

To: SOCIAL WORK (OPERATIONS AND SERVICES) SUB COMMITTEE		Subject: DELAYED DISCHARGE IN LANARKSHIRE: 2003-2004
From: DIRECTOR OF SOCIAL WORK		
Date: 4 MAY 2004	Ref: JN/TJC	

## 1. PURPOSE OF REPORT / INTRODUCTION

- 1.1. This report updates Committee on Lanarkshire's progress and performance in relation to the Scottish Executive initiative for tackling delayed discharges from hospital care.
- 1.2. This report compares Lanarkshire's performance with that of the rest of Scotland, makes particular reference to this Council's performance and role in tackling delayed discharge and identifies some of the current themes and issues around the subject of delayed discharge.

## 2. BACKGROUND

- 2.1. Reducing the number of patients waiting for discharge from hospital is a high priority for the Scottish Executive. This not only in terms of providing the most appropriate care to patients but also in terms of enabling the NHS to use beds and other resources to treat patients who need to be admitted to hospital.
- 2.2. On 5<sup>th</sup> March 2002 the Minister for Health and Community Care announced a Delayed Discharge Action Plan that contained a number of requirements for Local Authority/NHS Partnerships to take forward. This announcement included an allocation of funding of £20 million between partner agencies and the Lanarkshire Partnership share of this funding was £2.126 million, available on a recurring basis and increased to over £3 million in the current year. This funding was intended to ensure that 1500 extra people experiencing delayed discharges are transferred out of hospital and placed in more appropriate settings during the two year period, with a particular focus being placed on those in acute sector beds and those waiting longer than a year for discharge.

## 3. CURRENT SITUATION

- 3.1. For both this year and last year, each NHS board area was set a target reduction in its number of delayed discharges to be met by 15<sup>th</sup> April in each of the two years. Targets for Year 1 bore no relationship to the previous performance of an NHS board or indeed an NHS Health and Social Care Partnership. Instead the targets were related to the funding allocated to each partnership and as funding shares were allocated on the basis of the Arbutnott formula for distributing health funding, this meant that Lanarkshire, an area with an already good record in relation to tackling delayed discharge, was set an extremely challenging target for reduction. In Year 2, partnerships were invited to submit self-determined targets and Lanarkshire set itself an equally challenging target, equivalent to reducing delayed discharges by half (from 245 to 143) over the two year period.

- 3.2. The approach adopted by the Lanarkshire Partnership involved significant interagency working, a structure of rigorous and robust accountability from top to bottom in the partnership agencies and a strategy that paid as much attention to the prevention of hospital admission where possible as to the facilitation of appropriate and timeous discharge with necessary supports.
- 3.3. The performance of the Lanarkshire Partnership in tackling delayed discharge has been exemplary over each of the two years. The overall targets in each year were met and the targets for reducing numbers of delayed discharges in acute hospital care and for those waiting longer than one year for discharge were exceeded. The Lanarkshire Partnership now has less than half the number of delayed discharges compared to two years ago. Specifically, and as at 15<sup>th</sup> April 2004, Lanarkshire now has 122 delayed discharges compared with 245 at the same time in 2002. Delayed discharge in acute settings now stands at 34 a similar reduction and there are now no people awaiting discharge for more than a year in Lanarkshire hospitals.
- 3.4. Up to date comparisons with the rest of Scotland are not possible at the time of writing as the most recent published statistics relate to January 2004. At that time, Lanarkshire had fewer patients with a delayed discharge than any other Health Board area in Scotland with the exception of one extremely small Health Board area where statistical comparisons become anomalous. This means that Lanarkshire hospitals had a much smaller number of occupied hospital beds taken up by people whose discharge was delayed thus assisting patient flow in the entire health and social care process.

#### **4. NORTH LANARKSHIRE COUNCIL POSITION**

- 4.1 Although the position in Lanarkshire is one of positive achievement, the picture in North Lanarkshire is even better. Of the 122 delayed discharges in Lanarkshire as at 15<sup>th</sup> April 2004, North Lanarkshire would expect to have a 55% share of that number given the respective populations and demographic features of the two Lanarkshire Councils that make up Lanarkshire NHS Board area. This would suggest that North Lanarkshire Councils share of the delayed discharge population ought to be in the range of 60-70 patients. In fact, North Lanarkshire Councils share of 122 delayed discharges in Lanarkshire at that date is 47. Such performance is even more remarkable considering demographic health and poverty indicators in North Lanarkshire and health and morbidity indicators attached to the area.

#### **5. FINANCIAL / PERSONNEL / LEGAL / POLICY IMPLICATIONS**

- 5.1. There are no such implications in relation to this report which is for information only.

#### **6. RECOMMENDATIONS**

- 6.1. Committee is asked to:

note the contents of this report.



**Jim Dickie**  
**Director of Social Work**  
(21<sup>st</sup> April 2004)

*For further information on this report please contact Jim Nisbet, Manager, Community Care (Older People)*  
*Tel: 01698 332031*