



IJB Performance and Finance Committee

21<sup>st</sup> October 2019

This Report relates to  
Item 8 on the Agenda

# Delayed Discharge Performance Report

*(Paper presented by Gail Robertson)*

*For Discussion and Noting*

<b>Approved for Submission by</b>	Julie White, Chief Officer
<b>Author</b>	Gail Robertson, Patient Flow and Discharge Manager
<b>List of Background Papers</b>	Not Required
<b>Appendices</b>	<b>Appendix 1</b> – Full Delayed Discharge Data Report <b>Appendix 2</b> – Horizon Plan

## SECTION 1: REPORT CONTENT

<b>Title/Subject:</b>	Delayed Discharge Performance Report
<b>Meeting:</b>	IJB Performance and Finance Committee
<b>Date:</b>	21 <sup>st</sup> October 2019
<b>Submitted By:</b>	Gail Robertson
<b>Action:</b>	For Discussion and Noting

### 1. Introduction

- 1.1. This Report provides an update on Delayed Discharge Performance as at

### 2. Recommendations

#### 2.1. The IJB Performance and Finance Committee is asked to:

- **Note and discuss the performance of the Dumfries and Galloway, Health and Social Care – Delayed Discharges**

### 3. Background

- 3.1. A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available.

Partnerships have previously worked towards discharging patients from hospital within a maximum time period of 6 weeks, reducing to 4 weeks then 2 weeks in April 2015. Two weeks is not ambitious enough for the majority of people who should be able to return to the community within 72 hours of being ready for discharge. From April 2016 there is a new national indicator to measure the proportion of patients experiencing a discharge delay of up to 72 hours.

#### 3.2. Standard delays

All standard codes based on delayed discharge definitions as of 01 July 2016 (e.g. wait for care/residential home, wait for home care).

#### 3.3. Complex Delays

Complex delays also known as Code 9 delays are for the limited number of circumstances where a delay in discharge is typically out of the control

of the NHS or Local Authority. These would include patients delayed due to awaiting place availability in a high level needs specialist facility where no facilities exist and where an interim option is not appropriate; patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation. It is the latter, Guardianship, that accounts for most of the complex delays in Dumfries & Galloway.

### 3.4. Hospital Move Delay

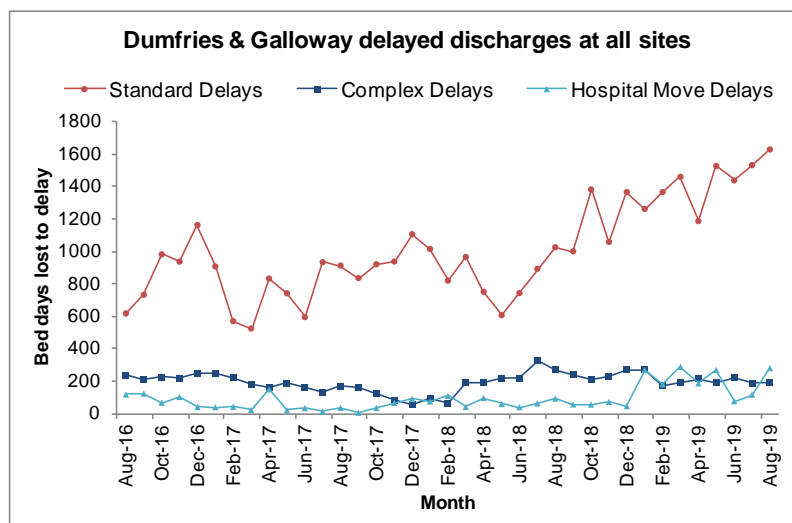
These are healthcare related delays and typically these refer to a wait in DGRI for a cottage hospital bed or occasionally a wait for a specialist hospital bed outside of the region and were captured under Code 42/42X respectively in the old delayed discharge definitions. **These are no longer reported in official delayed discharge data to ISD** since the change in definitions but are still captured locally to monitor patient flow between DGRI and cottage hospitals.

## 4. Main Body of the Report

### 4.1 Bed Days lost to Delay

In the last three months bed days lost to standard delays were highest in August 2019 with 1628 bed days lost across all hospital sites. This is the equivalent of an average of 53 people delayed on any one day in the month. Over half of bed days lost to standard delays in the month (57%) were due to waits for social care packages to start in order to support someone living at home. An additional 33% of bed days lost to standard delays this month were due to waits for place availability in a care home.

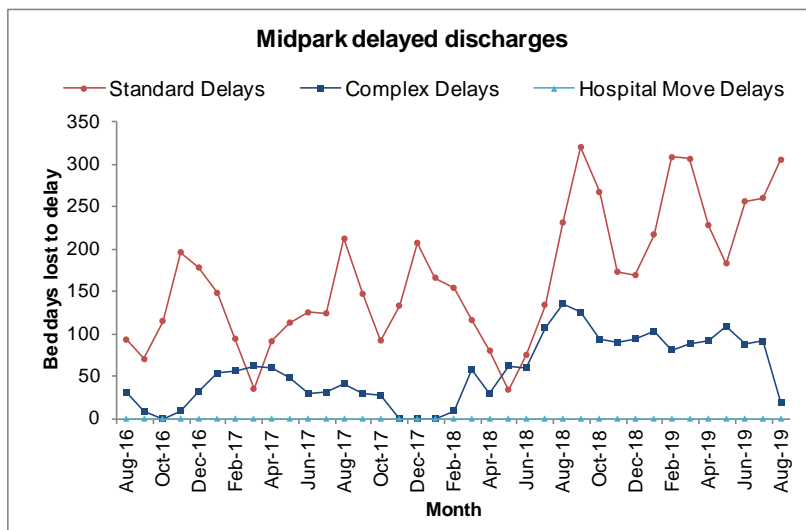
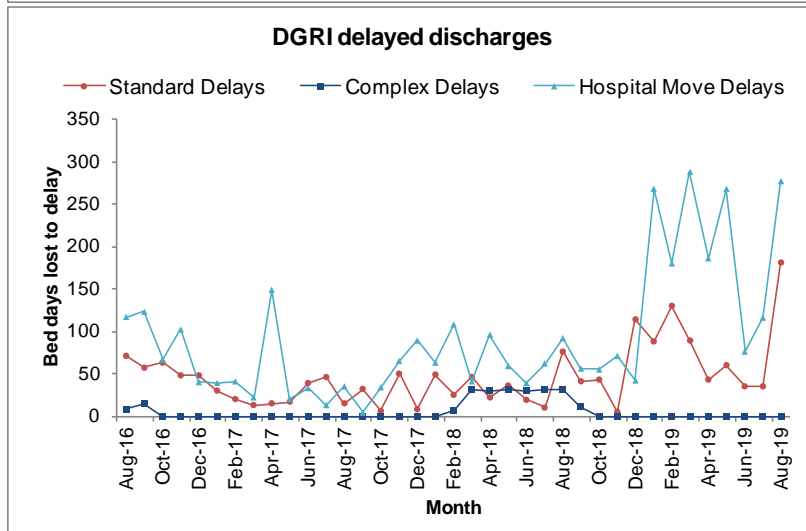
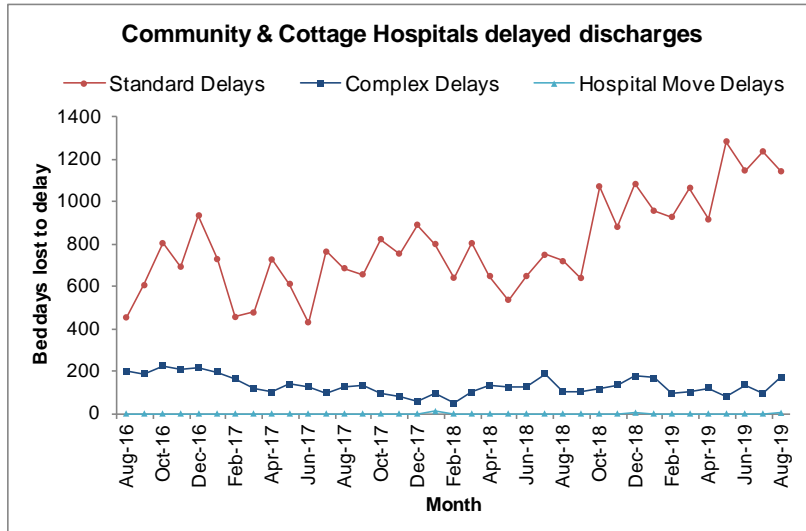
**Figure 1** Bed days lost to delayed discharges across all Dumfries & Galloway sites



**Table 1** Bed days lost to delayed discharges across all Dumfries & Galloway sites over the last 12 months and comparison to previous 12 month period. Standard delays also split by; those waiting for place availability in a care home, those waiting for the commencement of a social care package in order to stay at home and all other standard delay reasons.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Total (Sep-18 Aug-19)	Total (Sep-17 Aug-18)	% change
<b>Standard</b>	<b>1000</b>	<b>1381</b>	<b>1058</b>	<b>1365</b>	<b>1261</b>	<b>1365</b>	<b>1459</b>	<b>1186</b>	<b>1526</b>	<b>1437</b>	<b>1531</b>	<b>1628</b>	<b>16197</b>	<b>10610</b>	<b>+53%</b>
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<b>Hospital Move</b>	<b>56</b>	<b>55</b>	<b>71</b>	<b>46</b>	<b>268</b>	<b>180</b>	<b>288</b>	<b>186</b>	<b>268</b>	<b>76</b>	<b>116</b>	<b>280</b>	<b>1890</b>	<b>763</b>	<b>+148%</b>
Total (Standard & Complex)	1240	1588	1283	1635	1531	1540	1648	1399	1716	1660	1718	1817	18775	12591	+49%
Total (All delay types)	1296	1643	1354	1681	1799	1720	1936	1585	1984	1736	1834	2097	20665	13354	+55%

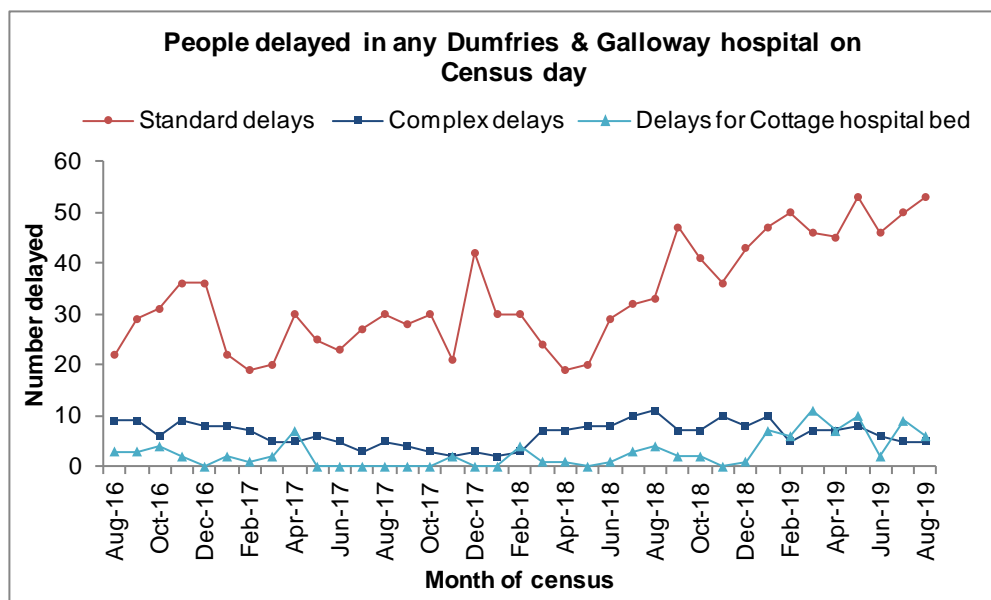
**Figure 2** Bed days lost to delayed discharges across different sites; Galloway Community hospital and Cottage hospitals, DGRI and Midpark.



## Number of people delayed on census day

- 4.2 This data represents people delayed on the last Thursday in the month. In the last three months the highest number of people delayed for a standard reason on census day was 53 in August 2019.

**Figure 3** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites



**Table 2** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites and percentage delayed by delay reason for most recent census month.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	% delayed Aug-19
<b>Standard</b>	47	41	36	43	47	50	46	45	53	46	50	53	83%
<b>Complex</b>	7	7	10	8	10	5	7	7	8	6	5	5	8%
<b>Hospital Move</b>	2	2	0	1	7	6	11	7	10	2	9	6	9%
<b>Total (Standard &amp; Complex)</b>	54	48	46	51	57	55	53	52	61	52	55	58	91%
<b>Total (All delay types)</b>	56	50	46	52	64	61	64	59	71	54	64	64	100%

- 4.3 On the August 2019 census three fifths (60%) of the Standard and Complex delays were people waiting for care at home to start and a quarter (24%) was waiting for place availability in a care home.

## Actual length of delayed discharge for patients removed from register

- 4.4 Note that patients can have a number of delay codes during the period that they are delayed. This data refers to the type of delay on removal from the delayed discharge register. In the last quarter 12% of people with a standard delay at removal were delayed for 3 days or less while more than a quarter (27%) were delayed for greater than 6 weeks.

**Table 3** Actual delay for patients removed from delayed discharge register in the last four quarters.

Delay type on removal	Duration delay	of	Count				%			
			Jul-18 to Sep-18	Oct-18 to Dec-18	Jan-19 to Mar-19	Apr-19 to Jun-19	Jul-18 to Sep-18	Oct-18 to Dec-18	Jan-19 to Mar-19	Apr-19 to Jun-19
Standard	Between 1-3 days	1-3	10	13	12	14	10%	12%	9%	12%
	> 3 days - 2 weeks	2	42	31	39	35	42%	28%	29%	31%
	> 2 weeks - 4 weeks	4	22	28	37	18	22%	26%	28%	16%
	> 4 weeks - 6 weeks	6	11	14	18	15	11%	13%	13%	13%
	> 6 weeks		14	23	28	31	14%	21%	21%	27%
	<b>Total</b>		<b>99</b>	<b>109</b>	<b>134</b>	<b>113</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<b>Standard</b>									
Complex	Between 1-3 days	1-3	0	0	0	0	0%	0%	0%	0%
	> 3 days - 2 weeks	2	0	0	1	4	0%	0%	9%	36%
	> 2 weeks - 4 weeks	4	1	1	4	7	10%	20%	36%	64%
	> 4 weeks - 6 weeks	6	3	0	0	0	30%	0%	0%	0%
	> 6 weeks		6	4	6	0	60%	80%	55%	0%
	<b>Total</b>		<b>10</b>	<b>5</b>	<b>11</b>	<b>11</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<b>Complex</b>									
Hospital Wait Delay	Between 1-3 days	1-3	18	8	42	31	49%	27%	39%	36%
	> 3 days - 2 weeks	2	16	22	57	48	43%	73%	53%	55%
	> 2 weeks - 4 weeks	4	3	0	8	7	8%	0%	7%	8%
	> 4 weeks - 6 weeks	6	0	0	0	1	0%	0%	0%	1%
	> 6 weeks		0	0	0	0	0%	0%	0%	0%
	<b>Total</b>		<b>37</b>	<b>30</b>	<b>107</b>	<b>87</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<b>Hospital Wait Delay</b>									

## Delayed Discharge Targets

4.5 There are currently two targets in place for delayed discharges in Dumfries & Galloway:

- 1) **MSG Target.** A Ministerial Strategic Group (MSG) for the Scottish Government Health and Social Care Integration Directorate in January 2017 agreed on a set of seven indicators in order to monitor the progress of integration across the health and social care environment. Bed days lost to Delayed Discharges is one of these indicators. The indicators form part of quarterly management reporting from Integrated Joint Boards (IJBs) who are asked to provide to MSG trajectories, targets or objectives for these indicators on an annual basis.
- 2) **Local Target.** In July 2019 a target reduction in 75% of bed days lost to delayed discharges to be reached by March 2020 was proposed by Dumfries & Galloway Health & Social Care Partnership.

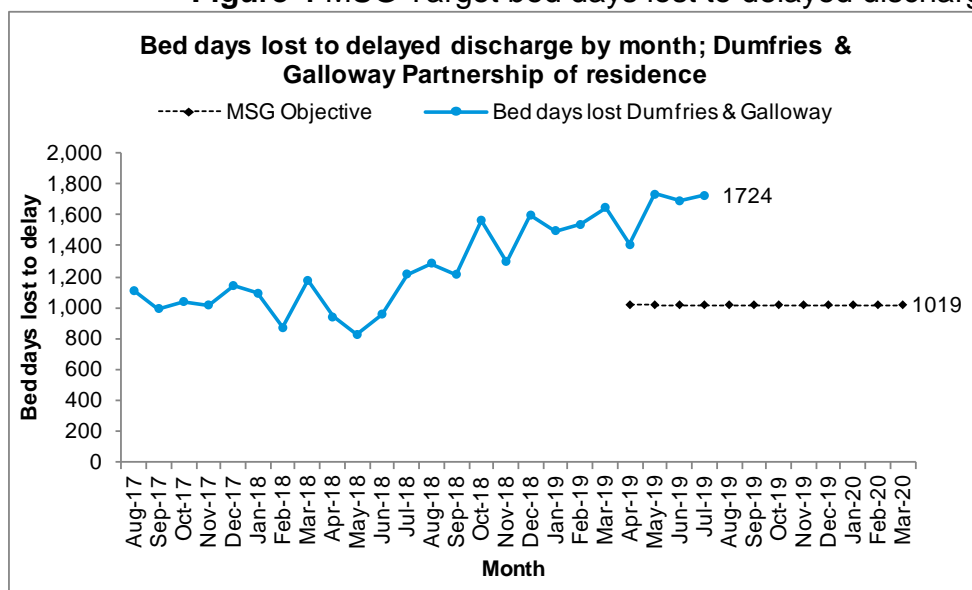
### **MSG target**

4.6 The agreed MSG objective for 2019/20 was for annual bed days lost to delayed discharges to return to levels achieved in 2017/18 across Dumfries & Galloway Health and Social Care Partnership. In 2017/18 the number of bed days lost to delayed discharges for Dumfries & Galloway residents was 12,228. In 2018/19 the bed days lost to delayed discharges was 15,593. In order to achieve the objective a flat rate of 1,019 bed days lost to delayed discharges per month in 2019/20 would indicate that the objective would be met. So far in 2019/20 the actual number of delayed bed days per month has been exceeding this value and totals 6,553 (Apr-19 to Jul-19 inclusive).

4.7 Note that this indicator focuses only on Standard and Complex delay types and is based on a Dumfries & Galloway partnership of residence rather than Dumfries & Galloway board of treatment used in other tables and charts in this report.



**Figure 4** MSG Target bed days lost to delayed discharges for 2019/20.



**Local Target**

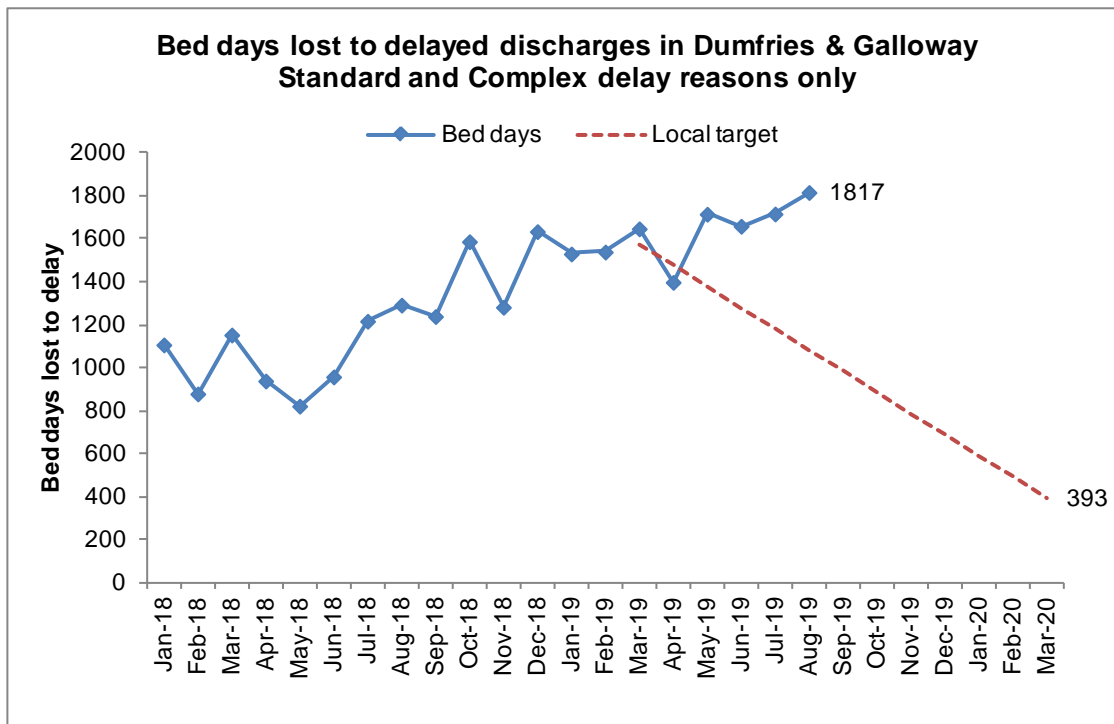
4.8 Performance against a target reduction in 75% of bed days lost to delayed discharges to be reached by March 2020 is shown. The target reduction in bed days was calculated from a baseline period which was the average number of monthly bed days lost to delayed discharges in the first quarter of 2019 (Jan-19 to Mar-19).

**Table 4** Target reduction in bed days lost to delayed discharges by end of March 2020

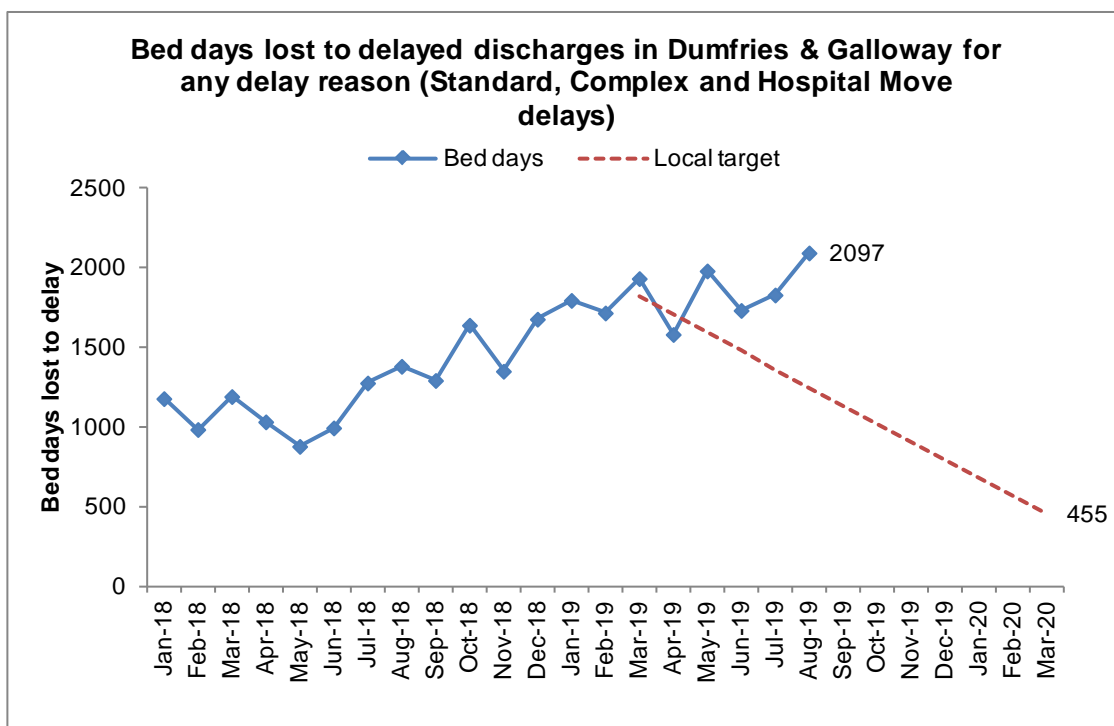
	Standard delays	Complex delays	Hospital Move	Total (Standard and Complex)	Total (any delay type)
<b>Baseline (qtr)</b> Total for Jan-19 to Mar-19	4085	634	736	4719	5455
<b>Baseline (month)</b> Average per month Jan-19 to Mar-19	1362	211	245	1573	1818
<b>Target (month) By</b> March 2020 a 75% reduction	340	53	61	393	455

**Figure 5** Bed days lost to delayed discharges for a) Standard & Complex and b) Standard, Complex & Hospital Move delays. Target bed days at end March 2020 representing 75% reduction from average monthly baseline between Jan19-Mar19.

a) **Standard & Complex delays reduction**



b) **Standard, Complex and Hospital Move delay reduction**



## **Addressing the Challenges**

### **4.9 Care at Home**

The Partnership is developing short term options within the current Care at Home framework.

An exercise has just been completed where all of the people awaiting care at home have been reviewed. This includes people who are delayed in hospital and others who are currently being assessed within STARS. Each case has been plotted on a map and some have been grouped into clusters. These clusters have been shared with independent providers currently on the framework.

Work is underway with non specialist providers to explore the potential for direct award block contracts to establish efficient service provision. The packages of care for people requiring specialist care and support are currently subject to a 'mini-competition.'

There are some people awaiting care that will be supported by the in house service CASS. Work is underway to realign some current provision between in house and independent providers to maximise capacity.

Investment will be required to allow this to be implemented for winter.

Further work is also underway with providers in a number of areas:

Sheltered housing – provision within these establishments is being reviewed to understand whether block contracts with individual providers can increase efficiency.

CM2000 Business Rules – providers are undertaking to demonstrate that there is opportunity to create more capacity and flexibility by flexing the current business rules.

Hospital Stays – currently when an older person who receives care and support is admitted to hospital the provider of their care (non-specialist) is required to hold the care package for 14 days. The provider is not paid for this period. Work is underway to explore how this capacity can be used in other ways.

Technology – Work is underway to explore how technology might be able to support better use of the care at home provider's resources.

#### **Additional resource for the Short Term Assessment Reablement Service (STARS).**

STARS support's timely discharge from hospital and avoidance of admission. Work is currently being undertaken to explore pathways and further opportunities within this service.

A realignment of current resources has been agreed which will support an increase in the STARS reablement approach and consistently apply the principles of support and reablement. STARS indicate that approximately 70% of people are discharged from the service having gained independence and in some cases the use of technology and social prescribing has contributed to this. This additional resource will enable STARS to accept individuals who require a new or increase care and support package using the Rockwood Scale to identify them. The additional resource will also provide capacity to hand off individuals once the person has reached their optimal level.

By using the above approaches we should create efficiencies and capacity within the care at home and deliver better outcomes for people.

#### **4.10 Flow Meetings**

Happen weekly in all localities and are chaired by a senior member of the team. Each delay is discussed and the team explore creative solutions to enable patients to be discharged. They utilise the resources within the localities e.g. community nursing doubling up with a care provider. Each case is reviewed ensuring that all SDS options are being revisited, sometimes requiring difficult conversations to be had with patients.

#### **4.11 Mental Health**

Reporting is more accurate within our Mental Health facility so we have seen an increase in the numbers being reported as delayed. There are a number of placement challenges within this facility - either the patients are waiting for EMI provision or specialist placement, these beds only become available on a one in one out basis.

The Mental Health Directorate has established a Delayed Transfer of Care, short life working group to address the increasing numbers of delays within Midpark. initial actions; Choice Guidance needs to be more robustly applied, anticipatory care planning, involve commissioning to explore provision for younger adults requiring supported accommodation and the promotion of Power of Attorney.

#### **4.12 Housing**

A patient delayed due to housing e.g. can no longer return to their own home due to stroke or amputation remains a lengthy delay. In some cases it is possible for the patient to adopt up or downstairs living but not all cases. The partnership has recently introduced a Housing Options and Homeless Service protocol for patients discharging from hospital. This ensures early identification and referral to appropriate services for patients with housing needs.

#### **4.13 Care Home Placement**

There are still a number of patients delayed waiting on Care Home placement. The Choice Guidance is implemented across the region but practitioners do come up against challenges from families regarding interim placement, particularly if they are privately funding. Further training has been carried out across the partnership to remind front line staff of the guidance and how to implement. A short life working group has been established to review and re-launch information for patients, families and Carers on moving into a Care Home and the Choice Guidance.

#### 4.14 **Strategic Planning**

At a more strategic level the Healthy Ageing Programme Board has developed a programme board horizon plan (See appendix) and has established five sub groups. The following is some of the work that is being carried out within these groups please refer to the horizon plan appendix for more information:

- **Care at Home**  
To establish a new framework for care at home provision taking into account new and changing models of care at home by 1st October 2020.  
To be involved in the development of the National Care at Home framework which is expected to be completed Jan 2020
- **Care Home**  
To explore different models of high level care provision
- **New Models of Housing with care and support**  
Develop outline business cases for 2 extra care developments in Annandale and Eskdale
- **Day Services and Day Care**  
Recommission day care centres with a newly agreed funding formula  
Recommisison day care for adults in Dumfries and Galloway
- **Intermediate Clinical Care**  
Test a 24 hour Integrated Community Team model in South Machars

#### 4.15 **Unscheduled Care Programme, the following are some of the initiatives that will have an impact on patient flow and delays in discharge:**

- Daily Dynamic Discharge in all hospitals
- Earlier in the day discharges in Acute and Cottage Hospitals
- Friday and weekend discharges in Cottage Hospitals
- Discharge Lounge
- Transfer Team
- Frailty Team at the front door

4.16 Frailty identification is now in place in DGRI. A frailty pathway involving a short stay frailty area is currently being tested, and if successful will be in place for winter. A frailty nurse has been recruited until March 2020, who will coordinate the pathway. The frailty pathway is supported by a consultant geriatrician and will ensure comprehensive geriatric MDT assessment for frail patients aiming to reduce length of stay and improve patient experience. Close working with the partnership and community services are in place and will continue.

#### 4.17 Integrated Respiratory Team

- Since last winter, work has continued around the development of our new integrated respiratory team to support people with chronic respiratory disease, including COPD. These individuals are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated. The team are innovative in their digital approaches and are leading the way in learning for other teams in their application. The Integrated respiratory team also support early discharge from ED and the assessment area of CAU for patients with COPD and Asthma. They aim to increase the number of people who have same day or within 4 days early supported discharge and are followed up and supported to stay at home by the Community Respiratory Nursing team.

#### 4.18 Other work

Anticipatory Care Planning (ACP) and the work of our Healthy Connection teams. The focus of the work on ACPs has been to increase their use within the Care Home setting. A detailed plan has been prepared to increase the numbers of ACPs across Care Homes and Care at Home settings over the coming year. The Healthy Connection Teams support individuals who are isolated and lonely to reconnect with their communities with an aim of preventing hospital admission.

#### 4.19 Exploring new models and pathways

A number of visits to other HSCP's have taken place to find out what pathways/models they have in place to tackle delayed discharge. The following are some of the ideas that need to be explored to see if any of them could be implemented or adapted in Dumfries and Galloway HSCP:

- Discharge to Assess - Assessment for Care Home placement in Care Home
- Discharge Hub including a dedicated MHO and Mental Health input
- Enhanced intermediate care team

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **5. Resource Implications**

- 5.1. The Paper assumes that there will be a shift within existing resources and personnel, however there could be a potential additional resource implication which is unknown at this time.

### **6. Impact on, Integration Joint Board Procedures and Policy**

- 6.1. This Report links to the following National Health and Wellbeing Outcomes:

Delayed Discharges impact of the following national outcomes

- People, including those with long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- Resources are used effectively and efficiently in the provision of health and social care services
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being
- People using health and Social Care Services are safe from harm

### **7. Legal & Risk Implications**

- 7.1. No legal risk implication

### **8. Consultation**

- 8.1. No Consultation required, performance report

### **9. Equality and Human Rights Impact Assessment**

- 9.1. An Impact Assessment is not required as this paper does not propose a change in policy.

## 10. Glossary

ACP	Anticipatory Care Plan
CAU	Combined Assessment Unit
COPD	Chronic Obstructive Pulmonary Disease
ED	Emergency Department
HSCSMT	Health and Social Care Senior Management Team
MSG	Ministerial Strategic Group
STARS	Short Term Assessment Reablement Service



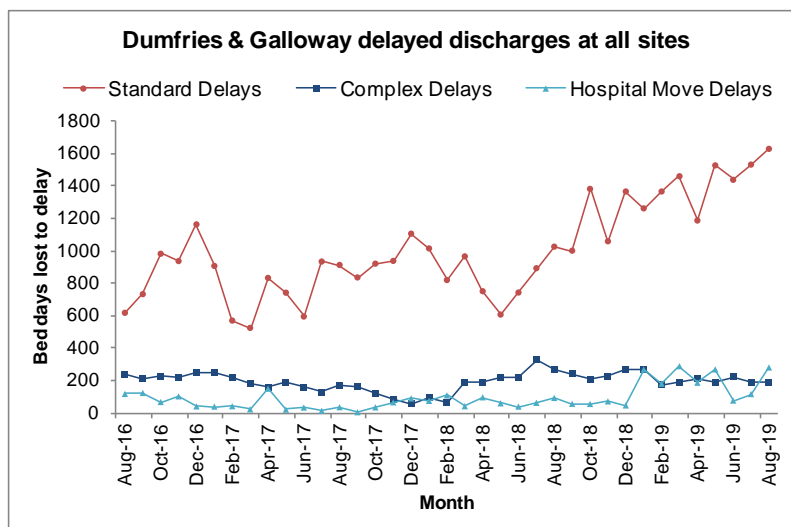
## Delayed discharges - NHS Dumfries & Galloway

### September 2019 update

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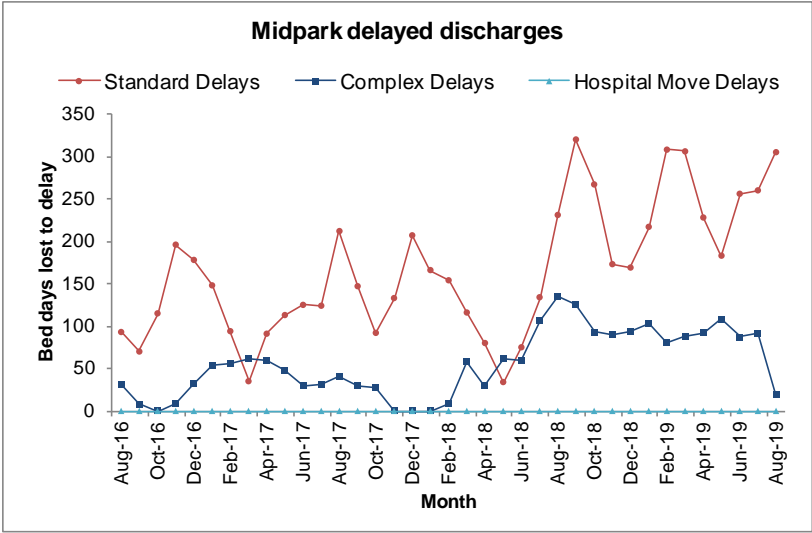
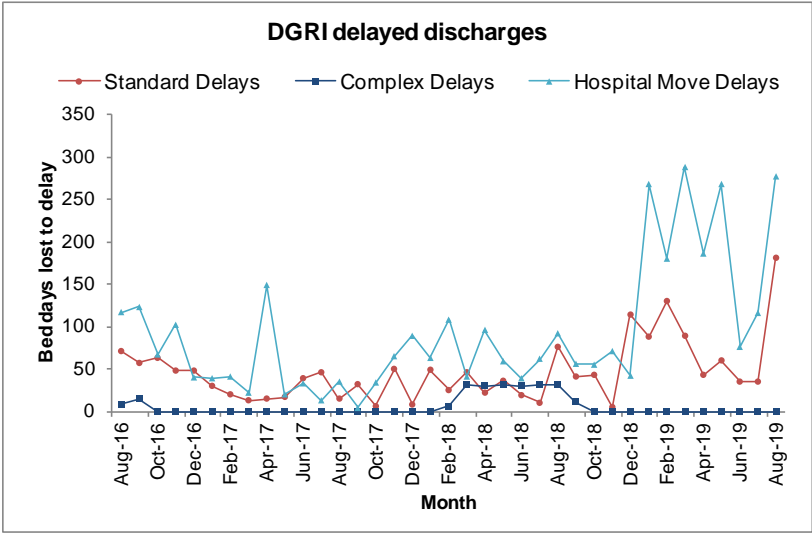
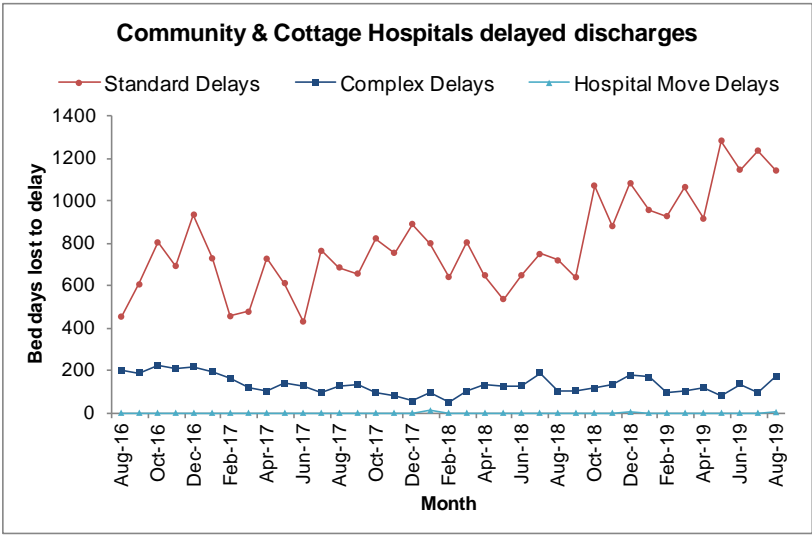
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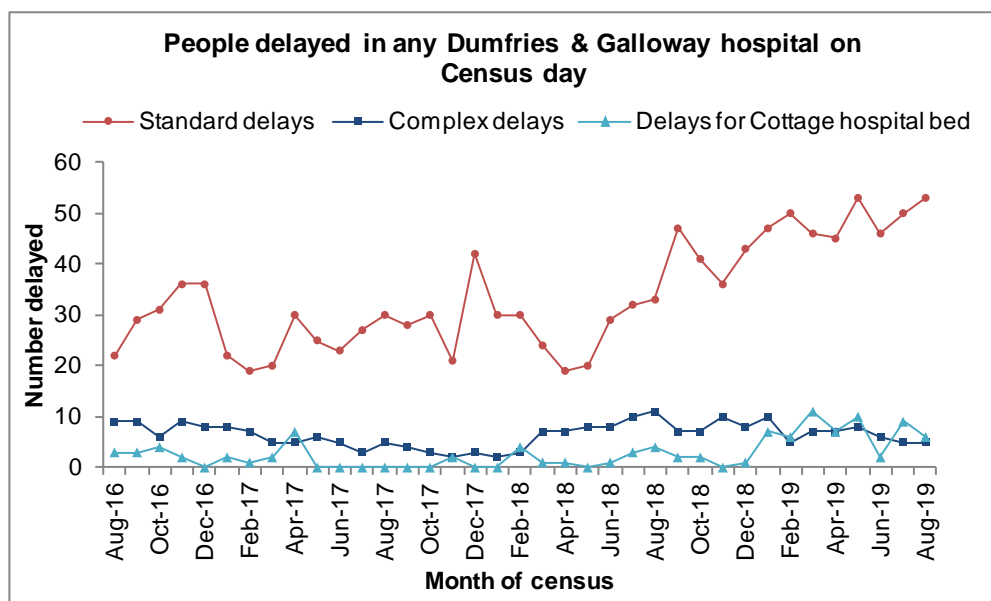
**Figure 7** Bed days lost to delayed discharges across different sites; Galloway Community hospital and Cottage hospitals, DGRI and Midpark.



### Number of people delayed on census day

This data represents people delayed on the last Thursday in the month. In the last three months the highest number of people delayed for a standard reason on census day was 53 in August 2019.

**Figure 8** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites



**Table 6** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites and percentage delayed by delay reason for most recent census month.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	% delayed Aug-19
<b>Standard</b>	47	41	36	43	47	50	46	45	53	46	50	53	83%
<b>Complex</b>	7	7	10	8	10	5	7	7	8	6	5	5	8%
<b>Hospital Move</b>	2	2	0	1	7	6	11	7	10	2	9	6	9%
<b>Total (Standard &amp; Complex)</b>	54	48	46	51	57	55	53	52	61	52	55	58	91%
<b>Total (All delay types)</b>	56	50	46	52	64	61	64	59	71	54	64	64	100%

On the August 2019 census three fifths (60%) of the Standard and Complex delays were people waiting for care at home to start and a quarter (24%) was waiting for place availability in a care home.

**Table 7** Detailed reason for delayed discharge on monthly census day at all Dumfries & Galloway sites for Standard and Complex delay reasons. Percentage delayed by delay reason for most recent census month (*from a total of standard and complex delays in this month only*).

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	% delayed Aug-19
<b>Health and social care reasons</b>														
<b>Assessment</b>	awaiting commencement of post-hospital social care assessment	0	0	0	0	0	0	0	0	0	0	0	0	0%
	awaiting completion of post-hospital social care assessment	2	1	1	3	3	3	0	0	1	2	1	1	2%
<b>Awaiting place availability</b>	in Independent Residential Home	13	15	10	8	3	8	9	5	12	9	9	8	14%
	in Nursing Home	0	0	0	1	0	0	0	0	0	0	0	0	0%
	in Specialist Residential Facility for younger age groups (<65)	1	2	2	1	1	1	1	1	2	3	3	5	9%
	in Specialist Residential Facility for older age groups	1	0	0	1	2	2	1	0	0	0	0	0	0%
	in care home (EMI/Dementia bed required)	2	1	1	2	2	3	2	1	2	2	3	1	2%
<b>Awaiting completion of care arrangements</b>	for care home placement	1	0	0	0	0	0	0	0	0	1	1	0	0%
	in order to live in their own home – awaiting social care support (non-availability of services)	19	17	19	23	27	26	24	28	30	22	25	35	60%
	in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted	1	0	0	0	1	1	1	2	1	0	1	1	2%
	re-housing provision (including sheltered housing and homeless patients)	5	5	2	3	4	4	5	6	4	4	5	1	2%
<b>Patient and family related reasons</b>														
<b>Legal/Financial</b>	legal issues (including intervention by patient's lawyer) – e.g. informed consent and/or adult protection issues	0	0	0	0	0	0	0	0	0	0	0	0	0%
	Financial and personal assets problem	0	0	0	0	2	0	0	1	0	0	0	0	0%
<b>Disagreements</b>	internal family dispute issues (including dispute between patient and carer)	0	0	0	0	0	0	0	0	0	0	0	0	0%
	disagreement between patient/carers/family and health and social care	0	0	0	0	0	0	0	0	0	0	0	0	0%
<b>Other</b>	Patient does not qualify for care	0	0	0	0	0	0	0	0	0	0	0	0	0%
	family/relatives arranging care	0	0	0	0	0	0	1	0	0	0	0	0	0%
	other patient/carers/family related reason	1	0	1	1	1	2	2	1	1	3	2	1	2%
<b>Complex reasons</b>														
	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate	1	1	1	1	1	0	0	0	0	0	0	0	0%
	awaiting completion of complex care arrangements - in order to live in their own home	1	1	1	1	1	1	1	1	1	1	2	0	0%
	care Home/facility closed	0	0	0	0	0	0	0	0	0	0	0	0	0%
	ward closed – patient well but cannot be discharged due to closure	0	0	0	0	0	0	1	0	0	0	0	0	0%
	patients delayed due to the Adults with Incapacity Act	5	5	8	6	8	4	5	6	7	5	3	5	9%

### Actual length of delayed discharge for patients removed from register

Note that patients can have a number of delay codes during the period that they are delayed. This data refers to the type of delay on removal from the delayed discharge register. In the last quarter 12% of people with a standard delay at removal were delayed for 3 days or less while more than a quarter (27%) were delayed for greater than 6 weeks.

**Table 8** Actual delay for patients removed from delayed discharge register in the last four quarters.

Delay type on removal	Duration of delay	Count				%			
		Jul-18 to Sep-18	Oct-18 to Dec-18	Jan-19 to Mar-19	Apr-19 to Jun-19	Jul-18 to Sep-18	Oct-18 to Dec-18	Jan-19 to Mar-19	Apr-19 to Jun-19
<b>Standard</b>	Between 1-3 days	10	13	12	14	10%	12%	9%	12%
	> 3 days - 2 weeks	42	31	39	35	42%	28%	29%	31%
	> 2 weeks - 4 weeks	22	28	37	18	22%	26%	28%	16%
	> 4 weeks - 6 weeks	11	14	18	15	11%	13%	13%	13%
	> 6 weeks	14	23	28	31	14%	21%	21%	27%
	<b>Total</b>		<b>99</b>	<b>109</b>	<b>134</b>	<b>113</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Complex</b>	Between 1-3 days	0	0	0	0	0%	0%	0%	0%
	> 3 days - 2 weeks	0	0	1	4	0%	0%	9%	36%
	> 2 weeks - 4 weeks	1	1	4	7	10%	20%	36%	64%
	> 4 weeks - 6 weeks	3	0	0	0	30%	0%	0%	0%
	> 6 weeks	6	4	6	0	60%	80%	55%	0%
	<b>Total</b>		<b>10</b>	<b>5</b>	<b>11</b>	<b>11</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Hospital Wait Delay</b>	Between 1-3 days	18	8	42	31	49%	27%	39%	36%
	> 3 days - 2 weeks	16	22	57	48	43%	73%	53%	55%
	> 2 weeks - 4 weeks	3	0	8	7	8%	0%	7%	8%
	> 4 weeks - 6 weeks	0	0	0	1	0%	0%	0%	1%
	> 6 weeks	0	0	0	0	0%	0%	0%	0%
	<b>Total</b>		<b>37</b>	<b>30</b>	<b>107</b>	<b>87</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Delayed Discharge Targets

There are currently two targets in place for delayed discharges in Dumfries & Galloway:

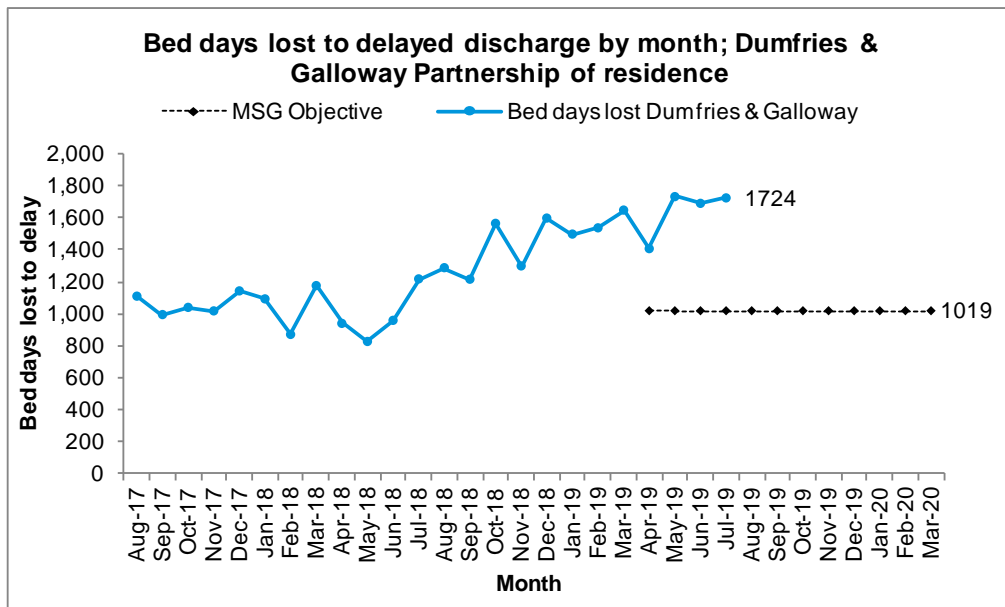
- 3) **MSG Target.** A Ministerial Strategic Group (MSG) for the Scottish Government Health and Social Care Integration Directorate in January 2017 agreed on a set of seven indicators in order to monitor the progress of integration across the health and social care environment. Bed days lost to Delayed Discharges is one of these indicators. The indicators form part of quarterly management reporting from Integrated Joint Boards (IJBs) who are asked to provide to MSG trajectories, targets or objectives for these indicators on an annual basis.
  
- 4) **Local Target.** In July 2019 a target reduction in 75% of bed days lost to delayed discharges to be reached by March 2020 was proposed by Dumfries & Galloway Health & Social Care Partnership.

### MSG target

The agreed MSG objective for 2019/20 was for annual bed days lost to delayed discharges to return to levels achieved in 2017/18 across Dumfries & Galloway Health and Social Care Partnership. In 2017/18 the number of bed days lost to delayed discharges for Dumfries & Galloway residents was 12,228. In 2018/19 the bed days lost to delayed discharges was 15,593. In order to achieve the objective a flat rate of 1,019 bed days lost to delayed discharges per month in 2019/20 would indicate that the objective would be met. So far in 2019/20 the actual number of delayed bed days per month has been exceeding this value and totals 6,553 (Apr-19 to Jul-19 inclusive).

Note that this indicator focuses only on Standard and Complex delay types and is based on a Dumfries & Galloway partnership of residence rather than Dumfries & Galloway board of treatment used in other tables and charts in this report.

**Figure 9** MSG Target bed days lost to delayed discharges for 2019/20.



**Local Target**

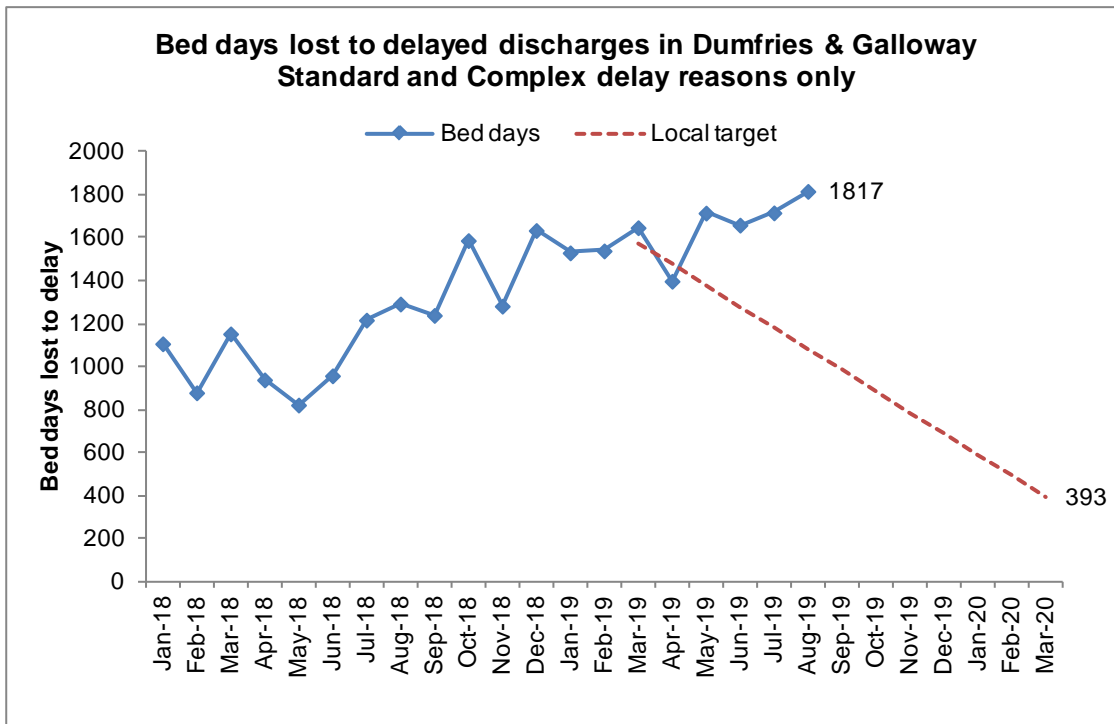
Performance against a target reduction in 75% of bed days lost to delayed discharges to be reached by March 2020 is shown. The target reduction in bed days was calculated from a baseline period which was the average number of monthly bed days lost to delayed discharges in the first quarter of 2019 (Jan-19 to Mar-19).

**Table 9** Target reduction in bed days lost to delayed discharges by end of March 2020

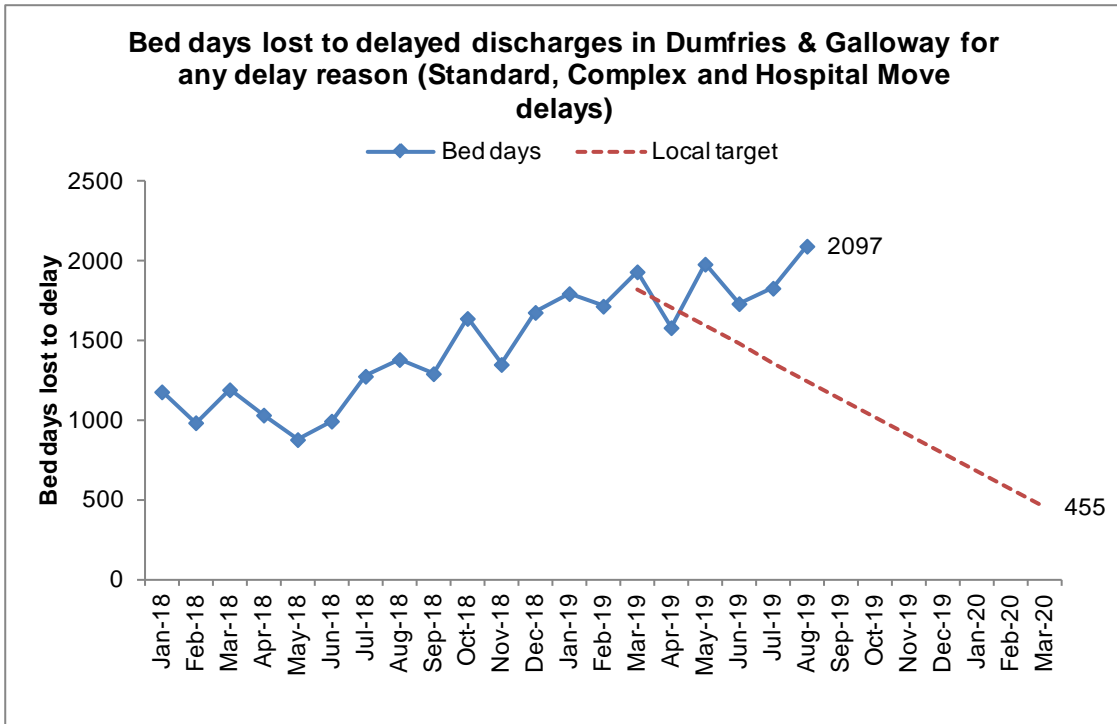
	Standard delays	Complex delays	Hospital Move	Total (Standard and Complex)	Total (any delay type)
<b>Baseline (qtr) Total</b> for Jan-19 to Mar-19	4085	634	736	<b>4719</b>	<b>5455</b>
<b>Baseline (month)</b> Average per month Jan-19 to Mar-19	1362	211	245	<b>1573</b>	<b>1818</b>
<b>Target (month) By</b> March 2020 a 75% reduction	340	53	61	<b>393</b>	<b>455</b>

**Figure 10** Bed days lost to delayed discharges for a) Standard & Complex and b) Standard, Complex & Hospital Move delays. Target bed days at end March 2020 representing 75% reduction from average monthly baseline between Jan19-Mar19.

a) Standard & Complex delays reduction



b) Standard, Complex and Hospital Move delay reduction





**Notes:**

Standard delays	All standard codes based on delayed discharge definitions as of 01 July 2016 <sup>1</sup> (e.g. wait for care/residential home, wait for home care).
Complex delays	Complex delays also known as Code 9 delays are for the limited number of circumstances where a delay in discharge is typically out of the control of the NHS or Local Authority. These would include patients delayed due to awaiting place availability in a high level needs' specialist facility where no facilities exist and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation. It is the latter, Guardianship, that accounts for most of the complex delays in Dumfries & Galloway.
Hospital move delay	These are healthcare related delays and typically refer to a wait in DGRI for a cottage hospital bed or occasionally a wait for a specialist hospital bed outside of the region and were captured under Code 42/42X respectively in the old delayed discharge definitions. These are no longer included in official delayed discharge data reported to ISD since the change in definitions but are still captured locally to monitor patient flow between DGRI and cottage hospitals.

**Data Source for tables and charts:**

Local Dumfries & Galloway delayed discharge database, latest extract date 04/09/2019.

Delay reasons matched to current delayed discharge definitions and relate to delays in NHS Dumfries & Galloway board of treatment.

Data correct at time snapshot taken in each month although data updates to records may occur after this date and may therefore differ slightly from data reported for national returns or in other reports.

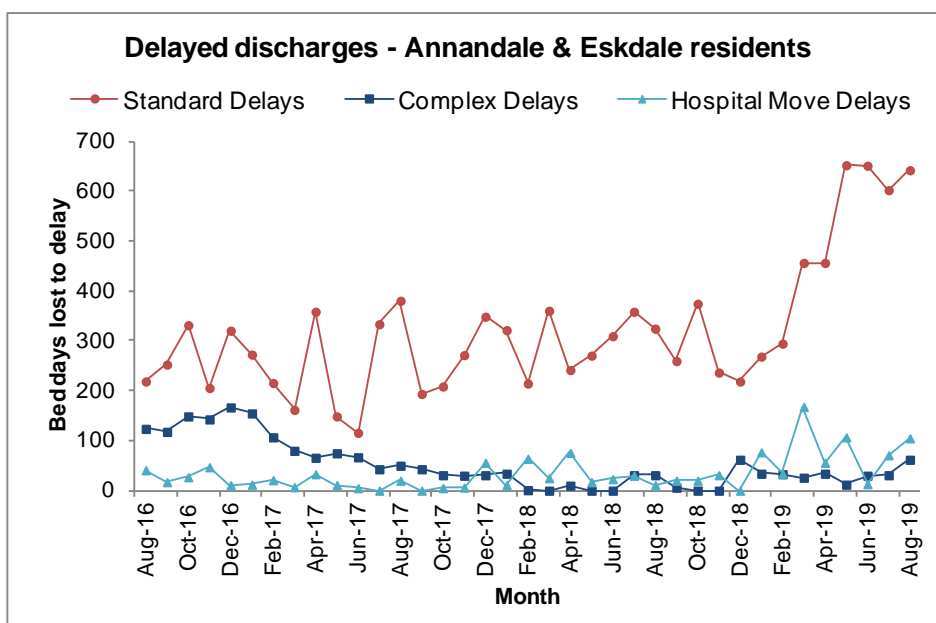
MSG Delayed discharge target uses data from ISD Delayed Discharge publications and relates to people delayed in Dumfries and Galloway local authority of residence. This includes delayed discharge bed days for Standard and Complex delays.

**Delayed discharges - NHS Dumfries & Galloway****September 2019 Locality update****Annandale & Eskdale****Bed Days lost to Delay**

**Figure 11** Bed days lost to delayed discharges across all Dumfries & Galloway sites for Annandale & Eskdale residents

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<sup>1</sup> <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>



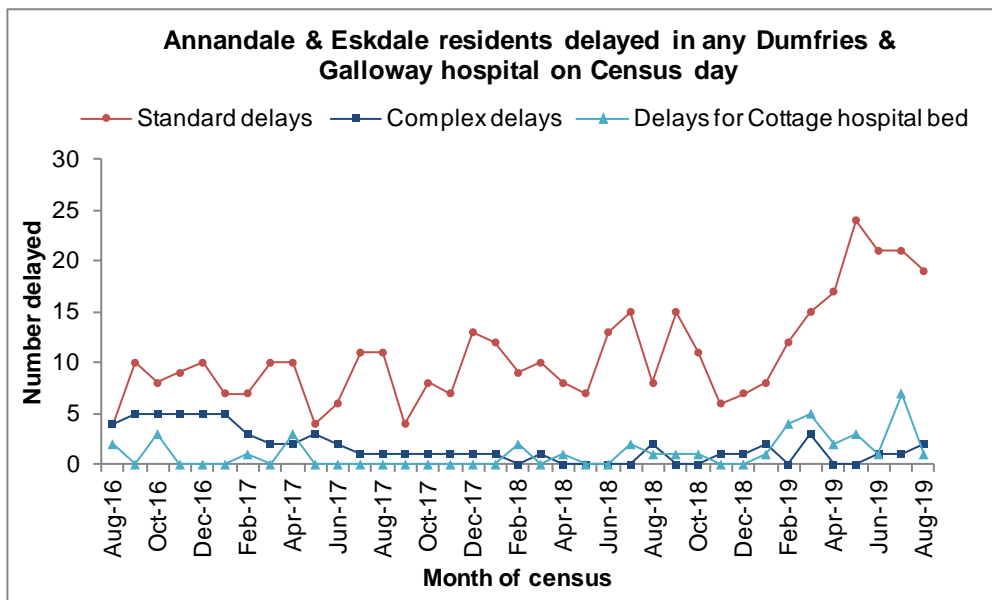
**Table 10** Bed days lost to delayed discharges across all Dumfries & Galloway sites over the last 12 months and comparison to previous 12 month period for Annandale & Eskdale residents. Standard delays also split by; those waiting for place availability in a care or residential home, those waiting for the commencement of a social care package in order to stay at home and all other standard delay reasons.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Total (Sep-18 Aug-19)	Total (Sep-17 Aug-18)	% change
<b>Standard</b>	260	375	237	219	269	295	457	457	653	652	603	643	5120	3454	+48%
Care home placement	29	131	97	37	21	28	65	41	143	194	217	258	1261	687	+84%
Social Care Support – to stay at home	124	174	75	168	206	239	338	359	471	363	316	331	3164	2224	+42%
Other	107	70	65	14	42	28	54	57	39	95	70	54	695	518	+34%
<b>Complex</b>	6	0	0	62	34	33	26	34	12	30	31	62	330	242	+36%
<b>Hospital Move</b>	20	20	31	0	77	34	168	56	107	13	71	105	702	324	+117%
Total (Standard & Complex)	260	375	237	219	269	295	457	457	653	652	603	643	5120	3454	+48%
Total (All delay types)	29	131	97	37	21	28	65	41	143	194	217	258	1261	687	+84%

### Number of people delayed on census day

This data represents people delayed on the last Thursday in the month.

**Figure 12** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Annandale & Eskdale residents



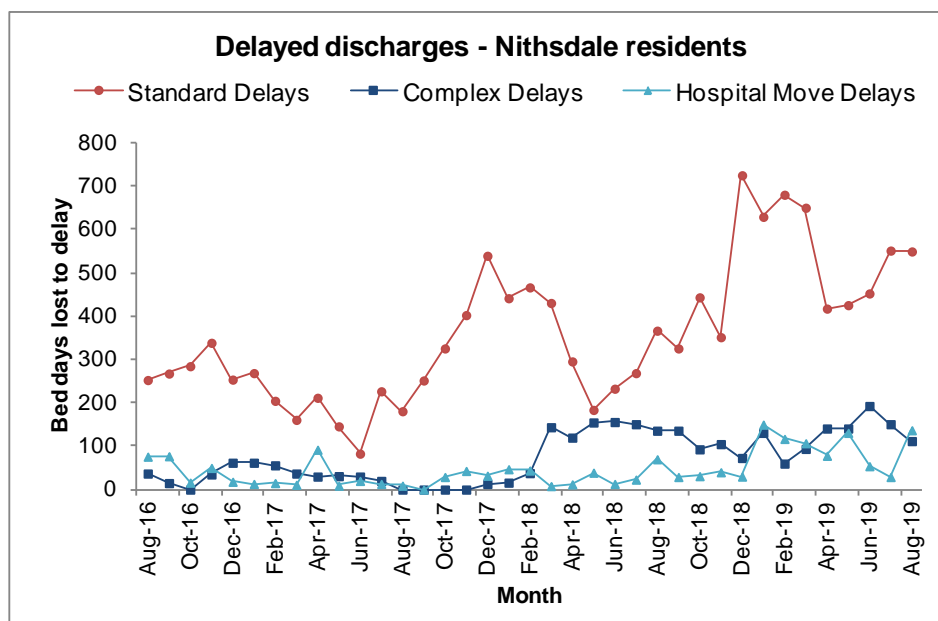
**Table 11** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Annandale & Eskdale Residents.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
<b>Standard</b>	15	11	6	7	8	12	15	17	24	21	21	19
<b>Complex</b>	0	0	1	1	2	0	3	0	0	1	1	2
<b>Hospital Move</b>	1	1	0	0	1	4	5	2	3	1	7	1
Total (Standard & Complex)	15	11	7	8	10	12	18	17	24	22	22	21
Total (All delay types)	16	12	7	8	11	16	23	19	27	23	29	22

## Nithsdale

### Bed Days lost to Delay

Figure 13 Bed days lost to delayed discharges across all Dumfries & Galloway sites for Nithsdale residents



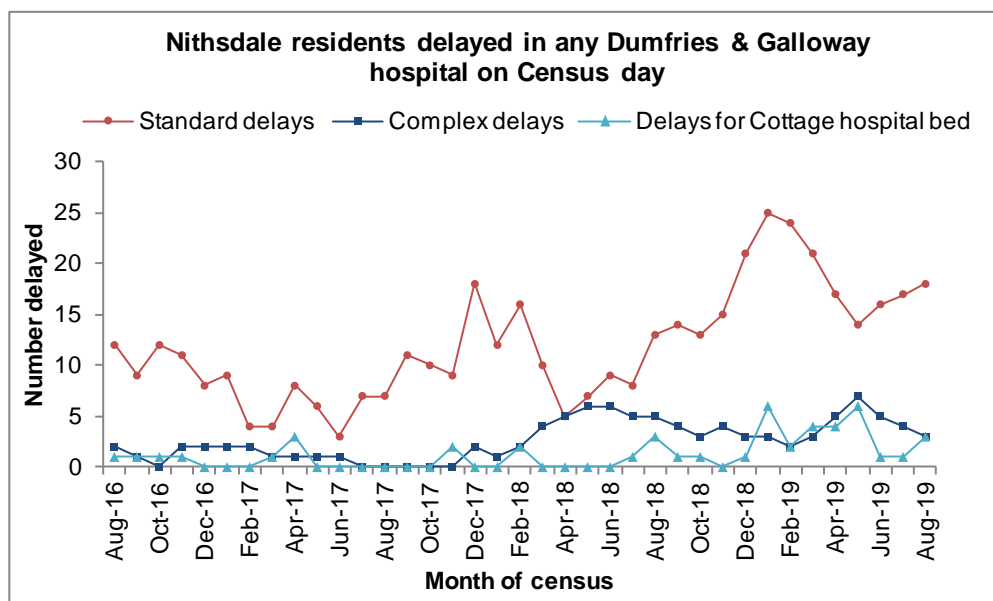
**Table 12** Bed days lost to delayed discharges across all Dumfries & Galloway sites over the last 12 months and comparison to previous 12 month period for Nithsdale residents. Standard delays also split by; those waiting for place availability in a care or residential home, those waiting for the commencement of a social care package in order to stay at home and all other standard delay reasons.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Total (Sep-18 Aug-19)	Total (Sep-17 Aug-18)	% change
<b>Standard</b>	<b>326</b>	<b>444</b>	<b>352</b>	<b>726</b>	<b>630</b>	<b>681</b>	<b>651</b>	<b>418</b>	<b>426</b>	<b>453</b>	<b>552</b>	<b>550</b>	<b>6209</b>	<b>4362</b>	<b>+42%</b>
Care home placement	85	168	192	220	137	148	189	156	164	199	132	155	1945	2009	-3%
Social Care Support – to stay at home	66	121	64	377	383	438	290	169	196	156	291	362	2913	1771	+64%
Other	175	155	96	129	110	95	172	93	66	98	129	33	1351	430	+214%
<b>Complex</b>	<b>136</b>	<b>93</b>	<b>105</b>	<b>73</b>	<b>131</b>	<b>60</b>	<b>94</b>	<b>141</b>	<b>141</b>	<b>193</b>	<b>151</b>	<b>112</b>	<b>1430</b>	<b>929</b>	<b>+54%</b>
<b>Hospital Move</b>	<b>29</b>	<b>31</b>	<b>40</b>	<b>30</b>	<b>150</b>	<b>117</b>	<b>107</b>	<b>78</b>	<b>131</b>	<b>54</b>	<b>29</b>	<b>137</b>	<b>933</b>	<b>360</b>	<b>+159%</b>
Total (Standard & Complex)	462	537	457	799	761	741	745	559	567	646	703	662	7639	5291	+44%
Total (All delay types)	491	568	497	829	911	858	852	637	698	700	732	799	8572	5651	+52%

### Number of people delayed on census day

This data represents people delayed on the last Thursday in the month.

**Figure 14** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Nithsdale residents



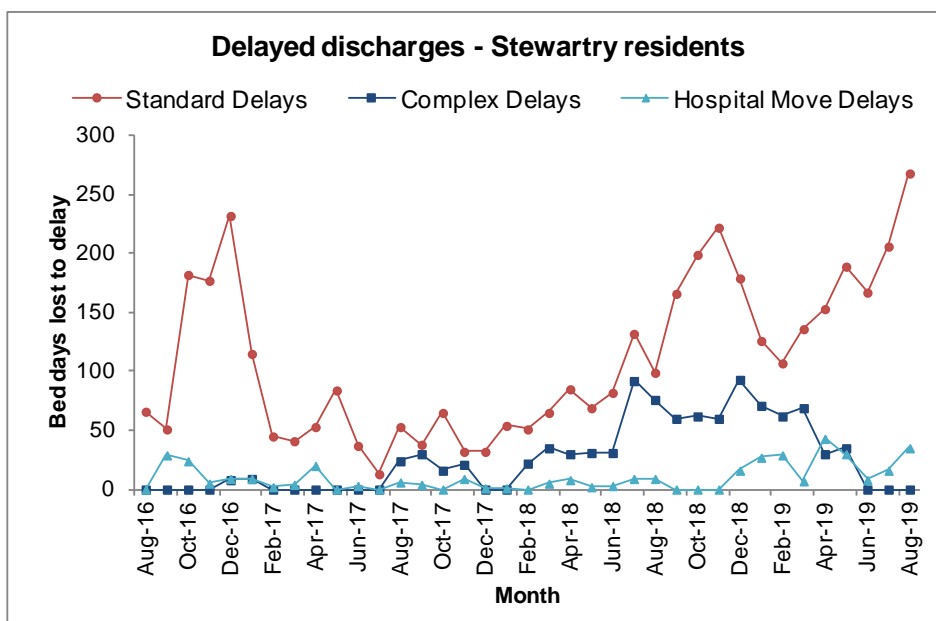
**Table 13** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Nithsdale Residents.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
<b>Standard</b>	14	13	15	21	25	24	21	17	14	16	17	18
<b>Complex</b>	4	3	4	3	3	2	3	5	7	5	4	3
<b>Hospital Move</b>	1	1	0	1	6	2	4	4	6	1	1	3
<b>Total (Standard &amp; Complex)</b>	18	16	19	24	28	26	24	22	21	21	21	21
<b>Total (All delay types)</b>	19	17	19	25	34	28	28	26	27	22	22	24

## Stewartry

### Bed Days lost to Delay

Figure 15 Bed days lost to delayed discharges across all Dumfries & Galloway sites for Stewartry residents



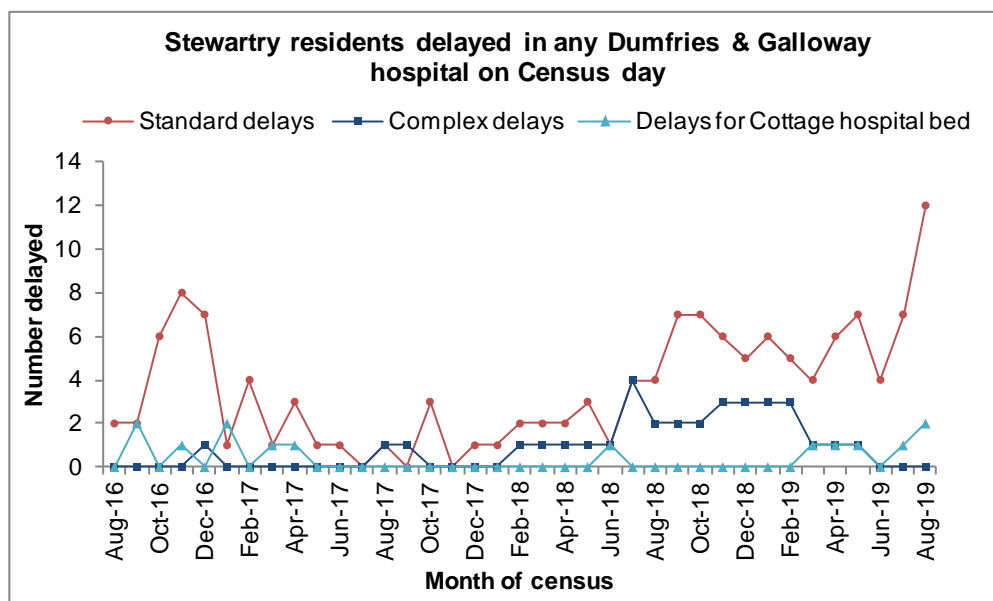
**Table 14** Bed days lost to delayed discharges across all Dumfries & Galloway sites over the last 12 months and comparison to previous 12 month period for Stewartry residents. Standard delays also split by; those waiting for place availability in a care or residential home, those waiting for the commencement of a social care package in order to stay at home and all other standard delay reasons.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Total (Sep-18 Aug-19)	Total (Sep-17 Aug-18)	% change
<b>Standard</b>	166	199	222	179	126	107	136	153	189	167	206	268	2118	844	+151%
Care home placement	0	16	45	19	4	0	14	0	0	17	15	42	172	84	+105%
Social Care Support – to stay at home	126	181	170	116	99	49	38	115	158	144	150	163	1509	433	+248%
Other	40	2	7	44	23	58	84	38	31	6	41	63	437	287	+52%
<b>Complex</b>	60	62	60	93	71	62	69	30	35	0	0	0	542	384	+41%
<b>Hospital Move</b>	0	0	0	16	27	29	7	43	30	8	16	35	211	51	+314%
Total (Standard & Complex)	226	261	282	272	197	169	205	183	224	167	206	268	2660	1228	+117%
Total (All delay types)	226	261	282	288	224	198	212	226	254	175	222	303	2871	1279	+124%

### Number of people delayed on census day

This data represents people delayed on the last Thursday in the month.

**Figure 16** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Stewartry residents



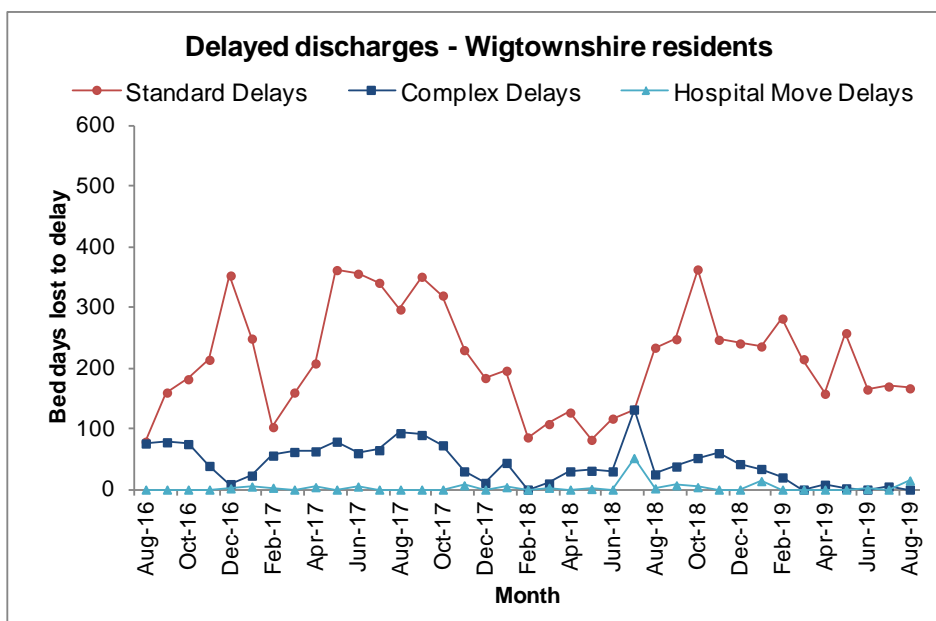
**Table 15** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Stewartry Residents.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
<b>Standard</b>	7	7	6	5	6	5	4	6	7	4	7	12
<b>Complex</b>	2	2	3	3	3	3	1	1	1	0	0	0
<b>Hospital Move</b>	0	0	0	0	0	0	1	1	1	0	1	2
<b>Total (Standard &amp; Complex)</b>	9	9	9	8	9	8	5	7	8	4	7	12
<b>Total (All delay types)</b>	9	9	9	8	9	8	6	8	9	4	8	14

## Wigtownshire

### Bed Days lost to Delay

Figure 17 Bed days lost to delayed discharges across all Dumfries & Galloway sites for Wigtownshire residents



**Table 16** Bed days lost to delayed discharges across all Dumfries & Galloway sites over the last 12 months and comparison to previous 12 month period for Wigtownshire residents. Standard delays also split by; those waiting for place availability in a care or residential home, those waiting for the commencement of a social care package in order to stay at home and all other standard delay reasons.

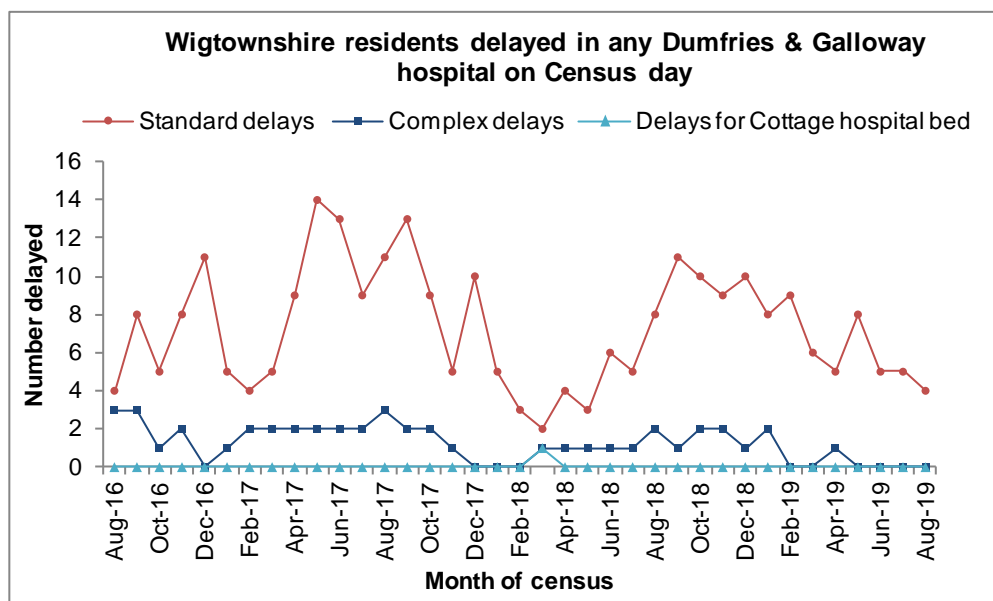
Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Total (Sep-18 Aug-19)	Total (Sep-17 Aug-18)	% change
<b>Standard</b>	<b>248</b>	<b>363</b>	<b>247</b>	<b>241</b>	<b>236</b>	<b>282</b>	<b>215</b>	<b>158</b>	<b>258</b>	<b>165</b>	<b>170</b>	<b>167</b>	<b>2750</b>	<b>2180</b>	<b>+26%</b>
Care home placement	203	231	155	158	132	138	163	91	89	90	83	89	1622	1552	+5%
Social Care Support – to stay at home	38	111	62	52	34	76	13	37	120	13	4	72	632	336	+88%
Other	7	21	30	31	70	68	39	30	49	62	83	6	496	279	+78%
<b>Complex</b>	<b>38</b>	<b>52</b>	<b>60</b>	<b>42</b>	<b>34</b>	<b>20</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>15</b>	<b>276</b>	<b>426</b>	<b>-35%</b>
<b>Hospital Move</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>26</b>	<b>17</b>	<b>+53%</b>
Total (Standard & Complex)	286	415	307	283	270	302	215	166	260	165	175	182	3026	2606	+16%
Total (All delay types)	293	419	307	283	284	302	215	166	260	166	175	182	3052	2623	+16%



### Number of people delayed on census day

This data represents people delayed on the last Thursday in the month.

**Figure 18** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Wigtownshire residents



**Table 17** Number of people with a delayed discharge on monthly census day at all Dumfries & Galloway sites for Wigtownshire Residents.

Delay reason	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
<b>Standard</b>	11	10	9	10	8	9	6	5	8	5	5	4
<b>Complex</b>	1	2	2	1	2	0	0	1	0	0	0	0
<b>Hospital Move</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total (Standard &amp; Complex)</b>	12	12	11	11	10	9	6	6	8	5	5	4
<b>Total (All delay types)</b>	12	12	11	11	10	9	6	6	8	5	5	4

**Notes:**

Standard delays	All standard codes based on delayed discharge definitions as of 01 July 2016 <sup>2</sup> (e.g. wait for care/residential home, wait for home care).
Complex delays	Complex delays also known as Code 9 delays are for the limited number of circumstances where a delay in discharge is typically out of the control of the NHS or Local Authority. These would include patients delayed due to awaiting place availability in a high level needs' specialist facility where no facilities exist and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation. It is the latter, Guardianship, that accounts for most of the complex delays in Dumfries & Galloway.
Hospital move delay	These are healthcare related delays and typically refer to a wait in DGRI for a cottage hospital bed or occasionally a wait for a specialist hospital bed outside of the region and were captured under Code 42/42X respectively in the old delayed discharge definitions. These are no longer included in official delayed discharge data reported to ISD since the change in definitions but are still captured locally to monitor patient flow between DGRI and cottage hospitals.

**Data Source for all tables and charts:**

Local Dumfries & Galloway delayed discharge database, latest extract date 04/09/2019.

Delay reasons matched to current delayed discharge definitions and relate to delays in NHS Dumfries & Galloway board of treatment.

Data correct at time snapshot taken in each month although data updates to records may occur after this date and may therefore differ slightly from data reported for national returns or in other reports.

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<sup>2</sup> <https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>

# Dumfries and Galloway Health and Social Care Partnership Programme Board Horizon Plan

*To be completed and submitted 6 monthly to the Chief Officer*

**Programme Board Title:** Healthy Ageing Programme Board

**Programme Board Chair:** Vicky Freeman

**Date of previous report:** N/A

**Date:** 10 July 2019

**Are the actions reported unchanged from the previous report:** First report

**If yes, please provide details** N/A

<b>Programme Aims and Outcomes</b>
Provides strategic leadership that champions and supports a collaborative, co-productive and inclusive approach to developing strategy and overseeing programme of testing and evaluating change
Adopts the principles and approach to service planning as laid out in the IJB's 'Service Planning Framework'
Ensures tests of change are evaluated against the new health and social care standards * (see link at the end of the document)
Consider the current models and modes of commissioning and procurement and lead on the development and testing of alternative models
Ensures alignment between the work of the HAPB and other key strands of work within the Partnership <b>Group Membership Appendix 1.</b>
Makes recommendations to relevant management teams, committees and boards with regard to the development of services and decisions regarding investment and disinvestment and prioritisation
Supports the delivery of the nine national health and wellbeing outcomes
Provides strategic and operational guidance in relation to services, particularly those services for older adults, across Dumfries and Galloway
Recommends strategic commissioning intentions for Strategic Commissioning Plan

## **Actions to deliver Programme outcomes in Year One**

<b>Action</b>	<b>Action Lead</b>	<b>RAG Status</b>	<b>Comment</b>
<b>Overarching Programme Actions</b>			
Promote and seek to embed the 'Life Curve' as a primary approach	HAPB – Vicky Freeman (Chair)		
Inform and promote workforce development in relation to the anticipated future workforce need relating to healthy ageing	HAPB – Vicky Freeman (Chair)		
Identify possible strategic commissioning intentions for recommendation for inclusion within the Strategic Commissioning Plan	HAPB – Vicky Freeman (Chair)		IJB Workshop – 3 April 2019. On agenda for each of the sub groups
<b>Developing New Ways of Delivering Intermediate Care</b>			
Test a 24 hour Integrated Community Team model in South Machars	Intermediate Clinical Care Sub Group – Graham Abrines (Chair)		Initial agreement with Stephanie Mottram as Locality Manager for Wigtownshire to deliver this through Transforming Wigtownshire

			Programme.
Explore other possible tests of change for the delivery of intermediate clinical care	Intermediate Clinical Care Sub Group – Graham Abrines (Chair)		
Proposal for a new intermediate care service for Annandale and Eskdale and Nithsdale being developed.	Housing with care and support needs Sub Group – Gary Sheehan (Chair)		
<b>Developing Personal Care and Support at Home</b>			
Developing short term options within current framework arrangement for care at home	Care at Home Sub Group – Sandra Smith (Chair)		Proposals will be presented to HAPB on 30 July.
Establish a new framework for care at home provision that takes into account new and changing models of care at home provision	Care at Home Sub Group – Sandra Smith (Chair)		Review of existing framework underway. Exploration of alternative models from other areas.
Support development of a National Care at Home Framework	Care at Home Sub Group – Sandra Smith (Chair)		Members attending national Scotland Excel event on 25 July 2019. The National Care at Home Framework is expected to be completed January 2020.
Understand the pathways of care for people assessed as requiring care and support at home (including lengths of stay)	Care at Home Sub Group – Sandra Smith (Chair)		Mapping of pathways currently underway
Determine key indicators of progress and develop these for regular reporting to HAPB			
<b>Developing Care Home Models</b>			
Establish strong links with partner agencies to explore different models of high level care provision and make proposals to 'pilot' a new model to the HAPB	Care Home Sub Group – Sandra Smith (Chair)		Workshop with a range of stakeholders undertaken on 13 June 2019. Identified areas for further work include: <ul style="list-style-type: none"> <li>• consider use of current care home registration categories</li> <li>• development of multi-purpose facilities that wrap care and support around a person ('ageing in place')</li> <li>• a review of current care assessment tools and processes</li> </ul>
Determine key indicators of progress and develop these for regular reporting to	Care Home Sub Group – Sandra Smith (Chair)		

HAPB			
<b>Developing New Models of Housing with Care and Support</b>			
Develop a strategy for housing care and support that will enable and support operational service planning	Housing with care and support Sub Group – Gary Sheehan (Chair)		Draft strategy to Care and Support Needs Housing Group in July 2019. Consultation will follow and final strategy expected to be signed off by IJB and Council in November 2019
Establish a process for prioritising housing with care and support projects	Housing with care and support Sub Group – Gary Sheehan (Chair)		Sub Group of Health and Social Care Senior Management Team met on 1 June 2019. Five projects in Nithsdale and 2 projects in Annandale and Eskdale were approved to be further developed.
Deliver a joint housing and health and social care event	Housing with care and support Sub Group – Gary Sheehan (Chair)		Initial agreement for a joint event with the Council Strategic Housing Forum.
Develop outline business cases for 2 extra care developments in Annandale and Eskdale (Moffat and Langholm) and submit for approval to progress to develop full business cases.	Housing with care and support Sub Group – Gary Sheehan (Chair)		
<b>Developing Day care and Support</b>			
Implement the 22 recommendations outlined in the Day Services Review	Day Services Sub Group – Linda Owen (Chair)		Work is underway to implement the recommendations and a report on progress is due to the Healthy Ageing Programme Board in July 2019.
Recommission day centres with a newly agreed funding formula	Day Services Sub Group – Linda Owen (Chair)		It is expected that this work will be completed by 1 April 2020
Recommission day care for adults in Dumfries and Galloway	Day Services Sub Group – Linda Owen (Chair)		It is expected that this work will be completed by 1 April 2020

### Planned Actions in Year 2-3 to Deliver Outcomes

<b>Overarching Programme Actions</b>
<ul style="list-style-type: none"> <li>• Evaluation of the 'Life Curve' model</li> <li>• Test and evaluate new models for delivery of care and support that optimise the use of technology</li> <li>• Develop possible strategic commissioning intentions to enable new modes of commissioning within the Strategic Commissioning Plan</li> <li>• Develop, Collect and analyse outcome measures across all care and support to help inform future planning and commissioning</li> </ul>
<b>Care At Home</b>
<ul style="list-style-type: none"> <li>• Deliver a new Care at Home Framework by 1<sup>st</sup> October 2020</li> </ul>
<b>Care Home</b>

<ul style="list-style-type: none"> <li>• Test and evaluate new models for delivery of care and support in multi-purpose facilities ('ageing in place')</li> </ul>
<ul style="list-style-type: none"> <li>• Support and develop the market to offer a good selection and variety of high quality care and support for people to age well in Dumfries and Galloway</li> </ul>
<b>Day Care and Support</b>
<ul style="list-style-type: none"> <li>• Support people who have personal care needs to continue to access day centres</li> </ul>
<ul style="list-style-type: none"> <li>• Encourage a flexible approach to use of day care that supports <ul style="list-style-type: none"> <li>✓ people to attend for short periods of rehabilitation</li> <li>✓ availability of service at a range of days and times</li> <li>✓ the use of technology to support people's long term conditions</li> <li>✓ a model of in reach and outreach for people with dementia who have sensory care needs</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Develop a model whereby the flexibility of SDS is applied to enable people to come together to pool budgets to develop their own day care and support</li> </ul>
<ul style="list-style-type: none"> <li>• Explore the use of schemes such as Shared Lives as options for day care where there are not currently services available.</li> </ul>
<ul style="list-style-type: none"> <li>• Explore opportunities for development of intergenerational models of care and support</li> </ul>

**Planned Actions in Year 3-5 to Deliver Outcomes**

Review and revise Housing with Care and Support Strategy
Shift resources from institutional care to community based care and support
Develop intergenerational housing with care and support
Utilise opportunities within housing with care and support developments to provide services to meet the outcomes of reduced loneliness and isolation
Develop virtual day services

**Identified Challenges and Barriers**


**Key Indicators of Progress**


[\\*Health and social care standards](#)

## Appendix 1.

### Group Membership: Healthy Ageing Programme Board

Vicky Freeman	Head of Strategic Planning (Chair)
Graham Abrines	General Manager – Community Health and Social Care
Sean Barrett	Finance and Information Manager DGC
Claudine Brindle	Manager DG Carers Centre
Dougie Campbell	Cllr DG Council and Chairman of Older Peoples Consultative Group [OPCG]
Andrew Carnon	Consultant in Public Health
Debbie Cochrane	Business and Marketing Director, Stewartry Care UK
Heather Collington	Social Work, Senior Operational Manager DGC
Jim Gatherum	Scottish Care Representative
Viv Gration	Deputy Head of Strategic Planning
Nicole Hamlet	Deputy Chief Operating Officer
Mhairi Hastings	Lead Nurse, Community Health and Social Care
Elaine McCourtney	Independent Sector Lead D&G Scottish Care
Ross McGaw	Principal Manager Reablement and Support
Gail Meier	Deputy General Manager
Denise Moffat	General Manager for Mental Health and Learning Disabilities
Carole Morton	General Manager Acute & Diagnostics
George Noakes	Assistant Performance Business Intelligence Manager
Linda Owen	Strategic Planning and Commissioning Manager
Joan Pollard	Associate Director of Allied Health Professions
Gail Robertson	Delayed Discharge Manager
Gary Sheehan	Health and Social Care Locality Manager Annandale and Eskdale
Sandra Smith	Strategic Planning and Commissioning Manager
Wendy Thomson	Service Manager Reablement STARS
Alice Wilson	Deputy Nurse Director
Jennifer Challinor	Project Officer Care Campus Dumfries and Galloway
Jane MacDonald	Temporary replacement for Mental Health representative, who will attend the 30 July meeting.