

Integration Joint Board

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GLASGOW HSCP IJB - DELAYED DISCHARGE PERFORMANCE - APRIL 2016

Purpose of Report:	This report outlines the most up to date performance in relation to delayed discharges in Glasgow and outlines some of the continuing pressures and risks relating to that performance.
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Recommendations:	The IJB is asked to note current performance in relation to delayed discharges and the associated pressures and risks associated with this aspect of the HSCP's performance.
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Implications for IJB:

Financial:	None
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Personnel:	None
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Legal:	None
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Risk Implications:	Key strategic risks are summarised in the report.
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Sustainability:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Equalities:	None
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	Delayed discharge performance impacts on the wider Acute system performance.
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1. Purpose

1.1 This report outlines the most up to date performance in relation to delayed discharges in Glasgow and outlines some of the continuing pressures and risks relating to that performance.

2. Performance

2.1 The charts below outline the key areas of delayed discharge performance over the most recent periods.

2.2 Chart 1

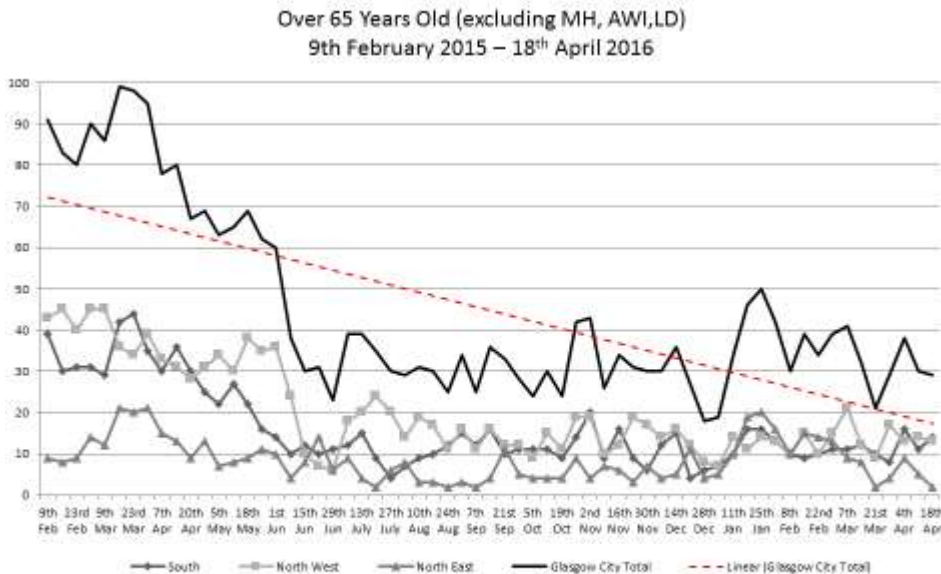


Chart 1 confirms a sharp downward trend in all over 65 year old delays over the past 14 months. Most of the improvement was delivered by last summer and performance has been largely stable at that level since. This chart also demonstrates a convergence in performance levels across the 3 locality areas during that period.

2.3 Chart 2

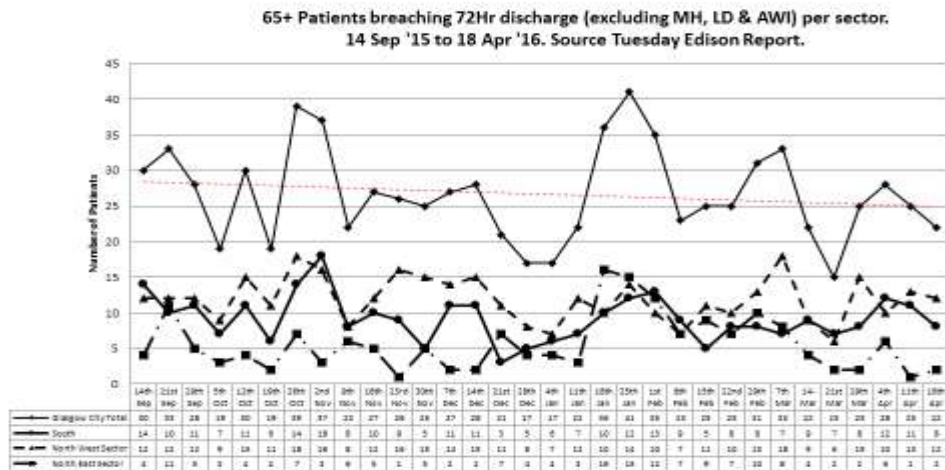


Chart 2 focuses on the target group for the HSCP’s 72 hour target, namely the 65+ age group, excluding mental health, learning disability and AWI. Again the underlying trend is one of continued, modest improvement since September having, as per above, delivered most of the improved performance by summer of 2015.

There have been some surges in delayed discharge numbers, predictably including the post-Christmas holiday period. However, the latest figures as of 18 April are in keeping with the best performance seen and confirm the resilience of the underlying system to recover performance after such surges.

Typical delays over 72 hours are explained by complex care needs that mean someone remains in hospital for assessment because discharge home or to intermediate care is deemed not to be an option.

2.4 Chart 3

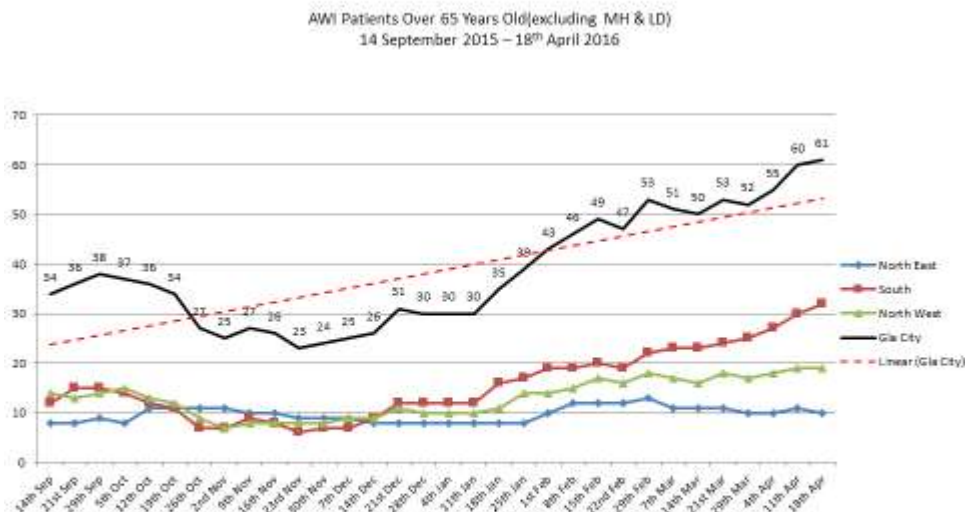


Chart 3 highlights a real challenge to the system, relating to a significant growth in AWI delays. These occur when an individual has no capacity to consent to move from hospital care and 13za is not applicable; for example, where the person is not co-operative in relation to any move.

- 2.5 This upward trend is being repeated across Scotland and has become a focus of concern for Scottish Government. HSCP officers have met with civil servants to establish how far a best interests model might be applied in response to this demand, but this is an area fraught with legal complexity and remains a work in progress.
- 2.6 The HSCP continues to accommodate the majority of delayed AWI patients in Darnley and Quayside care homes, but there are now growing numbers of delayed patients in hospital (c20 at the latest count), consuming significant bed days and adding to Acute pressures. As per above, finding a solution to AWI delays remains a priority for the HSCP.

3. Pressures and Risks

- 3.1 Even allowing for the significantly improved performance described above, the system in Glasgow continues to experience significant pressures and manage significant risks.
- 3.2 Chief amongst these is the growing number of very frail older people now emerging from the hospital system. Staff from across health and social care describe a frailer, more vulnerable population than ever, at more advanced ages, with multi-morbidities and increasingly complex needs.
- 3.3 There is a perception that the combination of improved delayed discharge systems and performance, along with reduced bed capacity in Acute, is resulting in earlier discharge of more complex patients than may have occurred in the past. Certainly GPs and other primary care professionals are reporting increasing levels of demand for their services, to the point where some are finding it difficult to manage. This was confirmed when one GP practice withdrew from covering an intermediate care unit, citing the unmanageability of the volume and complexity of patient need. Care home providers are also citing a growing level of complexity in their residents with all of the attendant pressures on their resources.
- 3.4 This risk of growing demand is compounded by reducing budgets and leads to a situation where fundamental service reform is required to sustain and even improve on delayed discharge performance, particularly in relation to AWIs. A joint process with senior Acute colleagues has commenced to examine what a reformed system would look like, including how Acute resources might be applied in the community in support of a new model. This model will also examine how HSCP resources are deployed in an integrated way at both the admission and discharge points of the Acute system.
- 3.5 The alternative to service reform is a continuing growth in the purchase of care home beds to manage demand around AWI and complex care. In effect recreating Acute-type capacity in the community. This is neither desirable nor sustainable.

3.6 The HSCP continues to adopt an outward looking approach to understand how other high performing discharge systems operate and what elements might usefully apply in Glasgow. Recently a senior group of clinical and professional leads visited Sheffield to learn from the experience there of a similarly sized discharge system.

4. External Recognition

4.1 Notwithstanding the significant pressures and risks the HSCP continues to manage in relation to delayed discharge performance, the progress made in Glasgow continues to attract external recognition from Scottish Government and elsewhere.

4.2 A significant number of other HSCPs have been in contact with Glasgow officers to understand the work we have done with a view to developing similar approaches in their own areas. There have also been invitations to present at NHS Scotland's annual conference in June and to speak at a King's Fund conference in July in recognition of the progress made in Glasgow.

5. Recommendation

5.1 The IJB is asked to note current performance in relation to delayed discharges and the associated pressures and risks associated with this aspect of the HSCP's performance.