

Meeting of
NHS Lanarkshire Board

Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.org.uk



SUBJECT: North Lanarkshire H&SCP Performance/Access Report

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	X
--------------	--------------------------	-----------------	--------------------------	---------	---

2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	-------------------------------------	----------	--------------------------	----------	--------------------------

Prepared following discussion and agreement with

3. SUMMARY OF KEY ISSUES

NL H&SCP has reduced delayed discharge bed days April 18– March 19 in relation to the previous year. Further reductions in bed days continues to be a significant focus for the Partnership.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

Maintaining effective services at a time of high need.

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Monitoring of performance against the plans in place will provide valuable information to inform future planning cycles.

7. FINANCIAL IMPLICATIONS

Financial implications are included in the Director of Finance report.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risks captured on Partnership risk registers

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes.

No

11. CONSULTATION AND ENGAGEMENT

A range of partners have been involved in the development of the arrangements.

12. ACTIONS FOR

The Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact *Ross McGuffie*, *Interim* Chief Accountable Officer, North Lanarkshire Health & Social Care Partnership, Telephone: 01698 858320.

ROSS MCGUFFIE

8th May 2019

PERFORMANCE WITHIN HEALTH & SOCIAL CARE PARTNERSHIPS (HSCP)

1 Delayed Discharges North Lanarkshire H&SCP

Resulting from the Health and Social Care Delivery Plan 2016, Health and Social Care Partnerships have been asked to prioritise 6 key areas by the Scottish Government as follows:

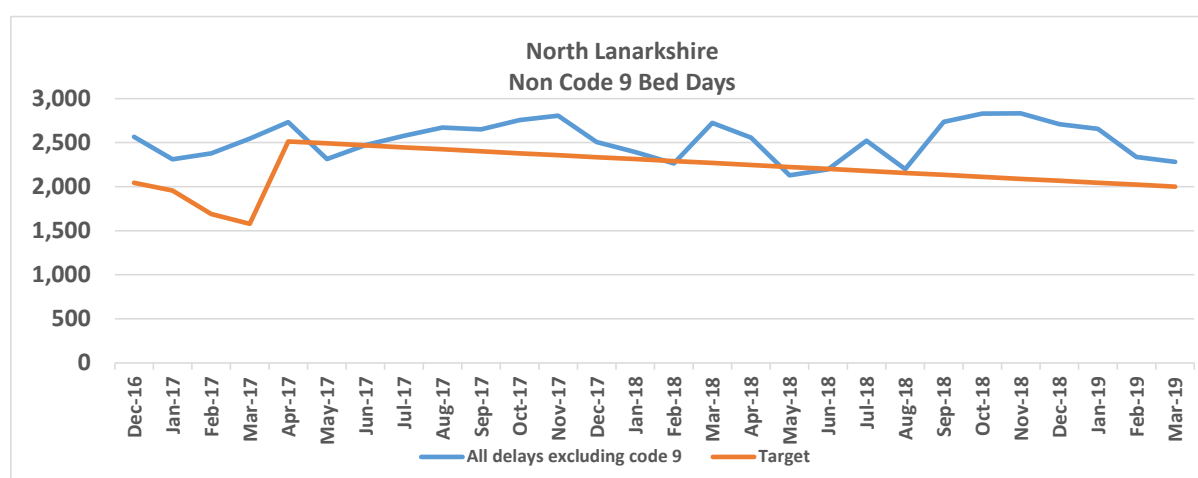
- Emergency Admissions
- Unscheduled Bed Days
- Accident and Emergency Attendances
- Delayed Discharge Bed Days
- End of Life
- Balance of Care

This report will focus on the delayed discharge element of the 6 key areas, it is recognised however that there are co-dependencies across all 6 areas.

1.1. Current Performance Analysis

Performance against Target March 2019

ISD published figures for March 2019 shows the North Partnership did not achieve the target for non-Code 9 bed days, 2280 against a target of 2000, 280 bed days beyond target. However, February and March have seen an improvement from recent months and a move back towards trajectory.



Source: ISD Delayed Discharges.

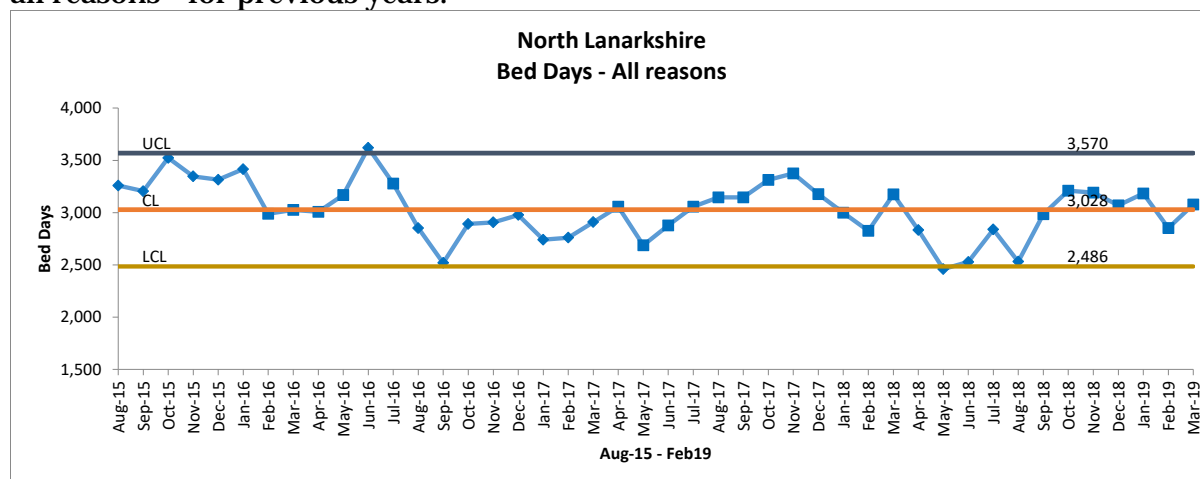
ISD published data shows that H&SCP NL performance during March 2019 was at a similar level to the previous year. Occupied bed days for **all** North Lanarkshire delays decreased by 97 during March 2019 against March 2018, a decrease of 444 bed days for non-code 9 delays and increase of 347 Code 9 bed days.

	Previous year	Current Year	Increase/reduction
Dec	3176	3069	-107 (Decrease)
Jan	2999	3183	184 (Increase)
Feb	2825	2852	27 (increase)
Mar	3174	3077	97 (decrease)

ISD: Occupied bed days All delays

Over the period April 2018 – March 2019 NL H&SCP have reduced bed days for all delay reasons by 2,074 against the same period 2017/18, representing a 5.6% reduction.

The following graph shows upper and lower limits for delayed discharge bed days – all reasons - for previous years.



Source: ISD

1.2 Issues Impacting on Performance

In general there was positive improvement in performance at the turn of the year, due to:

- Demand for complex assessment has remained high over the winter period, having the biggest impact on performance. However, the partnership has supported over 51 people home via Discharge to Assess, which over the longer term should have a significant impact on this area.
- Following the review of the guardianship processes in North, there was a significant improvement in long delays (over 100 bed days), from a previous average of over 10 at any one time. More recently there has been an increase with 10 longer delays at the end of April 2019. This is due to an increased number of patients going through the Guardianship Process. In some cases delays are experienced as families wait for Legal Aid decisions. An MHO is allocated as soon as Legal Aid is granted. The service is reviewing how the process can be streamlined further but is reliant on families and solicitors being proactive.
- Home Support related bed days have improved significantly over 2019/20, currently 196 fewer bed days in comparison with March 2018. There were some areas of pressure showing in January and February 2019. Individual Locality plans are in place to bring performance back in line.

1.3 Commissioning Intentions for 2018/19

In March 2018, North Lanarkshire Integration Joint Board (IJB) approved the Strategic Commissioning Plan, which set out the key intentions for delivery in 2018/19. An overarching intention was the implementation of the Integrated Service Review Board (ISRB) report, which covers a number of pertinent elements to supporting improved delayed discharge performance:

Commissioning Intention	Progress
Integrated Locality Teams	<p>The integrated rehabilitation teams continue to develop across all six Locality areas, playing a significant role in the development of the discharge to assess model described below. The current focus on development for the teams is around:</p> <ul style="list-style-type: none"> • Discharge to assess • In-reach to off-site facilities to improve throughput and focus on rehabilitation
Reconfiguration of Home Support services	<p>The new model of Home Support continues to roll out, with all Localities expected to have 3 reablement teams in place by June 2019. Prior to the new model being implemented, the aim was to have 50% of new or increased packages of care commencing with Reablement, with the target changed to 70% on the roll out of the new model. At the end of Quarter 4, performance was at 67%, with the service on track to meet the 70% target by year end, highlighting a significant change in practice over the last 12 months.</p> <p>The next development in Home Support will be the roll out of dynamic scheduling, with the aim of creating a more efficient and quality-driven service, that is better able to meet the specific requirements of individuals.</p>
Discharge to Assess	<p>The first tests of the Discharge to Assess (D2A) model have commenced with the aim to incrementally increase the approach across both sites. The greatest challenge had been the identification of suitable patients early enough in their journey. Two AHP coordinators are now in post (one in each site) and this has had a significant impact on performance, with over 108 referrals received and 51 discharged with D2A. This has significantly reduced the overall length of stay for D2A patients</p>

The commissioning intentions described are aimed at creating an integrated community infrastructure that is much better placed to follow a patient's journey through hospital and support a proactive discharge to allow further assessment and rehabilitation/reablement to take place in the person's own home.

1.4 Specific Actions to Address Unscheduled Care and Delayed Discharges

In addition to the above, H&SCNL has also developed a Delayed Discharges Action Plan in conjunction with members of the Unscheduled Care/Delayed Discharge Board to secure improvement and where appropriate change existing pathways and practice. In summary, the key actions within this are:

Action	Progress
Review Edinburgh's AWI model, which was supported by SG	<p>A review group was formed in North Lanarkshire to review the AWI pathway. The group produced a new standardised pathway and escalation protocol, in line with the national best practice statement.</p> <p>The new approach is now fully operational and had been showing improved performance from the previous year. However at the end of April 2019 the number of delays had risen to 10 over 100 days.</p>
Guardianship Pilot	<p>A test of change is underway based on models currently underway in both Glasgow and Ayrshire to support individuals undergoing the guardianship process to be moved to a more homely environment in a NHS-purchased care home bed.</p> <p>In line with the new AWI pathway noted above, this will enable much improved patient outcomes, whilst freeing up capacity within the acute sites.</p> <p>The medical model for the pilot is finalised with GPs providing cover through the existing GP Care Home Enhanced Service, and two North Care Homes have agreed to participate.</p> <p>The first moves did not take place in April 2019, now actively pursuing two cases with families.</p> <p>The pilot will run for 3-6 months and a full evaluation is taking place as part of the process, which will include taking the views of patients, families/carers, GP Practices, Care Homes etc.</p>
Group to develop future model of 'Discharge to Assess'	<p>The Long Term Conditions and Frailty implementation group has been formed to coordinate the roll out of integrated locality teams, rehab model and discharge to assess (as described in section 1.3)</p>
Review model of intermediate care and cottage hospitals	<p>The new model of Intermediate Care for North Lanarkshire was approved at the June meeting of the IJB and an implementation group is now being formed to roll out the model. A separate Social Work implementation group has also been created to coordinate the closure of Monklands House intermediate care home.</p>

Ongoing actions which are continuing to be taken to improve performance include:

- Additional MHO sessions recruited in SW to support improved management of AWI cases;
- Changes to Home Support processes and ongoing recruitment to the additional Locality Reablement teams;
- Weekly partnership conference calls with Hospital and Locality teams to coordinate complex discharges;
- Roll out of new AWI guidance notes to streamline the guardianship application process, including escalation procedures around each step;
- Roll out of integrated rehab teams and creation of integrated Long Term Conditions and Frailty teams across North Lanarkshire, supporting a move to a model of Discharge to Assess/Same Day Assessment;
- Ongoing implementation of agreed actions around complex assessment, care home choice protocol and AWI.

2.0 PERFORMANCE AGAINST NATIONAL AND LOCAL AHP, PSYCHIATRY AND PAEDIATRIC AND CHILDREN AND YOUNG PEOPLES SERVICES WAITING TIMES TARGETS/STANDARDS

The waiting times data contained in this report is provided by information services and the Director for Psychological Services and is unvalidated/unpublished. This report is for the performance period from the 1st to 31st March 2019 and was examined/reviewed at the Waiting Times and Capacity Planning Group meeting held on the 29th April 2019.

2.1 Allied Health Professions

Senior staff members in each of the individual AHP services triage all patients attending. (Triage is a method of determining the clinical priority of patient treatments based on the severity of their condition).

Patients with clinical conditions considered “urgent” or have “red flags” are seen within 24 to 48 hours of referral. Examples of these conditions would include, patients with Cauda Equina Syndrome, (a severe neurological condition causing loss of function of the lumbar plexus, within the spinal cord), or diabetic foot ulcers, etc.

2.2 AHP and Community Services

The undernoted provides an overview of performance for all AHP services hosted by North Lanarkshire H&SCP:

Service	Compliance	Target (Local/National)	Waiting >12 weeks	Hosted
Podiatry Biomechanical MSK Service	100.0%	Local 12 week	0	North
Speech & Language Therapy Children and Young People	76.9%	Local 12 week	237	North
Speech & Language Therapy Adult	99.2%	Local 12 week	1	North
Podiatry Service (excl MSK)	99.8%	Local 12 week	2	North
Podiatry Service - Domiciliary Appts	100.0%	Local 12 week	0	North
Dietetics	96.7%	Local 12 week	13	North
Medical Children and Young People - Cons Led service	97.8%	National 12 week	17	North
Community Claudication Service	100.0%	Local 12 week	0	North/South

Data for the AHP and Community Services who are the subject of a local or National waiting time target and who are not achieving performance targets March 2019, are

displayed in table below: Where the target is outwith parameters, additional information can be found below.

AHP and Community Services	Waiting Times Target	March 2019 12 Week % Performance	Longest Wait in Weeks	Number of Patients Waiting Beyond the 12 Week Target	Localities / site with the longest wait
Children and Young Peoples Speech and Language Therapy (C&YP SLT)	Local Target of 12 weeks	76.9% (74.2%)	25 (24)	237 (247)	Wishaw (Wishaw)
Source: Information Services. Unvalidated Colour Code: Amber up to 5% off Target, Red more than 5% off Target Figures in parenthesis equate to previous month's performance					

2.3 Speech and Language Therapy Children and Young people

Performance Commentary

Performance has deteriorated since January – there are 247 children waiting over 12 weeks although the longest waiting time has decreased from 27 to 24 weeks due to overtime hours in Motherwell.

There has been a 2.3% increase in requests for assistance in the same time period as last year (April-Feb)

Current performance:

March 2019	76.9%
February 2019	74.2%
January 2019	84%
December 2018	84%

Number of people waiting beyond target:

March 2019	237
February 2019	247
January 2019	201
December	146

Longest patient wait: 24 weeks Wishaw

Additional hours

- Overtime hours in Motherwell have been successful in reducing the waiting time from 27 to 11 weeks.

Recruitment

- March 2019 all vacant posts are under recruitment and vacancy rate is within the 6% tolerance level.

Trakcare

- One major issue for the service was the lack of an electronic system for managing clinics. Clinic builds have been completed for Hamilton CYP Service as trialled on 26 February. The Go Live Date for the service was 6th May. This will commence in Hamilton locality as a trial with roll out thereafter.

Future issues:

The Service is anticipating additional demand due to changes to the neurodevelopmental pathway (ND), and the need to address children

currently awaiting diagnosis of ASD in the current model, before the new ND pathway is established. This may adversely affect clinic waiting times.

2.4 Psychological Therapies RTT (Adult and CAMHS)

Psychological Therapies RTT (Adult and CAMHS) waiting times for **March 2019**.

- Within *Adult Psychological Services*, **81%** of patients commenced psychological therapy within 18 weeks, against the 90% RTT standard
 - For patients who have not yet commenced treatment **90.34%** have been waiting 18 weeks or less
- Within *CAMHS*, **80.8%** of patients commenced psychological therapy within 18 weeks
 - **76.23%** of patients awaiting treatment have been waiting 18 weeks or less
- The combined Adult and CAMHS RTT for March 2018 showed **81%** of *all* patients commenced psychological therapy within 18 weeks of referral

As previously noted, both Adult and CAMHS waiting times are subject to seasonal fluctuation in demand, and capacity is impacted by previously noted staffing pressures across the system in relation to high rates of maternity leave, and recruitment difficulties.

It is important to acknowledge that the RTT is based upon the number of patients commencing treatment *within* 18 weeks. Therefore, the more that our services see patients who have exceeded 18 weeks, the lower the actual RTT percentage will be. In essence, in a month when teams manage to tackle a lot of long waits, RTT performance will appear to be poorer, because a higher percentage of the patients seen will have been waiting over 18 weeks.

In analysing trends, over the past four months (Dec to March)

- Percentage of PT patients waiting <=18 weeks generally sat at around 90%
- Percentage of PT patients completing waits at <=18 weeks was more variable, ranging from 81-90%, averaging out at 85%.
- Referral numbers steadily increased from 1046 referrals in December, to 1335 in March

ISD continues to publish waiting times data across HBs, but caution is needed in comparing one Board with another, and from a technical perspective data should only be compared from one month/quarter to the next, within the Board.

March 2019	Adult Psychological Services Psychological Therapies	CAMHS Psychological Therapies	Overall
No. of Patients Waiting (Overall)	1708 (1588)	927 (1099)	2470 (2687)
Longest Wait Overall (Weeks)	34 (30)	48 (47)	48 (47)
% Waiting <= 18 Weeks (Overall)	90.34% (93.8%)	76.23% (77.4%)	84.47% (87.1%)
No. of Completed Waits	327 (562)	177 (141)	504 (703)
% Completed Waits <=18 Weeks	81% (86.0%)	80.8 (68.8%)	81% (82.5%)

Please note data excludes Camglen Locality, however, following development, the Camglen data will be included in reports from April 2019 onwards.