

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD – 14 FEBRUARY 2018

### WINTER PLANNING UPDATE

#### 1 Recommendation

The IJB is recommended to:

- 1.1 **Acknowledge performance over the initial months of winter and endorse the current approach to managing winter pressures adopted by the Aberdeenshire Health and Social Care Partnership.**
- 1.2 **Agree to receive a further report detailing a full review of the Aberdeenshire Health and Social Care Partnership's winter performance.**

#### 2 Risk

- 2.1 This report relates to IJB Risk 1, 2 and 8.  
IJB 1 – Sufficiency of resources  
IJB 2 – Health and social care policy  
IJB 8 – Working with partner organisations
- 2.2 IJB 1 - Winter planning coordinates the most effective use of Aberdeenshire resources within the larger Grampian health and social care system and seeks to create a coordinated and efficient approach to winter surges in demand.
- 2.3 IJB 2 - Each NHS Board and health and social care partnership is required to plan for increases in demand related to the winter period. The absence of winter planning would constitute a lack of adherence with national direction.
- 2.4 IJB 8 - Without comprehensive winter planning which reflects Aberdeenshire's position within a larger health and social care system there is a risk sectors will not fully align resources in the best interests of patients and service users.

#### 3 Background

- 3.1 The Integration Joint Board (IJB) has received regular reports and participated in several development sessions on winter planning and delayed discharge. Extra funding was provided by the Scottish Government to reduce winter pressures and through the development of a Priority Discharge Action Plan this has been committed to establish resources such as Priority Discharge Care Managers and Intermediate Care Resources.

- 3.2 The Aberdeenshire Health and Social Care Partnership (H&SCP) Winter Plan was presented to IJB members on 25 October 2017. This Plan has been developed over many years and reflects the positive collaborative working which take place across all sectors. Whilst the plan is intended to assist with our response to a variety of circumstances and situations it is inevitable the festive period and the consequential 4 day closures will produce additional challenges. As members may recall the lead up to Christmas was preceded by cold temperatures which led to an increase in the number of people sustaining injuries. Aberdeenshire teams have been commended by acute sector colleagues for ensuring people were helped to go home or transferred from acute hospitals to local community hospitals, both prior to and over the festive period.
- 3.3 Whilst the winter period extends into March/April the early evidence suggests our approach to winter planning has proved successful. The Reshaping Care at Home Programme of work is intended to create resources which maintain as many people at home or as close to home as possible. Data gathered by the Aberdeen Royal Infirmary Discharge Hub for December 2017 and January 2018 indicate referrals for Aberdeenshire resources remained consistent with 2016/17 activity, whilst overall activity increased by 17%. This suggests the resources in place across health & social care are having a positive impact on the whole system and by doing so enabling people to remain in their communities.
- 3.4 Relationships across all sectors have remained very good with morning huddles taking place with daily involvement of colleagues from North, Central and South Aberdeenshire. Whilst a significant investment of time, it is clear this results in a system which operates effectively and leads to better outcomes for individuals. The most important function of the daily huddle is to ensure individuals get the right care, at the right time, in the right place.
- 3.5 In addition to the increased demands placed on the acute hospital system there was also a significant number of individuals across Aberdeenshire who experienced illness. This also included staff members and it is testament to the teams that high quality health & social care services continued to be delivered during this time.

#### **4 The Current Number of People Delayed**

- 4.1 Chart 1 and Table 1 indicate the current number of people who remain in hospital whilst being medically fit for discharge. There was a steady decline in the number of people delayed between September 2016 and August 2017. Numbers have increased over the early months of winter rising to 60 in December 2017. Initial analysis of this period suggests the main factors relate to increased levels of individuals requiring high levels of care and support, such as large care packages or admission to a care home. This pattern of higher than normal levels of people with complex needs is consistent with the whole system and in particular acute hospitals. In addition, it is evident there is a broadly fluctuating position across each area of Aberdeenshire with no apparent trend in the number of people delayed. In all occasions every effort is made to ensure people are



discharged in line with their holistic needs to ensure positive outcomes and this may mean it is advantageous to remain in hospital for a period beyond being medically fit.

- 4.2 Early feedback suggests the position has greatly improved throughout January with the indicative number of people delayed in hospital reducing to 46. Multi-disciplinary teams have worked closely with individuals, families and wider support networks to ensure every available option is considered and people are able to move to a more appropriate environment as soon as possible. The improving position is encouraging, however performance will continue to be monitored closely.

Chart 1 - Monthly number of delayed discharges as at monthly census point

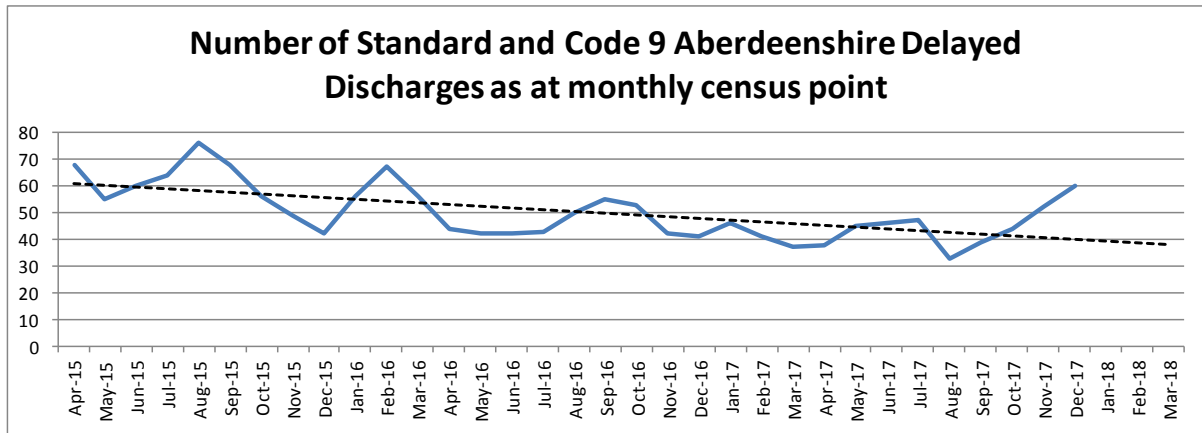


Table 1 - Number of Delayed Discharges as at monthly census point by length of delay

Monthly Census Point	Standard Delays			Code 9 (Complex) Delays			Total		Total Delays
	14 Days & Under	Over 14 Days	Total	14 Days & Under	Over 14 Days	Total	14 Days & Under	Over 14 Days	
Apr-15	25	26	51	3	14	17	28	40	68
May-15	20	19	39	0	16	16	20	35	55
Jun-15	25	16	41	0	19	19	25	35	60
Jul-15	17	34	51	0	13	13	17	47	64
Aug-15	24	37	61	1	14	15	25	51	76
Sep-15	16	41	57	0	11	11	16	52	68
Oct-15	17	26	43	0	13	13	17	39	56
Nov-15	18	23	41	0	8	8	18	31	49
Dec-15	14	20	34	2	6	8	16	26	42
Jan-16	20	27	47	1	8	9	21	35	56
Feb-16	17	33	50	3	14	17	20	47	67
Mar-16	19	27	46	1	9	10	20	36	56
Apr-16	13	21	34	1	9	10	14	30	44
May-16	18	17	35	2	5	7	20	22	42
Jun-16	14	22	36	1	5	6	15	27	42
Jul-16	16	17	33	1	9	10	17	26	43
Aug-16	18	20	38	1	11	12	19	31	50
Sep-16	16	27	43	2	10	12	18	37	55
Oct-16	16	29	45	0	8	8	16	37	53
Nov-16	9	26	35	0	7	7	9	33	42
Dec-16	12	22	34	1	6	7	13	28	41
Jan-17	21	19	40	0	6	6	21	25	46
Feb-17	17	17	34	2	5	7	19	22	41
Mar-17	11	17	28	1	8	9	12	25	37
Apr-17	13	17	30	2	6	8	15	23	38
May-17	16	20	36	3	6	9	19	26	45
Jun-17	15	20	35	1	10	11	16	30	46
Jul-17	16	21	37	0	10	10	16	31	47
Aug-17	10	18	28	0	5	5	10	23	33
Sep-17	13	18	31	1	7	8	14	25	39
Oct-17	13	26	39	0	5	5	13	31	44
Nov-17	20	27	47	0	5	5	20	32	52
Dec-17	15	40	55	1	4	5	16	44	60

## 5 Bed Days Lost to Delays in Discharge

5.1 Bed days lost to delays in discharge (Chart 2 & Table 2) is a clear indicator of the impact delays in discharge has across the hospital system. Every day a person remains in a hospital bed beyond being medically fit for discharge is counted and a running total maintained across the period of a year. Table 2 shows there was a 30% reduction in bed days lost to delays in discharge in 2016 compared to 2015. Whilst the actual number of people delayed in hospital reduced the average length of delay also reduced during this period. It is expected the number of bed days lost to delayed discharge will increase during December however it is expected the figure for 2017 will represent a significant improvement on previous years.

Chart 2. Number of Bed Days Lost to Delays in Discharge (Aberdeenshire H&SCP)

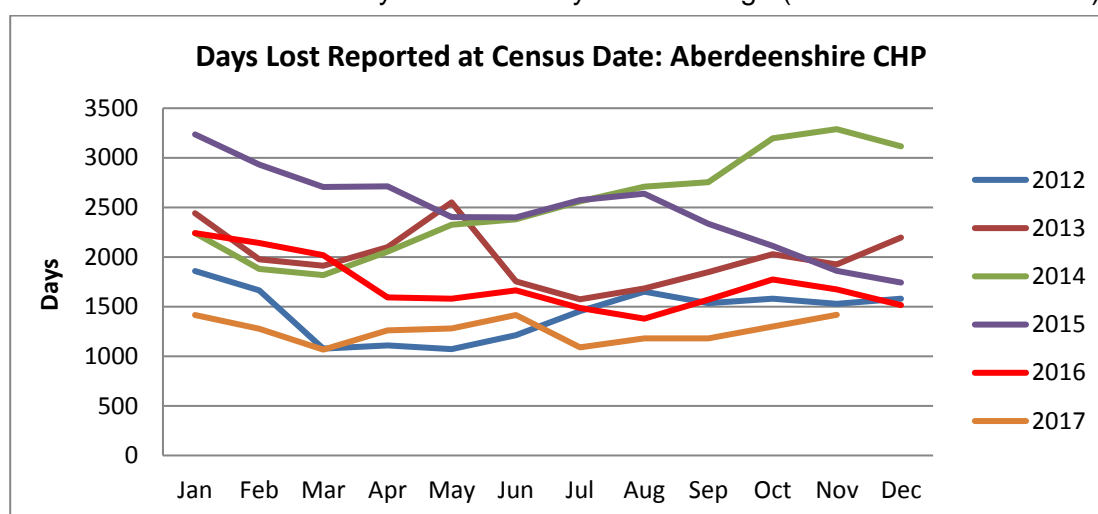


Table 2 – Total Bed Days Lost to Delays in Discharge

2012	2013	2014	2015	2016	2017
1859	2440	2243	3236	2241	1417
1665	1976	1879	2933	2141	1278
1077	1912	1818	2706	2020	1067
1110	2100	2055	2712	1594	1261
1072	2551	2326	2403	1581	1280
1214	1753	2380	2399	1663	1416
1455	1574	2562	2574	1486	1089
1650	1685	2709	2637	1379	1179
1535	1848	2754	2334	1571	1179
1581	2029	3197	2114	1773	1298
1530	1926	3289	1861	1675	1418
1581	2196	3117	1743	1515	*
<b>17329</b>	<b>26003</b>	<b>30329</b>	<b>29652</b>	<b>20639</b>	<b>13882</b>

\* The validated December 2017 bed days lost will be available in February 2018.

## 6 Conclusion

- 6.1 The early phase of this winter 2017/18 has proved very challenging for the entire health & social care system with the impact of winter illness and adverse weather leading to increased demand. The plans in place have broadly enabled the partnership to both maintain high quality services within Aberdeenshire and also contribute positively to the wider health system.
- 6.2 A further paper will be provided to the IJB following a full review of Aberdeenshire's winter performance. Feedback will also be included from the Grampian-wide winter debrief which includes the participation of Aberdeenshire officers.

## 7 Equalities, Staffing and Financial Implications

- 7.1 An equality impact assessment is not required as the report has no differential impact on people with protected characteristics.
- 7.2 There is no direct staffing or financial implications contained within this report.
- 7.3 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and any comments have been incorporated within the report.

**Iain Ramsay**  
**Partnership Manager (South)**  
**Aberdeenshire Health & Social Care Partnership**

Report Authors: Ian Powell/Rieta Vilar  
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