Dear Cabinet Secretary for Health and Sport,

DELAYED DISCHARGES

Thank you for your letter of 17 October responding to the Health and Sport Committee’s letter on delayed discharges.

As a Committee we have considered your response and agreed to provide some further comments as well as seeking clarification on some of the information you provided. At the Committee’s meeting on 25 October you told the Committee if all health and social care partnerships were delivering the performance of the top 25 per cent in relation to delayed discharge the number subject to such delays would be reduced by 50 per cent. We are keen that our scrutiny of this issue seeks to support the work required to overcome the hurdles and deliver best practice in eradicating delayed discharges from the system.

Person centred care

We welcome and support your view that the person’s care pathway is more important than the focus on acute beds and that the emphasis should be to reable people to return home to live as independently as possible. However, taking your commitment on the importance of the focus on the person into account we are concerned that if data is only collected on delayed discharges from hospital this does not provide an assurance that an individual throughout their whole care pathway is receiving care in the most appropriate setting.

We have considered your comments on the merits of the use of intermediate and interim care facilities and agree that they can provide a more appropriate setting for an individual to receive care than an acute setting. However, we believe either there are some instances where an individual in these settings is ultimately not in the most...
appropriate setting or is waiting for a transfer to the ultimate setting intended for them.

We also wish to draw your attention to some further evidence we have received from East Ayrshire Health and Social Care Partnership. East Ayrshire states in relation to the information which should be captured on delayed discharge statistics that “including interim facilities is logical where the facility is no longer the most appropriate place for the individual to receive support.” They note consideration would need to be given to ensuring capture of these statistics was not unduly burdensome. Ultimately, however, the partnership’s response acknowledges there are instance of delays in this type of facility which are not currently captured.

We therefore remain of the view that data should be collected on instances where interim and intermediate settings are no longer the most appropriate place for the individual to receive support. We would support and see value from this information on such delayed discharges being captured separately alongside the information currently collated for the acute setting. We believe adopting this approach would provide all with a more accurate insight into assessing the care an individual receives throughout their care pathway. We would appreciate your views on our position.

Cost of delayed discharge

In your letter to the Committee you indicate you are assured the funding for delayed discharges has been used appropriate. We also note your comments on challenges in precisely accounting for the overall spend on delayed discharge. If the overall spend on the issue is unknown we are interested in understanding on what information you are able to base your assurance the additional funding has been appropriately spent? We remain unclear how it is possible to assess the effectiveness of spending on delayed discharge and base decisions on its value for money in the absence of this information.

As you will be aware as part of our strategic plan we have committed to scrutinise policy issues in relation to their preventative focus. We recognise this poses certain challenges in identification etc. and we are therefore interested in establishing how much of the spend on delayed discharge is allocated to preventative spend and how outcomes from the spend and value for money are being assessed.

Care pathway

We welcome your support for our view there can be a culture of risk aversion in the acute sector. We also agree with your comments on encouraging more emphasis be placed on the wishes of individuals in treatment decisions. We would therefore repeat the request we made in our original letter for information on what the Scottish Government is doing to support this culture change.

Reference was made in your letter to the innovative approaches to flexible and reliable care being undertaken in particularly rural parts of Highland. We would welcome further detail on these practices together with information on how these practices are being shared with others and how they operate in relation to rural challenges.
Code 9 Delays

Our original letter requested information from the Scottish Government about whether the issues associated with guardianship applications in Glasgow were replicated in other areas of Scotland. We would welcome this information to assist us in understanding the extent of delays across the country.

Adults with incapacity legislation

Having considered your detailed response to our questions regarding the adults with incapacity legislation we recognise this is a complex area that requires careful consideration. We do believe however that until changes are made in this policy area there will continue to be delays in the system which impact negatively on people receiving care and cause significant additional financial costs from the health budget.

Your letter suggests a policy approach to address the problem has been determined but will be delayed while other potential changes to the Act are further consulted on in 2017. While we would be interested in the wider timetable we are clear changes resolving the above delays and costs need to be made as soon as possible. We would welcome amending legislation to address this particular area being brought forward as soon as possible and we would be pleased to consider in early 2017 any such small amending measure.

We fully support your aspiration to eradicate all delayed discharges. We hope our work in this area can support the changes required to ensure this aspiration can become a reality.

It would be much appreciated if you could respond to this letter by 22 November.

Yours sincerely

Neil Findlay MSP
Convener of the Health and Sport Committee