

**NORTH LANARKSHIRE COUNCIL
REPORT**

To: SOCIAL WORK (OPERATIONS & SERVICES) SUB COMMITTEE		Subject: DELAYED DISCHARGE TARGETS UPDATE
From: DIRECTOR OF SOCIAL WORK		
Date: 3 OCTOBER 2006	Ref: DOD/AMJ	

1. Purpose of Report

This report provides updated information to Committee of the current position in relation to delayed discharge and the significant challenges presented by the revised targets set by the Scottish Executive for 2006/07 and 2007/08. These revised targets follow from an Audit Scotland review of delayed discharge in Scotland in June 2005.

2. Background

- 2.1. Reducing the number of patients waiting for discharge from hospital is a high priority for the Scottish Executive. This is important, not only in terms of providing the most appropriate care to patients but also in terms of enabling the NHS to use resources as efficiently and effectively as possible.
- 2.2. On 5 March 2002, the Minister for Health and Community Care announced a Delayed Discharge Action Plan that contained a number of requirements to be taken forward by local authority/NHS partnerships. An initial allocation of funding of £2.1 million in the first year increased to just over £3 million in the years following. This funding was to assist partnerships to reduce delays by 20% year on year since the initiative was introduced.
- 2.3. The Audit Scotland review of 2005 provided an overview and analysis of delayed discharge data, examined national measures to address delays in discharges and focused on specific measures undertaken by local partnerships. The review identified that there has been significant progress in reducing delayed discharges across Scotland, but that this would be harder to maintain as the population of older adults increases. The report also identified that while targets were helpful in focussing effort, to continue with the expected year on year 20% reduction was unsustainable.

3. Targets

- 3.1. Target setting had been a source of continuous concern since the Scottish Executive introduced the Delayed Discharge initiative. Targets were originally based on the share of funding given to each partnership. These bear no relationship to demands placed on care and hospital systems, to the capacity within the partnership areas or to partnership performance prior to the introduction of the initiative.

- 3.2. The target for the Lanarkshire partnership in 2005/06 was that delayed discharge should have reduced from the previous year's target of 98 to 66 by 15 April 2006. As in previous years this target was exceeded and the Lanarkshire delayed discharge totalled 65.
- 3.3. The Executive has issued the following instruction about future target setting
- For 2006/07, to reduce all delays over 6 weeks by 50%
 - For 2006/07, to free up 50% of all beds occupied by delayed patients in short stay beds
 - For 2007/08, to reduce to zero patients delayed over 6 weeks
 - For 2007/08, to reduce to zero those delayed in short-stay beds
- 3.4. This alters the mechanism for counting delayed discharge figures in the next two years and presents significant challenges for the partnership. The Executive is adopting a firm commitment towards meeting the targets set, without additional resources being identified for this purpose. The target numbers of delayed discharges for the whole of the Lanarkshire partnership for 2006/07 is:
- 10 delays over 6 weeks from clinical readiness for discharge date
 - 9 delays in specifically identified short stay beds

4. Implications for North Lanarkshire Council

- 4.1. The challenge facing the Lanarkshire partnership in relation to the 2006/7 targets requires an increased focus to be given to the specific needs of younger adults with complex needs and to the joint development of appropriate rehabilitation services. Alongside such developments it will be essential that there is absolute clarity over the definition and application of clinical readiness for discharge dates by the multidisciplinary teams in hospital settings. These measures will help ensure that life changing future care decisions for older adults are made at the appropriate time and that these allow due consideration to the various care options available to meet their assessed needs without compromise to their rights.

5. Recommendation

- 5.1. Committee is asked to:
- (i) note the contents of this report.



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Director of Social Work
14 September 2006

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