



The Scottish Parliament
Pàrlamaid na h-Alba

Health and Sport Committee

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Dear Cabinet Secretary for Health and Sport,

DELAYED DISCHARGES

An area of focus for the Health and Sport Committee this parliamentary session is scrutinising the effectiveness of Health and Social Care Integration Partnerships (HSCPs) in delivering transformational change to the provision of health and social care. The Committee recognises this is the first full year of operation for most HSCPs. At this early stage the Committee is seeking to gain insights into how HSCPs are currently operating, as they begin the process of delivering a shift to new models of care.

Delivering reductions in the number of delayed discharges will be a key marker of the success of the new integrated system. The Committee has conducted a short piece of work on delayed discharges to gain a further understanding of the current landscape, the challenges faced and the steps being taken to address them.

The Committee received [responses](#) to its survey on delayed discharges from the HSCPs. At its meeting on the [6 September 2016](#) the Committee took evidence from representatives from the local authority, NHS board and integrated joint board in both Glasgow City and South Ayrshire. The issue of delayed discharges was also discussed as part of the Committee's evidence session with HSCPs at its meeting on 4 October 2016.

The purpose of writing to you is to highlight some of the main issues which were raised in the evidence and to seek responses to our findings and specific questions.

Person centred care

The Committee's view is that the person affected by a delayed discharge and the individual's care pathway are as important to consider as the focus on the

inappropriate use of acute beds. The Committee notes that a delayed discharge describes a situation where an individual is not receiving care in the most appropriate setting. It follows therefore that a delayed discharge can have a negative impact on the health and wellbeing of the person subject to the delay.

Survey responses from HSCPs showed interim care facilities are often a key part of an individual's care experience. The average length of stay in interim facilities reported in the survey ranging from 23-164 days. The Committee received evidence which suggested there were some instances where interim care facilities were captured by the current statistics on delayed discharge but this was not consistent.

Whilst the individual in an interim facility is not being subject to a delay in an acute setting, an interim facility is still not the ultimate care setting intended for them (i.e. either at home, in supported accommodation or a care home). While it may be the most appropriate setting at one point in time, when it ceases to be the Committee believes this should be treated in the same way as a delayed discharge from an acute setting. Therefore, the Committee's view is that when an individual is subject to a delay in being discharged from an interim facility this should be captured in the statistics produced on delayed discharges. This would assist in ensuring the statistics on delayed discharge more fully reflect actual experiences.

The Committee would be grateful for your response to the following points:

- Are you able to clarify which people are currently included within in the delayed discharge statistics? Are interim care facilities included?
- Do you agree that people in interim facilities should be included within the official delayed discharge statistics once they are ready for discharge?
- If there is variation in the data captured on delayed discharges between HSCPs what steps will be taken to ensure a standardised approach?

Cost of delayed discharge

The Committee's survey asked all HSCPs how much was spent in 2015-16 on tackling delayed discharges and what the planned spend was for 2016-17. The majority of HSCPs were unable to answer the question and explained that the funding could not be disaggregated from core service provision such as social work, care home placements and home care. However, a number of partnerships gave details of their allocation of Scottish Government funding for delayed discharges, as well as other sources of funding specifically used for delayed discharge initiatives, for example, the Integrated Care Fund or winter pressure money.

The Committee recognises there are challenges to measuring and collating information on the spend on delayed discharges. However, the Committee believes it is necessary to know what the overall spend on dealing with this issue is in part to allow the Scottish Government to assess the effectiveness of its allocation of additional spending on delayed discharges. Integration is about shifting the resource from acute to community-based care. It is difficult to assess whether resources have shifted or if savings and efficiencies have been achieved if current costs are unknown.

The Committee asks the Scottish Government to consider whether all HSCPs should be required to measure and quantify their spend on delayed discharges.

Care pathway

The Committee notes the causes of delayed discharge can relate to different stages of an individual's care pathway. The causes of delayed discharge can include:

- 1) Those relating to pre-hospital factors including lack of preventative care or alternatives to admission.
- 2) Intra-hospital factors, such as slow turnaround in assessment and discharge planning.
- 3) Post-hospital factors which include lack of capacity in care homes/care at home.

A culture of risk aversion in the acute sector and lack of confidence that the community sector could manage risk appropriately was frequently cited as one of the barriers to addressing intra-hospital delays. The Committee recognises the challenge in tackling this issue. The Committee asks the Scottish Government what further steps it believes can be taken to support decision-making in the acute sector and ensure confidence in community provision?

The Committee also recognises different HSCP areas face different challenges in tackling barriers to delayed discharge. For example the Committee heard that urban authorities may be able to provide a more flexible and reliable provision of care-at-home services than rural authorities due to provision being on a large scale. We would be interested in what steps are being taken to share best practice in this regard and what if anything, the Scottish Government is able to say about how the rural challenge in this regard can be ameliorated.

Responses to the Committee's survey detailed that the additional funding from the Scottish Government for tackling delayed discharge was most commonly used to address intra-hospital and post-hospital factors as opposed to being invested in preventative care. The Committee asks the Scottish Government for its views on this approach to investment by HSCPs. Does the Scottish Government believe there is merit in encouraging greater investment in preventative care by HSCPs?

Code 9 delays

Whilst the number of people subject to code 9 delays is low the length of delay means they can be particularly costly. The 20 partnerships which provided an estimated cost of code 9 delays in response to the Committee's survey, showed an estimated combined total cost of £19,176,782 in 2015/16. The Committee is of the view that given the above cost, which if proportionate could reach £30m across the whole country, some priority should be placed on seeking to reduce the number of people subject to code 9 delays.

A number of HSCPs raised in their survey responses that one of the barriers to reducing code 9 delays was the time taken to meet the various requirements of the Adults with Incapacity (Scotland) Act 2000.

Applications for guardianship were highlighted as a particular area which caused delays. Delays were caused by factors such as the time taken by solicitors in dealing with an application and barriers to accessing court time. Evidence from Glasgow stated there had been a recent reduction in court time allocated to hear and determine guardianship applications. This had caused delays in powers being put in place, additional costs and extends the time before people can be moved to a social care setting. The Committee would welcome a response to the following points:

- Are the issues associated with guardianship applications in Glasgow replicated in other areas of Scotland?
- What steps are being taken to speed up guardianship applications in the court system to prevent such delays?

The Committee is aware that consideration of whether the Adults with Incapacity Legislation requires reviewing has been ongoing for some time. In October 2014 the Scottish Law Commission published its report on adults with incapacity which included a number of recommendations and contained a draft Bill amending the Act. The Scottish Government's consultation on the Scottish Law Commission's report closed in March 2016.

- Is the Scottish Government able to provide an update on when it expects to take a view on the Commission's recommendations?
- What changes to the current legislation are being planned to address the knock on effects and costs arising to the health budget? Are interim solutions being considered?

Funding

The Committee is aware that underpinning all these issues regarding delayed discharges is funding of service provision. The Committee received evidence that there was increasing demands being placed on services at a time when NHS boards and local authorities were dealing with financial constraints. The Committee also heard about the challenges this then placed on HSCPs being able to deliver on reducing delayed discharges. The Committee heard from HSCPs who believed that it was necessary to disinvest in acute beds in order to invest in primary care and community based solutions. However it is difficult to see how disinvestment in acute beds to invest in primary and community care can be achieved when significant pressures on acute beds remain. Your views on how this can best be achieved would be welcome.

It remains unclear whether the separation between health funding and social care funding is changing as a result of the establishment of HSCPs. The Committee anticipates it will return to this issue and others relating to HSCP funding when it undertakes scrutiny of the Scottish Government's Draft Budget.

It would be much appreciated if you could respond to this letter in advance of your evidence session on HSCPs budgets which is scheduled for 25 October.

Yours sincerely

Neil Findlay MSP
Convener of the Health and Sport Committee