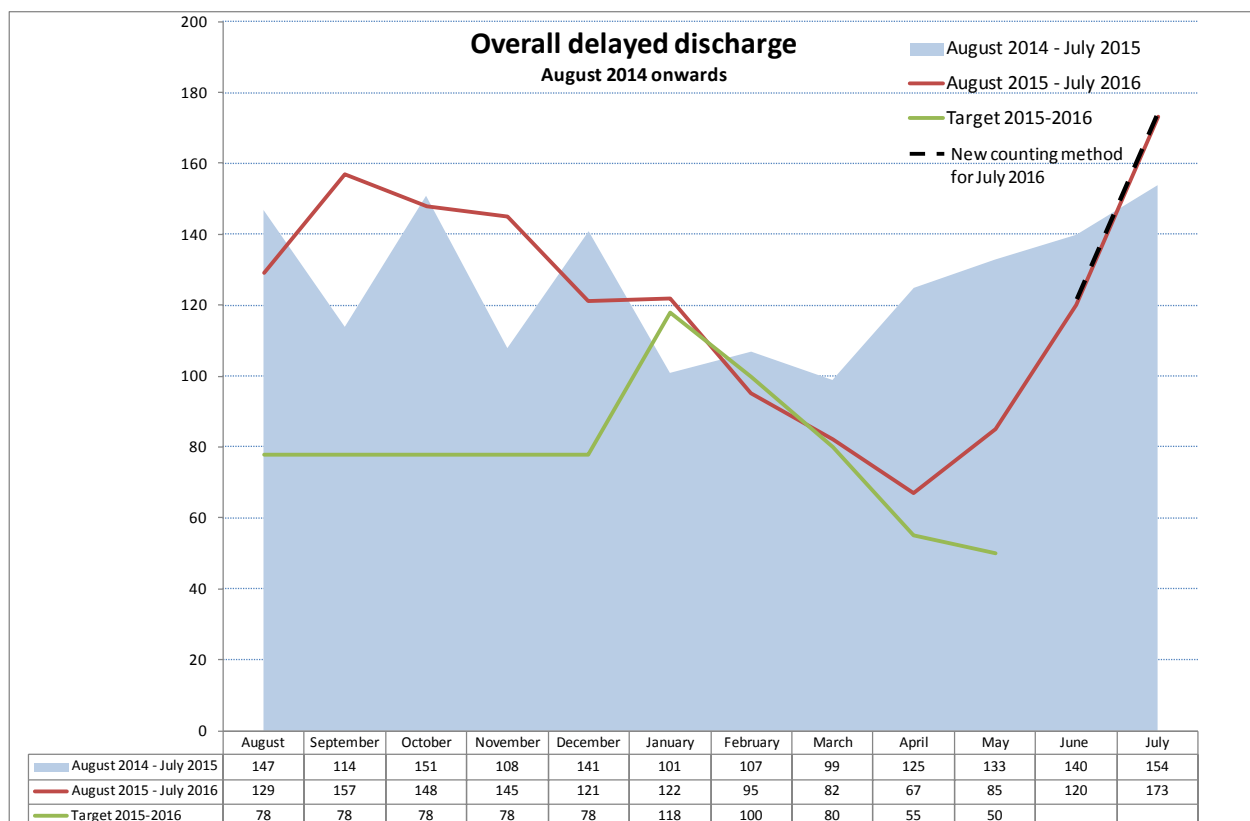
4. That the Edinburgh IJB note that:
  - A new Care at Home contract is now in place. Its aim is to improve recruitment and retention of the home care workforce by offering a rate of pay that is comparable with alternative employers, e.g. retail, customer services and the private care market. The transition to these new contracts has until very recently resulted in a reduction in Care at Home capacity.
  - Following the improvement in reducing delayed discharge between October 2015 and April 2016, there has been a subsequent increase in the number of delayed discharges from hospital to both Care at Home Packages and Care Homes.
  - The changes at national level to delayed discharge recording and reporting from July 2016, has slightly accentuated the increase in the total number of people delayed in July by 13 to 173, (160 being the figure if the previous methodology was used.)
  - A review is underway to detail the reasons as to why the previous positive trajectory has reversed, and to ensure that the comprehensive range of actions that are already in place, will secure a return to the reducing trajectory for the number of people delayed in hospital.

## Main report

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### Total number of people delayed

5. The total number of Edinburgh residents who were delayed in hospital over the past two years as at the monthly official census is illustrated in the graph 1. The shaded area shows performance for August 2014 - July 15 and the red line shows levels for the current year. Target levels are shown by the green line. Targets for the period following May 2016 will be determined as part of the work underway to assess capacity, demand and pressures across the whole system.
6. The total number of people delayed at the July 2016 census was 173 (160 using previous census methodology), which represents a real decline in performance.



Graph 1

### Reasons for delay, 2015-16

7. The broad reasons for delay at the census points over the last 12 months are shown in the table 1. The most common reason across this period has been waiting for domiciliary care, which peaked in October 2015 at 82, and again in July 2016. The validated data over recent months has not included any healthcare delay reasons, although these are recorded on local systems. .

2015-16	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July*
Ongoing assessment	13	21	23	27	26	30	26	27	23	14	20	34
Care Home	34	41	30	36	26	26	16	14	15	26	35	58
Domiciliary Care	70	80	82	67	64	59	49	36	22	40	59	78
Legal and Financial	0	0	0	1	0	0	0	0	2	0	0	0
Other	12	15	13	14	5	7	4	5	5	5	6	3
<b>Total</b>	<b>129</b>	<b>157</b>	<b>148</b>	<b>145</b>	<b>121</b>	<b>122</b>	<b>95</b>	<b>82</b>	<b>67</b>	<b>85</b>	<b>120</b>	<b>173</b>
% Domiciliary Care	54%	51%	55%	46%	52%	48%	51%	43%	32%	47%	49%	45%

Table 1

8. It is of concern that the number of patients reported as waiting for care home placements is increasing and accounts for almost a third of all delays in July. Guidance on best practice suggests that only in the most exceptional circumstances should a patient move to a care home directly from hospital. The impact of the outbreak of Norovirus at Gylemuir in April 2016 had a negative impact on the number of delayed discharges in both April and May. This does not however explain the ongoing issue of people waiting for Care Home places at Gylemuir during June and July. Further work and attention is being given to the recommendations made for discharge across all hospitals.
9. The increase in people waiting for domiciliary care may have been caused by a range of pressures, including the reluctance of agencies to take on service users; lack of capacity (largely due to issues with recruitment and retention of staff), difficulties in securing services for complex packages of care; increased demand for services and increased frailty of service users. The new Care at Home contracts aim to address these issues. However, it is possible that the transition from the existing to new contracts has had an impact on existing providers, and this is being investigated further. In addition, there are two providers under the new contract who are still establishing themselves. They have until October to do so. It is anticipated, therefore, that we will see a significant increase in capacity by winter 2016.
10. The number of contact hours within the new contracts has been increased from 25,000 to 30,000 hours of care per week. The new contracts have been awarded to eight providers of care at home services. These new contracts contain penalty clauses to ensure that the providers commence a package of care within one week of being requested to do so. The new contracts are locality based to support closer working relationships between services, local discharge teams and a renewed service matching unit as part of the new Multi Agency Triage Teams which will include the hospital discharge teams.
11. Although 6 of the 8 contracts have been awarded to existing providers, their current coverage only reaches 47% of what is required. They need to grow their business to meet demand. Contracts remain in place with other existing providers for those packages of care they are currently delivering until such time individual cases are reviewed. . There has however been a drop in overall capacity which it is reasonable to presume has impacted negatively on the number of delays. Capacity has now returned to 25,000 hours and it is anticipated that this will have a positive effect on the number of delays. This will be further improved as capacity grows to the full contract of 30,000 hours.
12. Five of the 173 reported delays can be attributed to a setting in the system, which defaults people with no code to the category 'waiting allocation for a social worker'. In previous months this group of people would have been treated as people for whom no notification has been made to social care and thus would have been removed entirely.

13. The number and proportion of delays in acute sites is shown in table 2:

2015-16	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July*
Delays in acute sites	111	127	115	115	106	117	80	74	64	82	112	143
<b>Total</b>	129	157	148	145	121	122	95	82	67	85	120	173
% in acute	86%	81%	78%	79%	88%	96%	84%	90%	96%	96%	93%	83%

Table 2

14. The numbers of people excluded from the census reporting (X codes and people who are unwell) are given in table 3. Of the X-codes, those which relate to Guardianship (e.g. 23 of the 25 reported in July 2016) are shown separately. The *grand total* row in table 3 shows the number of people delayed, including those who are excluded from the national count.

2015-16	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July*
<b>Total</b>	129	157	148	145	121	122	95	82	67	85	120	173
Excluded cases	21	20	23	27	27	35	29	33	30	33	27	25
<i>Of which, Guardianship</i>	19	18	19	23	24	23	21	28	25	30	24	23
<b>Grand total</b>	150	177	171	172	148	157	124	115	97	118	147	198

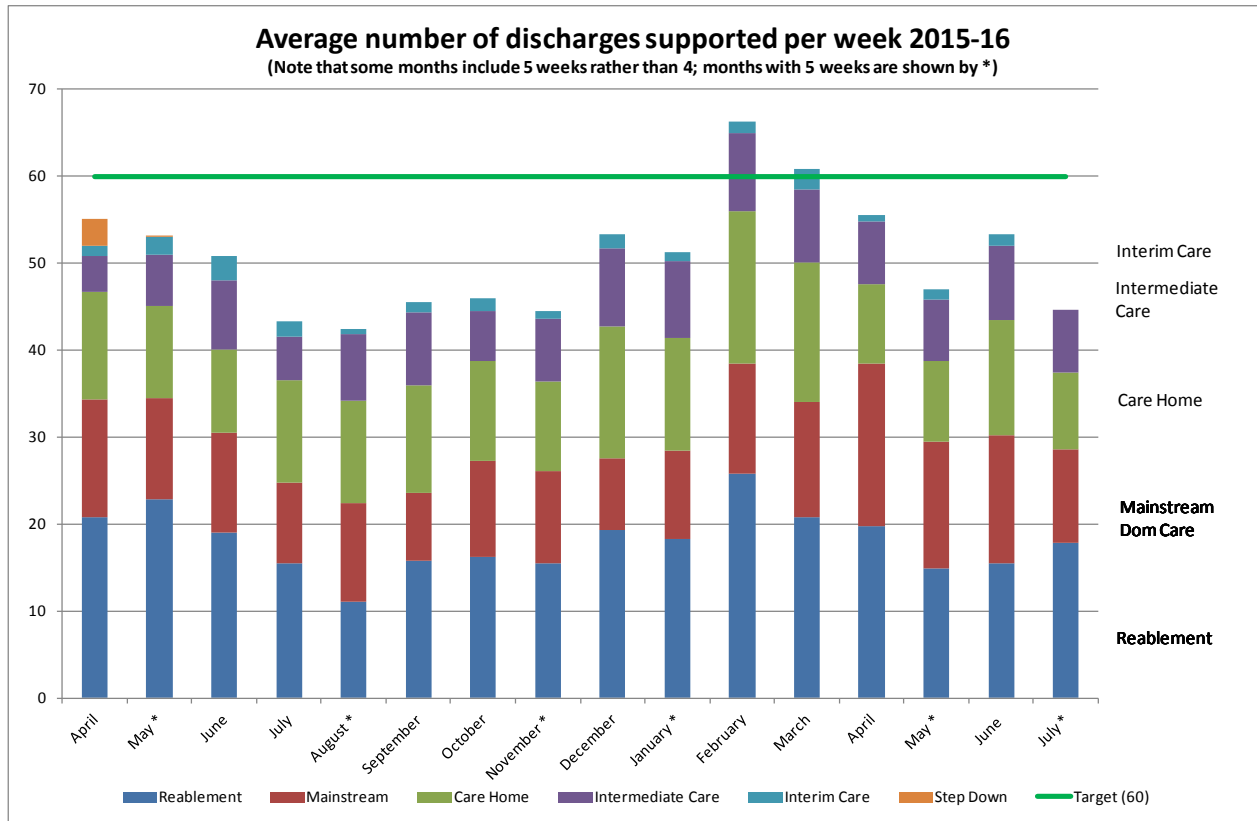
Table 3

## People supported to leave hospital

15. The main investments, which have been made using the Scottish Government funding to support a reduction in the number of people delayed in hospital, relate to additional capacity for Gylemuir and deployment of clinical support workers. The target for the total number of people supported each week is 60 (see appendix 1). This excludes packages of care which are restarted by ward staff when patients leave hospital (an estimated total of 14 per week). The lease for Gylemuir has been agreed for a further 24 months.

16. Graph 2 shows the average number of discharges per week supported by Health and Social Care, for each month during 2015-16. Figures for provision also exclude the number of packages of care that are estimated to re-start each week, as described above.

17. Table 4 looks at the specific and different needs of those awaiting transfer of care demonstrates the variety of responses required to meet assessed need. It is noted that 43 cases (about 25%) of those awaiting discharge are aged under 65.



## Graph 2

Waiting for:				Notes
<b>Assessments</b>	11a	Start	Under 65	1
			65+	11
	11b	Completion	Under 65	19
			65+	3
<b>Assessment total</b>			<b>34</b>	
<b>Care home</b>	24A	LA care home	Under 65	0
			65+	11
	24B	Independent residential	Under 65	0
			65+	1
	24C	Independent nursing	Under 65	0
			65+	19
	24D	Specialist residential place for younger people (<65)	Under 65	13
			65+	2
	24E	Specialist residential place for older people (65+)	Under 65	0
			65+	2
	24F	Dementia bed required	Under 65	0
			65+	10
<b>Care home total</b>			<b>58</b>	
<b>Care arrangements</b>	25D	Social care support at home	Under 65	8
			65+	70
	25F	Rehousing	Under 65	0
			65+	3
<b>Care arrangements total</b>			<b>81</b>	
<b>Complex</b>	9		Under 65	3
			65+	22
<b>Complex total</b>			<b>25</b>	
<b>Overall total</b>			<b>198</b>	

Table 4

Note: 11A total includes 5 cases where reason was missing

## Other work streams to address delayed discharge

18. The three key work streams which are underway and being overseen by the Patient Flow Programme Board are as follows:

- i. Delays within the hospital pathway – this work is progressing actions to identify people in the discharge pathway at an earlier point including the application of improved multiagency working with a greater focus on expediting action required to support discharge, as well as clearer lines of accountability across the multidisciplinary team.

- ii. Admission avoidance – this work is seeking to maximise the benefits associated with the effective use of Anticipatory Care Planning, to improve the use of the Key Information Summary to support continuity and effective communication, and to promote more effective use of the ‘Falls pathway’.
  - iii. Rehabilitation and recovery – this work has focussed on targeting Reablement services to those who can achieve most benefit from goal setting and reabling approaches. This differs from the previous approach where all discharges from hospital went through reablement.
19. In addition, the roll out of the Locality Hubs and Multi Agency Triage Teams (MATTs) is continuing, with the objectives of identifying people who can be supported to leave hospital early and preventing hospital admissions. It is intended that the MATTs will perform a 24/7 model, supporting weekend hospital discharge, effectively increasing capacity by 29%.

## Key risks

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20. The main risk is that the additional non-recurring Scottish Government funding has been used to increase capacity in care and support services and that the reductions in delayed discharge levels will not be sustainable unless alternative approaches or funding sources are identified.
21. Phase 2 of the Health and Social Care restructure may see a reduction in the level of staffing resource. The full implications of this phase of the restructure are currently being quantified and will be reported to the Board in due

## Financial implications

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22. As noted above, the Scottish Government funding is temporary and is being used to underpin care and support services. Alternative funding sources or approaches to providing care will need to be considered.

## Involving people

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23. 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

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24. This report outlines progress of the Edinburgh Health and Social Care Partnership in addressing the pressures within acute services and has been developed with input from partners.



## Background reading/references

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### Memorandum of Understanding Reducing Delayed Discharges in Edinburgh

## Report author

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## Links to priorities in strategic plan

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**Priority 4** Providing the right care in the right place at the right time

**Priority 6** Managing our resources effectively

## Appendix 1 – Target number of packages of support per week for people leaving hospital

## Appendix 2 – Delayed discharge codes (from July 2016)

## Appendix 1

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### Target number of packages of support per week for people leaving hospital

Domiciliary care (excluding informal re-starts)	40
Care Homes	10
Intermediate Care and Interim Care	10
<b>Total</b>	<b>60</b>

## Appendix 2 Delayed discharge codes (from July 2016)

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<b>Health and Social Care Reasons</b>		
Assessment	11A	Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
	11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
Funding	23C	Non-availability of statutory funding to purchase Care Home Place
	23D	Non-availability of statutory funding to purchase any Other Care Package
Place Availability	24A	Awaiting place availability in Local Authority Residential Home
	24B	Awaiting place availability in Independent Residential Home
	24C	Awaiting place availability in Nursing Home
	24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)
	24DX*	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate
	24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)
	24EX*	Awaiting place availability in Specialist Facility for high level older age groups (65+) where the Facility is not currently available and an interim option is not appropriate
	24F	Awaiting place availability in care home (EMI/Dementia bed required)
	26X*	Care Home/facility closed
Care Arrangements	27A	Awaiting place availability in an Intermediate Care facility
	46X*	Ward closed – patient well but cannot be discharged due to closure
	25A	Awaiting completion of arrangements for Care Home placement
	25D	Awaiting completion of arrangements - in order to live in their own home – awaiting social support (non-availability of services)
	25E	Awaiting completion of arrangements - in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
Transport	25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)
	25X	Awaiting completion of complex care arrangements - in order to live in their own home
44	Awaiting availability of transport	

<b>Patient/Carer/Family-related reasons</b>		
Legal/Financial	51	Legal issues (including intervention by patient's lawyer) - e.g. informed consent and/or adult protection issues
	51X*	Adults with Incapacity Act
	52	Financial and personal assets problem - e.g. confirming financial assessment
Disagreements	61	Internal family dispute issues (including dispute between patient and carer)
	67	Disagreement between patient/carer/family and health and social care
Other	71	Patient exercising statutory right of choice
	71X*	Patient exercising statutory right of choice – interim placement is not possible or reasonable
	72	Patient does not qualify for care
	73	Family/relatives arranging care
	74	Other patient/carer/family-related reason
<b>Other reasons</b>		
Complex Needs	9	Code 9 should be used with the following secondary codes: 24DX, 24EX, 25X, 26X, 46X, 51X, 71X. All code 9 delays should have a secondary reason code.
Code 100	100	Reprovisioning/Recommissioning