PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

6 MARCH 2018

DELAYED DISCHARGE PERFORMANCE FOR 6 MONTHS TO 30 SEPTEMBER 2017

Report by Chief Officer

PURPOSE OF REPORT
This report seeks to provide the Audit and Performance Committee with an understanding of the Partnership's performance in relation to Delayed Discharge for the first 6 months of the year: the factors impacting on performance; improvement actions that are being taken forward; and the trajectory for improvement being developed.

1. RECOMMENDATION

It is recommended that the Audit and Performance Committee:

- Note the performance for the first 6 months against target;
- Endorses and supports the actions being taken forward to drive improvement and the commitment to set out an agreed improvement trajectory;
- Agrees that quarterly reports on Delayed Discharge performance will be received by the Audit and Performance Committee moving forward.
- Note that this is a first step in building a RAG report that will encompass the agreed basket of indicators and that unplanned admissions will be the next 'deep dive' report to be brought forward.

2. BACKGROUND / MAIN ISSUES

2.1 What is a Delayed Discharge?

For most people, following completion of health and social care assessments, the necessary support and accommodation arrangements are put in place in the community without delay and the patient is appropriately discharged from hospital.

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the necessary care, support or accommodation for them is not readily accessible.

This report considers residents of Perth & Kinross who are delayed in hospitals across NHS Tayside. At this stage it excludes Code 9 delays (Complex Needs). Code 9 are defined as patients who lack capacity and are going through a guardianship process. A separate report will come forward to the Audit & Performance Committee on Delayed Discharges in relation to Complex Needs.

2.2 Why do we want to reduce the level of Delayed Discharges?

Timely discharge from hospital is an important indicator of quality of care. Older people may experience functional decline as early as 72 hours after an admission and the risk increases with each day delayed in hospital. This increases the risk of harm and of a poor outcome for the individual and further increases the demand for institutional care or more intensive support at home.

2.3 Is there a financial cost to the Health and Social Care system of Delayed Discharges?

Delayed discharges are costly to the health and social care system in financial terms. Not only are beds having to be provided for those who do not need to be there, it also has a knock-on effect on the beds available to the wider hospital system to carry out scheduled elective procedures. Insufficient beds can cause the cancellation of planned admissions for surgery etc. This can create significant costs within the wider acute hospital system.

2.4 What did the Integrated Joint Board's Annual Performance Report say in relation to our performance of Delayed Discharge?

The Annual Performance identified the following:

Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	RAG*	2016/17 Scotland *(unless otherwise noted)*
Number of bed days lost to delayed discharge (excluding complex cases).	17,029	15,429		Local

The report set out that 'The number of bed days lost due to people remaining in hospital after they were ready to be discharged reduced from 17,029 in 2015/16 to 15,429 days in 2016/17. However this is still too high and therefore significant changes are being implemented to improve this figure for next year.'

2.5 Have we set a target reduction in Delayed Discharges for 2017/18?

As part of our submission to the Scottish Government on the 6 Measures of Performance under Integration, we as a Partnership committed to delivering a 10% reduction in bed days lost to delayed discharge in 2017/18. This equates to a reduction of 1,523 beds and a target for 2017/18 of no more than 13,886 lost occupied beds days.

In addition, the medium term objective of the Partnership would be to achieve the Scottish Government 72 hour delayed discharge target which equates to a target of approximately 3000 lost occupied bed days.

3. Performance for 6 months to 30th September 2017

Table 1

Reason for Delay	Occupied Bed Days Lost to 30th Sept 2017	12 Month Equivalent
	Hospitals (excl. Code 9)	
Awaiting Care Package	3,390	6,780
Awaiting Care Home Availability	2,297	4,594
Awaiting Assessment	856	1,712
Awaiting Funding	246	492
Other	768	1,536
	7,557	**15,114**

Table 1 above sets out that 7,557 bed days have been lost to delayed discharge, in the first 6 months of 2017/18. If performance was to remain unchanged over the second half of the year lost bed days of 15,114 would be recorded. This compares to our target position of 13,886 for 2017/18.

The 'Reasons for Delay' set out above are based on standard definitions agreed nationally by NHS Information Services Scotland.

It is clear that Awaiting a Care Package is the most significant driver of delays to discharge (45%) with Awaiting Care Home Availability also a significant contributor (30%). It is worth noting that delays due to Awaiting Funding has reduced by 60% from 2016/17 on the back of a new funding process being embedded in the Partnership which has delivered a significantly accelerated approval process.

As the current key driver of delays to discharge, the Partnership Team is working hard to address key challenges in respect of Care at Home. The section below sets out the current landscape, the challenges faced along with the actions being taken to improve capacity and appropriately manage demand.

4. Awaiting Care Package

4.1 Demographics

In Perth and Kinross, as with other areas across Scotland and the UK, health and social care services are seeing an increase in demand for key services and it is clear that the demand for health and social care is likely to increase. People are living longer and in Perth and Kinross the aged 75+ population is expected to increase from 2017 to 2039 by 81%[1] Perth and Kinross also has a larger than average elderly population compared to Scotland. The average

[1] Source: NRS 2014 Sub-National Population Projections

age of those aged 65+ receiving care at home services, in Perth and Kinross, is 86.

From April 2017 to September 2017 the average care package required has increased by 8.4% (7.6 hours per week to 8.3 hours). This demonstrates the increasing complexity of the individuals who now require care and support at home.

4.2 Geographical

Perth and Kinross has a diverse mix of urban and rural communities. The geographical distribution of the population brings challenges for the delivery of services to rural and remote communities.

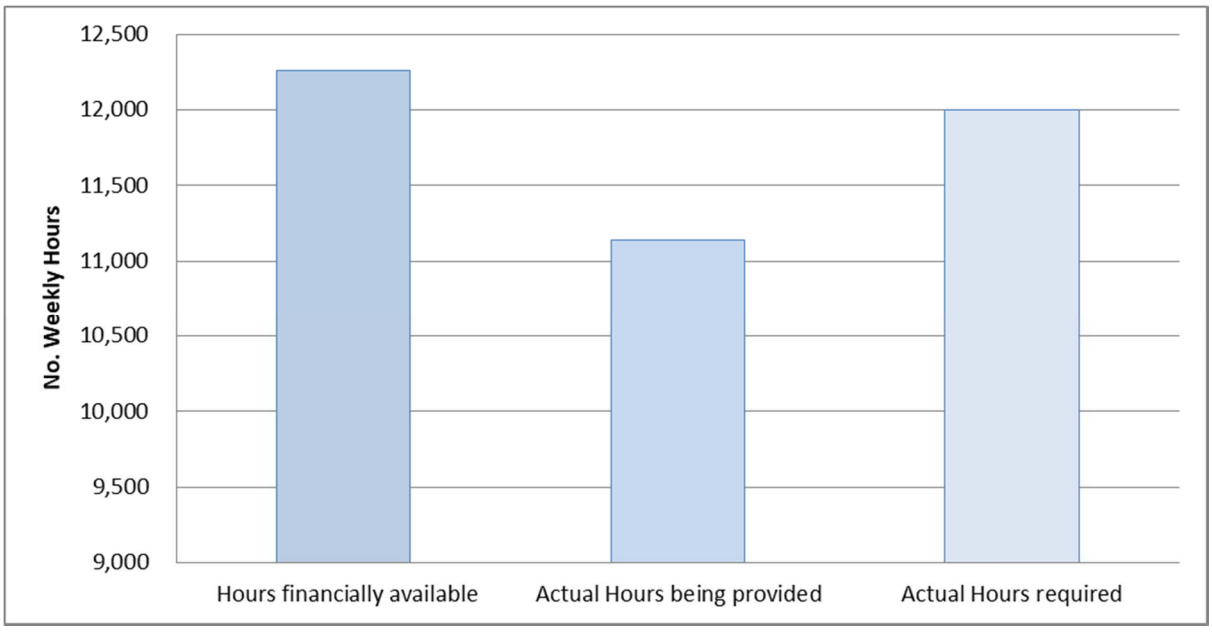
4.3 Legislative Framework

In 2013 new legislation[2] was introduced which changed the way social care was delivered. The majority of Care at Home services in Perth and Kinross are delivered by the independent sector. There are now a range of options for people to choose from and these do not all fall within the scope of the contract that we have with providers. We are seeing more people employ their own personal assistants and that has led to the development of an alternative market.

4.4 Financial Position

Over the past three years to 2017/18, through our budget setting, we have been required to invest £2.6m in Care at Home Capacity to respond to the increase in demand. For 2017/18 the Graph 1 below shows that there is more than sufficient budget to meet demand.

Graph 1



[2] http://www.selfdirectedsupportscotland.org.uk/

4.5 Recruitment and Retention

Independent Care Providers have for some time faced difficulty in recruiting and retaining staff. This is recognised nationally, however Perth & Kinross have an additional local market issue:-

- Within our population we have an above average proportion of over 65's. Therefore in areas with high numbers of Older People there is less of a working age population available, particularly within parts of South and North Perthshire.
- The population of Perth & Kinross is spread across a large rural/very rural geographic area. In some areas, such as Highland Perthshire, there is a limited provider market for Care at Home Services because of the difficulty of delivering care in a very rural area.
- Perth & Kinross also has a high proportion of low skilled manual employment opportunities (catering / tourism / retail / hospitality), and the care profession has experienced difficulties in competing within this market.
- Competition within the wider care sector is also an issue. The sector competes with recruitment for care and support roles in the third sector and the residential care and nursing home market.
- There is new demand for Personal Assistants funded by Direct Payments (Option 1 Self Directed Support).
- The national recruitment campaign for Early Years Practitioners will have an impact on recruitment to other wider care roles.

4.6 Unplanned Admissions

Our ability to reduce delayed discharges is wholly linked to maintaining or where possible the level of unplanned admissions to hospitals. The more unplanned admissions we have, the more people we have needing support in the community after their hospital stay and therefore the more people we have being delayed in hospital waiting for that care.

Recent data to June 2017 demonstrates that both the overall volume and admissions by age group continue to be similar to 2016/17 levels. This is set out at Appendix 1.

5. What are we doing to improve?

The Partnership has an agreed programme of work to increase Care at Home capacity and appropriately manage demand:-

5.1 Redesign of the Internal Care at Home Model

This was approved by the IJB in June 2017. This team is designed to increase overall capacity by 450 hours per week. Their main focus will be to reduce delayed discharge within hospitals and reduce those awaiting care at home within the community. This model of service delivery is due to commence in February 2018 within Perth City and be fully implemented in the North and South Localities commencing March 2018.

5.2 Implementation of new Care at Home Contract

A new Care at Home contract was completed at the end of August this year to expand capacity to meet current and future demand. This brought new care providers into Perth and Kinross with an excellent tack record. This new Care at Home contract was a key supporting strategy to reduce delayed discharge due to waiting for a package of care. The new contract has additional incentives for staff to improve recruitment to the sector. The first of these is an expectation that care providers will pay the Living Wage. The second element is that the new Care at Home contract cements fair working practices for the workforce with an expectation that providers will pay for travel time. In addition, a new hourly rate has been approved for an area experiencing significant recruitment challenges due to rurality and high employment
There was an expectation that there would be a period of hiatus while hundreds of hours of care packages were transferred from one care provider to another over this summer. This has meant that it was never expected that there would have been an immediate improvement in performance during this period.

5.3 Supporting our Providers to recruit and retain staff in the Care Sector

The introduction of the Living Wage and Fair Working Practices across the sector also appears to have had an impact on recruitment by the Providers. Further, to support the challenges being faced by providers, a "Why should I care?" campaign has been launched to support recruitment across the sector. The campaign has had some success and a working group has been established to look at further ways to improve recruitment and retention in the care sector. This group led by providers will determine sustainable methods for recruitment and retention. This is a medium to long term strategy to improve the recruitment opportunities for the Care Sector.

5.4 Demand Management

Increasing the supply of care at home is one way of addressing the delay. However, there are a number of other areas within the care pathway that are being reviewed and improved to ensure the demand is at its most appropriate level.

i. Although materially unchanged from last year, the number of unplanned admissions can be improved downwards. A front door model is being scoped and designed to ensure only appropriate admissions are made into the hospital. This should lead to a reduction in the numbers of people leaving the hospital with packages of care.

ii. The new and revised Indicator of Relevant Need (IORN) scoring tool is now being used effectively in other Partnerships. Perth & Kinross HSCP are planning to scope this tool to manage the level of assessed need. This could create additional capacity within the Care at Home sector. An improvement of current inpatient pathway processes using the new Discharge Hub. The Discharge Hub team should ensure that the

planned discharge date is achieved and people with existing care packages are returned to the community without delay.

iii. The Partnership is progressing the implementation of Single Handed Care. This investment includes additional equipment, training and the recruitment of an Occupational Therapist to review all existing packages that require two carers. This is a time limited investment to reduce the demand on care at home and thereby increase capacity to move more people quickly out of delayed discharge.

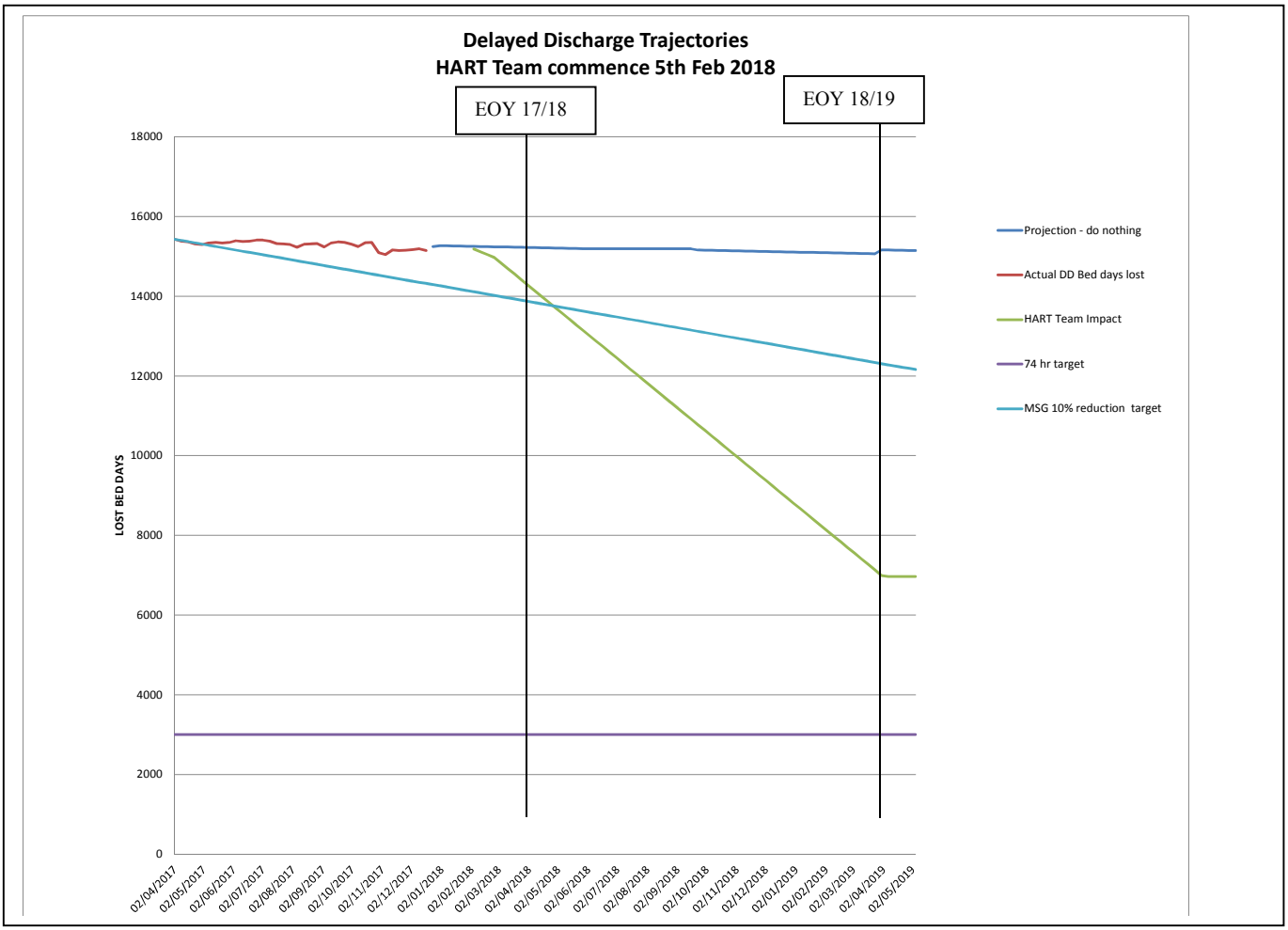
iv. The use of Technology Enabled Care (TEC) as a compulsory part of the assessment process will enable a more accurate assessment of need. Once fully in place and implemented, the use of TEC will be a critical tool in ensuring the appropriate level of need is assessed and may reduce the number of hours of care required.

6. Developing a trajectory for improvement to deliver 2017/18 target

The improvement actions set out above are expected to have an impact on reducing the level of OBD lost over the remaining 6 months of the year. Work has been undertaken to consider each improvement action and its likely impact on either increasing supply or reducing demand. At this stage the trajectory has been based on the improvements relating to supply. The improvements focussing on demand require further analysis in order to include them within the trajectory.

Through improvements to supply and specifically the implementation of the new Internal Care at Home Team (HART Team), the anticipated lost OBD at the end of 2017/18 is forecast to be 14,484 compared to the 13,886 target. The full benefit of this additional investment in capacity is expected to be delivered in 2018/19 with a planned significant reduction to 7000 OBD. The planned trajectory to end of 2018/19 is set out in Graph 2 below:

GRAPH 2



The delivery of this trajectory is reliant on no material increase in the level of demand over current planned levels. The work we have done to forecast demand over the next three years for budget setting purposes provides some reassurance that our current demand levels are likely to meet future need. We are also hugely reliant on the ability of our Independent Care at Home providers being able to maintain capacity at planned levels across our localities through successful ongoing recruitment and retention.

7. Monitoring of monthly performance

The Partnership has embedded a robust mechanism to provide monthly performance data on the level of lost OBD to delayed discharge. This will be used along with a more detailed performance framework to review performance at partnership level and at locality level.

As part of its wider 'Transforming Governance' Improvement Plan, the Partnership has established a Performance Scrutiny Board which will provide a formal monthly opportunity to review performance against the trajectory for improvement.

8. Opportunity cost and scope for redesign of services

The IJB's Strategic Commissioning sets out the intention to shift the balance of care from hospital to community based settings with a parallel disinvestment from hospital beds and re-investment in community based services**.**

Table 3 below sets out that based on the delayed discharge position for the 6 months to 30th September 2017, 38 beds are open for those that do not need to be in hospital.

Table 3

	Occupied Bed Days Lost to 30th Sept 2017	Bed Number Equivalent	Indicative Full Year Opportunity Cost
Tay / Stroke PRI	1,129	6	£483,000
Other PRI	1,507	8	£645,000
Murray Royal Hospital (POA)	1,751	10	£750,000
Community Hospitals	1,835	10	£785,000
Other Tayside	739	4	£316,000
Total	**6,961**	**38**	**£2,979,000**

Reductions in the level of delayed discharge will be critical in enabling the IJB to deliver the core aims of the Strategic Commissioning Plan and information on delayed discharges along with a basket of other key indicators will be key to developing our future vision for Older Peoples Services across Perth & Kinross.

9. Conclusion

The Partnership is committed to reducing the level of delayed discharges.

A trajectory for improvement has been developed and monthly progress will be considered by the Partnership's Performance Board and thereafter by the Audit & Performance Committee.

Author(s)

Name	Designation	Contact Details
Rob Packham	Chief Officer	robertpackham@nhs.net

APPENDICES

Appendix 1 – Unplanned admissions comparison of age group volumes for financial year 2016/2017 and 2017/18 (EOY projected)