



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 June 2024
Agenda Item	10
Title	Specialist Learning Disability Inpatient Services Performance Report 2023/24
Summary	
<p>This paper provides the Performance and Audit Committee with data on the performance of Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity throughout 2023/24. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.</p>	
Presented by	Tom Kelly, Head of Adult Services: Learning Disability and Recovery
Action Required	
<p>Performance and Audit Committee are asked to note and comment on the report.</p>	

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 June 2024

Report by Chief Officer

SPECIALIST LEARNING DISABILITY IN PATIENT SERVICES
PERFORMANCE REPORT 2023/24

PURPOSE OF REPORT

1. The purpose of this paper is to provide data on the performance of Specialist Learning Disability Inpatient Services with a particular focus on admission and discharge activity throughout 2023/24. The aim is to ensure visibility of the key issues for patients as well as highlighting areas for improvement.

RECOMMENDATION

2. Performance and Audit Committee are asked to note and comment on the report.

BACKGROUND

3. This report focuses on activity relating to our assessment and treatment services (Blythwood House and Claythorn House) which have 27 beds across the two sites. The service is available to people with a learning disability residing in nine Health and Social care Partnerships, six of which are within the NHS GGC boundary and three of which are provided via service level agreements in areas outwith NHS GGC.
4. The data in this report has been collected from our bed management system, EMIS and TrakCare.

REPORT

Key Messages

5. The number of admissions achieved during 2023/24 has dropped further by just over 33% with only 7 admissions throughout the full year. This is directly due to a significant reduction in the number of discharges achieved during 2023/24.
6. Delayed discharges are the worst they have been for several years and this continues to create significant issues, with a high number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay were due to lack of suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.

7. The main barrier to patient flow is the number of delayed discharges from placement breakdowns and the length of time taken to organise a new placement. This is generally longer for patients in the LD inpatient service compared to patients with LD in the mental health inpatient service.
8. People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health and/or they have an established home to return to.
9. Establishing a new package of care and support is the primary reason for delays.

Overview of Activity in 2023/24

Admissions

10. The service received 23 referrals for admission but only a total of 7 people were admitted to the LD inpatient service in 2023/24. This is just under half the number of admissions from the previous year and relates directly to a smaller number of discharges and increasing lengths of stay/delays. This is the lowest number of admissions the service has ever experienced. Of the seven admissions the age range was between 16 – 59 years.

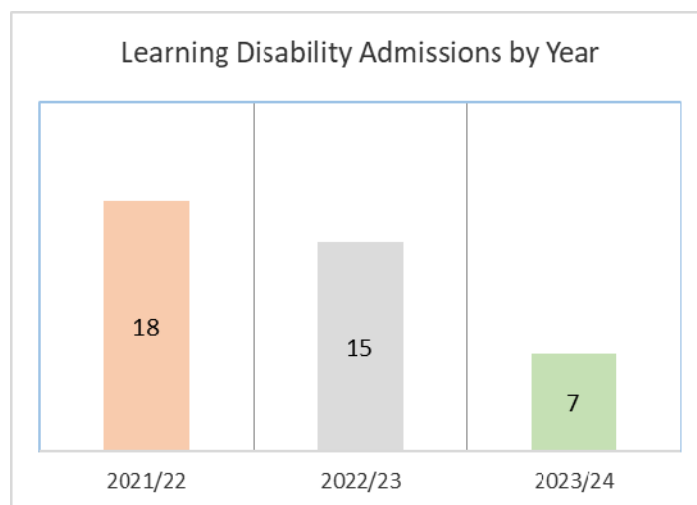


Chart 1

Reason for LD Admissions

11. Of the seven admissions, four were admitted with long-standing challenging behaviour. The service is experiencing more referrals for people with behaviours that challenge and less with acute mental illness. Admissions due to challenging behaviour alone increased from previous years with 57% during 2023/24 compared to 53% in 2022/23 and 42% in 2021/22. This appears to be the result of instability in community supports for those with the most difficult to manage challenging behaviour, but also partly because patients in need of urgent admission due to mental illness or less complex challenging behaviour are more likely to be admitted to the mental health inpatient service due to the lack of availability of LD inpatient beds. Third Sector staffing and recruitment continue to be a major concern.

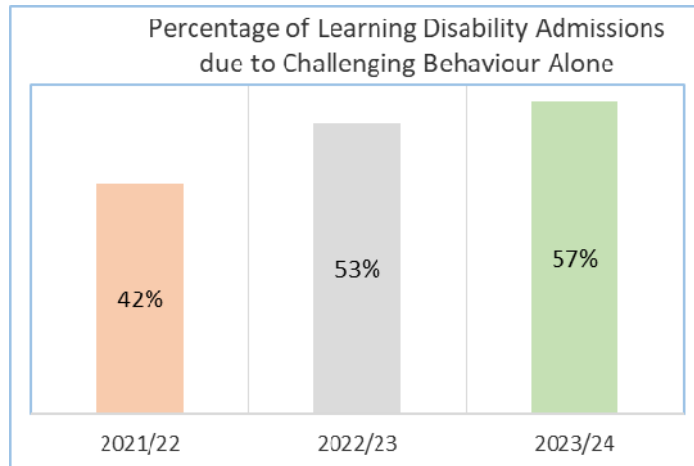


Chart 2

Number of patients without a confirmed discharge placement in LD Beds

- 12. On 31 March 2024 17 patients who were ready for discharge did not have a confirmed discharge plan / community placement.

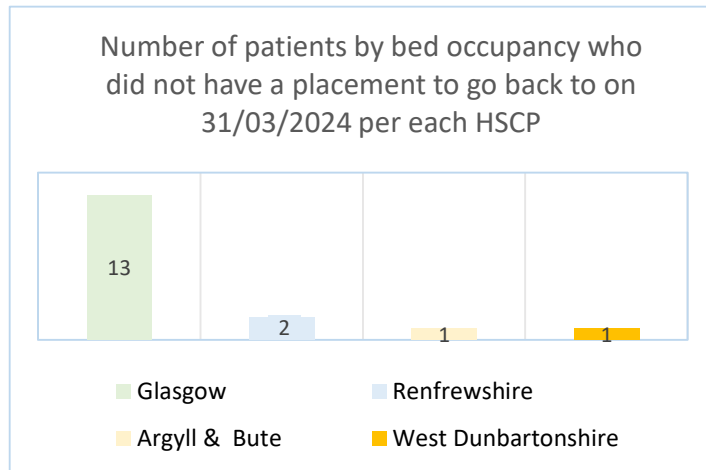


Chart 3

Patients with a discharge plan in LD beds

- 13. Only 9 out of 26 LD inpatients had a discharge plan on 31/03/2024. This was a reduction in the number from the previous year of 13. Some patients have been waiting a long and unacceptable time for discharge. The complex mix of patients who are delayed leads to high risks in the ward environment in particular around interpersonal risks and an increase in incidents of violence and aggression. This can only be mitigated in the ward environment with increased levels of special observations. The longer people are in hospital the more challenging it can be to identify suitable accommodation as there is a perception the risks can only be managed in this environment creating a further barrier to discharge.

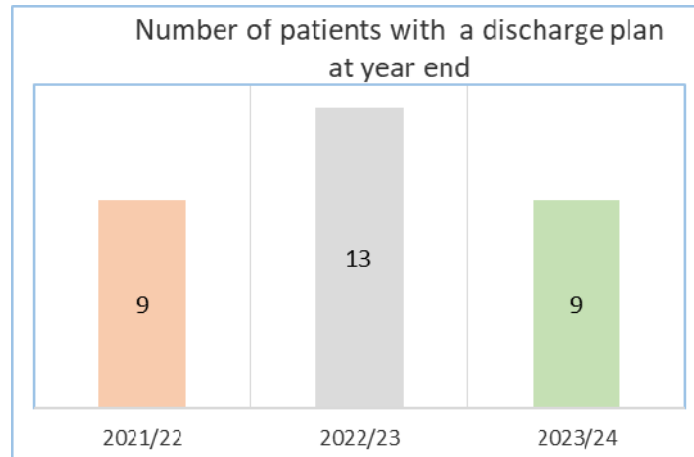


Chart 4

Number of discharges & length of stay

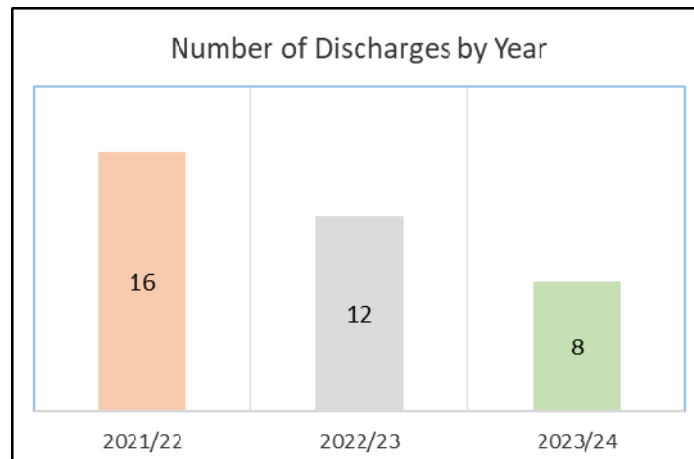


Chart 5

14. Eight patients were discharged from the LD inpatient service during 2023/24. The number of discharges has continuously decreased in recent years from 16 discharges in 2021/22 reducing to 12 in 2022/23 and just 8 in 2023/24.
15. Overall the average length of stay counting all LD inpatients discharged during 2023/24 was 325 days with a range of 33 – 1113 days.
16. There is a correlation between length of stay and accommodation status on admission. Of the eight discharges, four were returning to the home they were admitted from, two had a support package identified on admission and two had no placement at the point of admission. The average length of stay for the four patients returning home was 104 days. For patients that had a new placement identified on admission the average length of stay was 282 days and for the two patients who required a new placement to be identified during their admission the average length of stay was 810 days.

17. The inpatient service had 1 long stay patient discharged in 2023/24. There are 5 remaining long stay patients who now all have plans in place to be discharged to a community based model currently under development.

LD Bed days lost

18. There was a 14% increase in beds days lost due to delayed discharges from 2022/23 to 2023/24.

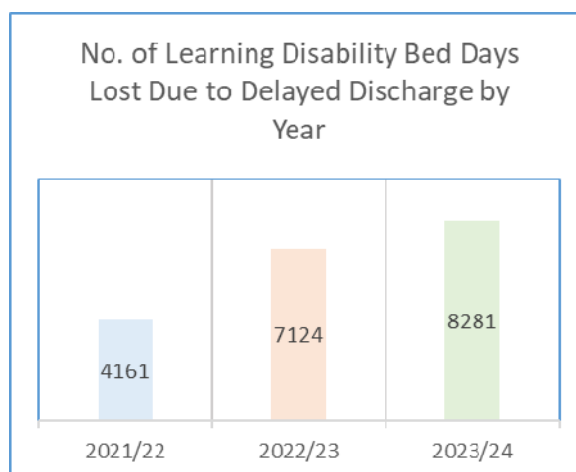


Chart 6

HSCP Bed Activity in 2023/24

HSCP	Admissions to LD Beds	Discharges from LD beds	Admissions to MH Beds	Discharges from MH beds
East Dunbartonshire	1	1	1	1
East Renfrewshire	1	1	1	2
Glasgow	4	4	10	11
Inverclyde	0	2	2	2
Lanarkshire	0	0	0	0
Renfrewshire	1	0	6	5
West Dunbartonshire	0	0	3	3
TOTAL	7	8	23	24

Table 1

LD Bed days lost by HSCP

HSCP	Bed days lost 21/22	Bed days lost 22/23	Bed days lost 23/24
East Dunbartonshire		0	12
East Renfrewshire		0	167
Glasgow		6293	5995
Inverclyde		0	133
Lanarkshire		0	0
Renfrewshire		831	1465
West Dunbartonshire		0	366
Argyll & Bute		0	143
TOTAL	4161	7124	8281

Table 2

LD Waiting Times

19. The longest wait for admission to a learning disability inpatient bed was **90** days. As a result of continuous occupancy, the service is now typically unable to directly admit people requiring specialist learning disability assessment & treatment.
20. A group of people were removed from the waiting list as admission was no longer required or an alternative had been established before a bed became available for them.

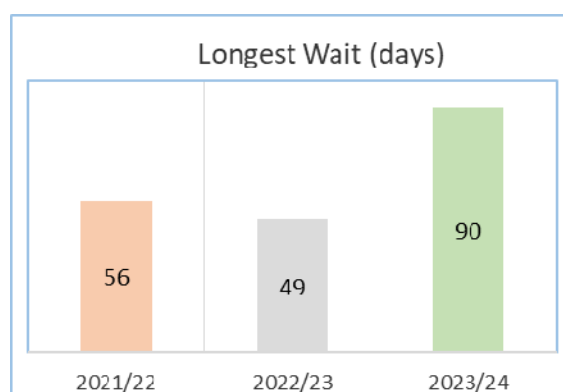


Chart 7

4.11 Mental Health Adult Services Admissions

21. The LD service is aware of 19 people with LD open to community learning disability services who were admitted to a mental health bed during 2023/24. Three of these people had more than one admission with the total number of mental health admissions at 23 for 2023/24.
22. Eight of these patients were referred to the LD inpatient service but only one of them was able to be transferred to an LD bed. Two patients remain in a mental health ward awaiting transfer to an LD bed, one has been assessed as not requiring specialist LD inpatient care and 4 have since been discharged. The remaining 11 patients were assessed as having their mental health needs appropriately met within the mental health service and not in need of specialist LD inpatient care, and have since been discharged.
23. The average length of stay for LD patients discharged from a mental health bed during 2023/24 was 80 days with a range of 1 – 563 days. In keeping with the average length of stay for patients in the LD inpatient service this varied depending on the discharge plan with a longer average duration of stay at 304 days if a new community placement was required and only 38 days if returning home.
24. Of note is that the average length of stay for patients discharged from a mental health ward to a new placement is significantly lower at 304 days compared to 546 days for patients in the LD inpatient service. There are several possible reasons for this, with the most significant being that patients requiring the highest level of specialist LD support are prioritised for admission and transfer to the LD inpatient service and thus the cohort of

people with LD within the mental health inpatient service is likely to have less significant support needs, which may make sourcing a new placement for them more straightforward.

DISCHARGES 2023/24	AVERAGE LENGTH OF STAY (days)	RANGE OF LENGTH OF STAY (days)	AVERAGE LENGTH OF STAY if returning home (days)	AVERAGE LENGTH OF STAY if discharged to new placement (days)
LD patients in MH service	80	1 - 563	38	304
LD inpatients	325	33 - 113	104	546

Level of learning disability

- 25. Of the seven people admitted to LD inpatient services during 2023/24 the level of learning disability was predominantly severe/profound with this accounting for 42% of admissions. There has been a trend of an increasing proportional admission rate of patients with severe/profound learning disability over the past 2 years from 18% in 2021/22.

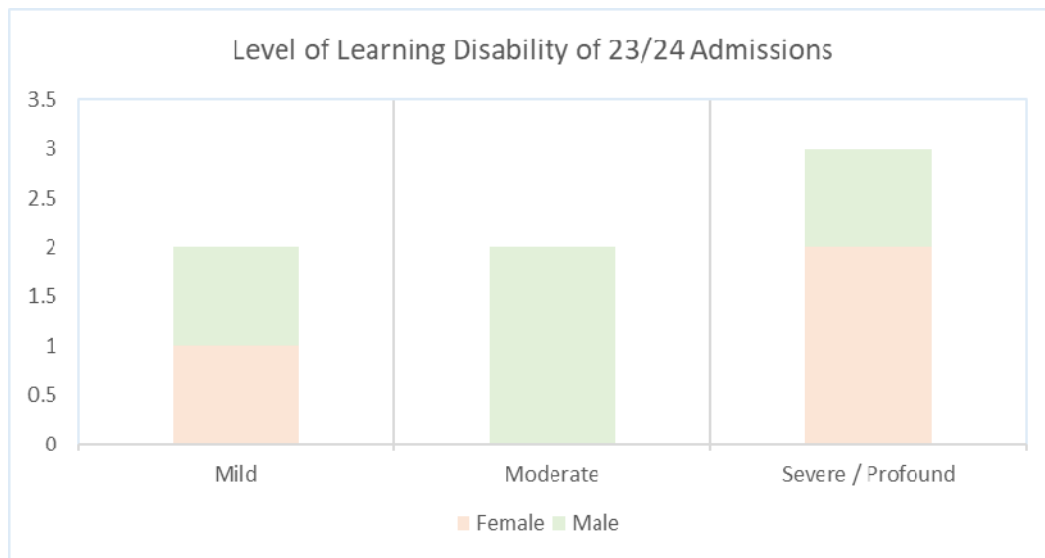


Chart 8

CONCLUSIONS

- 26. Since the allocation of the Community Living Change Fund, NHS GGC continues to progress with the redesign of services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems.
- 27. NHS GGC has established a programme board providing strategic leadership and governance, directing the work of the community and inpatient redesign. Avoiding

inappropriate admissions and preventing placement breakdown is a key priority to addressing delayed discharges.

28. A collaborative approach across HSCPs in order to ensure local objectives align and shape the future design of both community and inpatient services is in place.
29. Our LD Programme Board and both the Multi-Agency Collaborative Commissioning Group continue to promote responsive community support to avoid inappropriate admissions and improve commissioning practices.
30. Performance has deteriorated across 2023/24 with fewer discharges and higher delays negatively impacting on our ability to admit directly to the LD service when this is appropriate. This year was the lowest ever number of admissions to the LD inpatient service. At present there is a waiting list and admissions are entirely dictated by the number of discharges achieved.
31. HSCPs continue to report significant challenges in provider recruitment and staff retention which is having a negative outcome on our discharge activity.
32. We are also seeing instability in community supports for similar reasons including turnover of staff having a negative impact where consistency in care and support is essential.
33. NHS GGC has been working closely with officials to shape policy direction for the Coming Home Implementation. Julie Murray, Chief Officer sits on the Scottish Government Senior Strategy Group and the Head of Service has had a key role in the development of the national Dynamic Support Registers.
34. All HSCPs now have a Dynamic Support Register and must submit returns to Public Health Scotland. The development of a nationally agreed pathway based on early intervention to avoid inappropriate admission is underway.
35. As part of the inpatient redesign we have started to explore alternatives to admission. In 2023/24 the inpatient service provided outreach support as an alternative to admission. This led to successful outcomes for the patient and hospital admission was avoided. An operational policy to support ongoing outreach activity, partial admissions and intensive discharge support is in development.
36. The vision for learning disability inpatient services is:

'We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services.'

RECOMMENDATIONS

37. Performance and Audit Committee are asked to note and comment on the report.

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May 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper – 26 June 2023

https://www.eastrenfrewshire.gov.uk/media/9265/PAC-Item-10-26-June-2023/pdf/PAC_Item_10_-_26_June_2023.pdf?m=1687186205713