



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	22 June 2022
Agenda Item	9
Title	Specialist Learning Disability In Patients Service Performance Report
Summary	
<p>This paper provides the Performance and Audit Committee with performance data on Specialist Learning Disability Inpatient Services, which is hosted by East Renfrewshire HSCP on behalf of NHS Greater Glasgow and Clyde. The report focuses on admission and discharge activity from 1 January 2021 to 31 December 2021. The report aims 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>Members of the Performance and Audit Committee are asked to note and comment on the report.</p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 June 2022

Report by Chief Officer

SPECIALIST LEARNING DISABILITY INPATIENT SERVICES PERFORMANCE REPORT

PURPOSE OF REPORT

1. This paper provides the Performance and Audit Committee with performance data on Specialist Learning Disability Inpatient Services, with a particular focus on admission and discharge activity from 1 January 2021 to 31 December 2021. 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. The vision for learning disability inpatient services is that:-

'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.'

4. This report focuses on activity relating to our Assessment and Treatment Services (Blythswood House and Claythorn House) which have 27 beds across the two sites. The service is available to people with a learning disability residing in 9 Health and Social care Partnerships, 6 of which are within the NHS Greater Glasgow and Clyde boundary and 3 of which are provided via service level agreements in areas outwith NHS Greater Glasgow and Clyde.
5. The data in this report has been collected from our bed management and patient management systems; EMIS and TrakCare. There are some limitations in the data provided due to patients admitted in the previous years but not yet discharged being included in this report. There was also missing data for the number of individuals appropriately admitted to mental health care, who had not needed specialist learning disability inpatient care.

REPORT

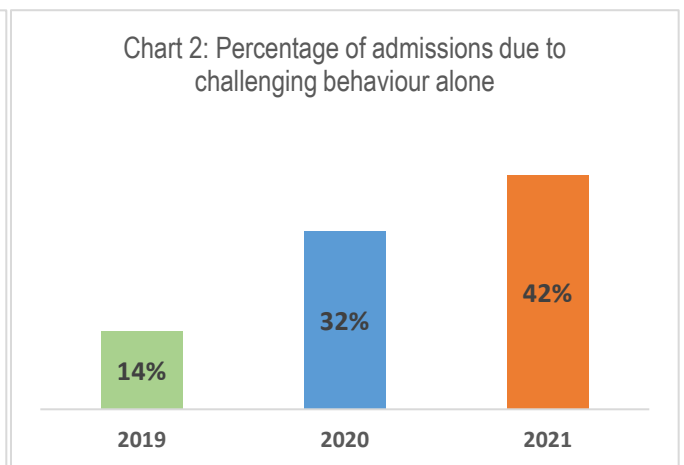
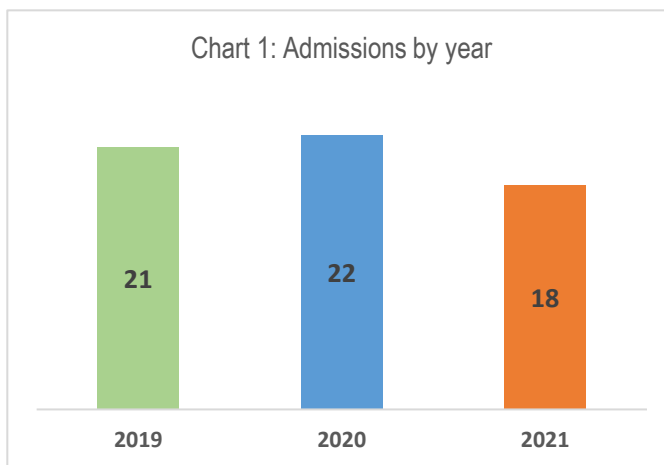
Key messages

6. The service continued to operate fully throughout the pandemic despite many Covid-19 challenges. Blythswood had to close to admissions when in outbreak status – which happened on only one occasion. Claythorn has never had a Covid-19 outbreak.
7. Beds were mainly occupied by people who were admitted due to mental illness (58%). However, there was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). There has also been an increased profile of patients with complex needs.
8. Delayed discharge caused significant issues, with a 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 no suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.
9. People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health.

Overview of activity in 2021

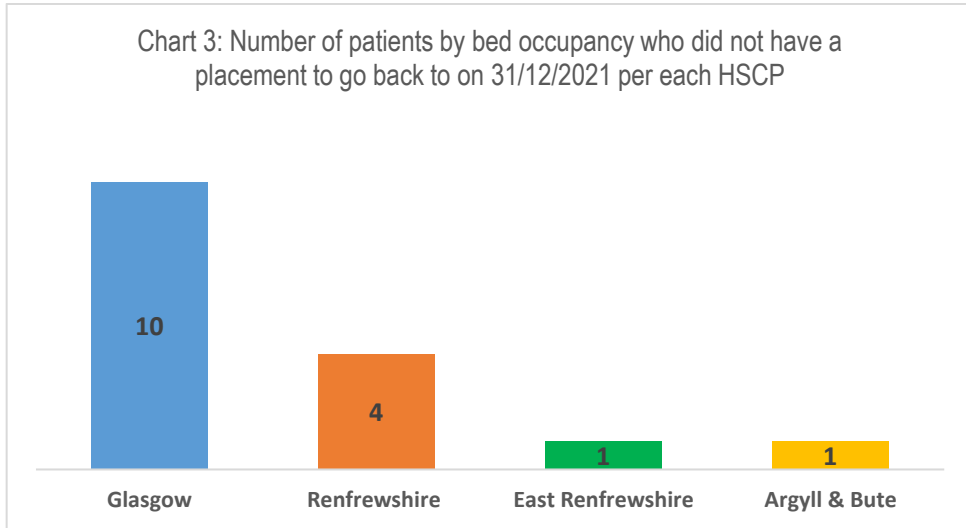
Admissions

10. In total, 18 people were admitted during 2021. This is a reduction of 4 people from the previous year and relates directly to a smaller number of discharges during 2021. However, more people were admitted than discharged due to the use of a contingency bed in Claythorn.
11. Of the total numbers of referrals received, 9 of the patients were admitted directly to the service (50%), the remainder through general adult mental health services first.
12. There was an increase in admissions due to challenging behaviour alone from previous years (42% compared to 32% in 2020). This may have been due to the Covid-19 pandemic related reduction in some community supports and provider staffing issues resulting in community services being overall less able to support those with the most challenging behaviour.



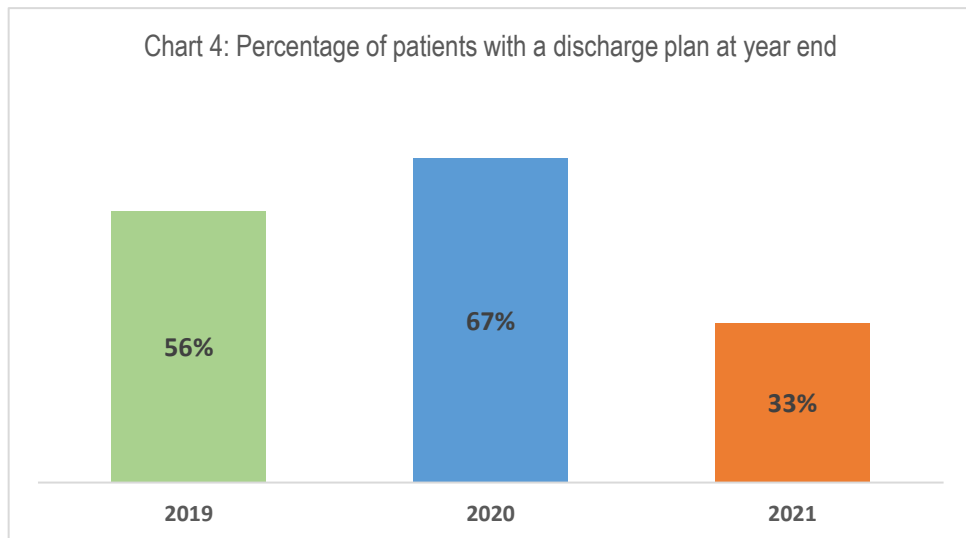
Number of patients without a placement

- 13. At 31 December 2021, 16 inpatients were noted to not have a home to return; they had no community placement. This is over half the patient group and reduces the ability of the service to successfully manage patient flow.
- 14. The chart below provides a breakdown of these patients by HSCP



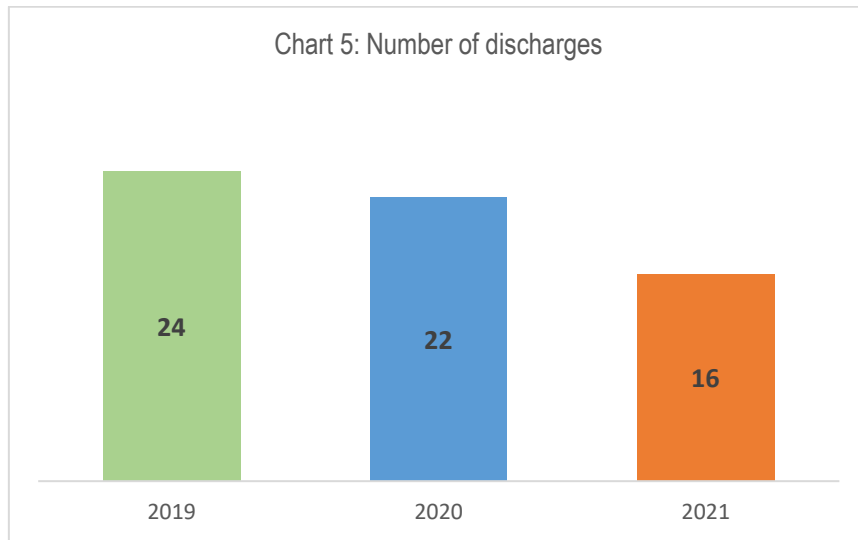
Patients with a discharge plan

- 15. Only 33% of inpatients had a discharge plan on 31 December 2021. This was a significant reduction in the number from the previous year of 67%. Some patients have been waiting a long and unacceptable time for discharge. One patient has been waiting to move out of learning disability hospital provision since 2016.



Number of discharges

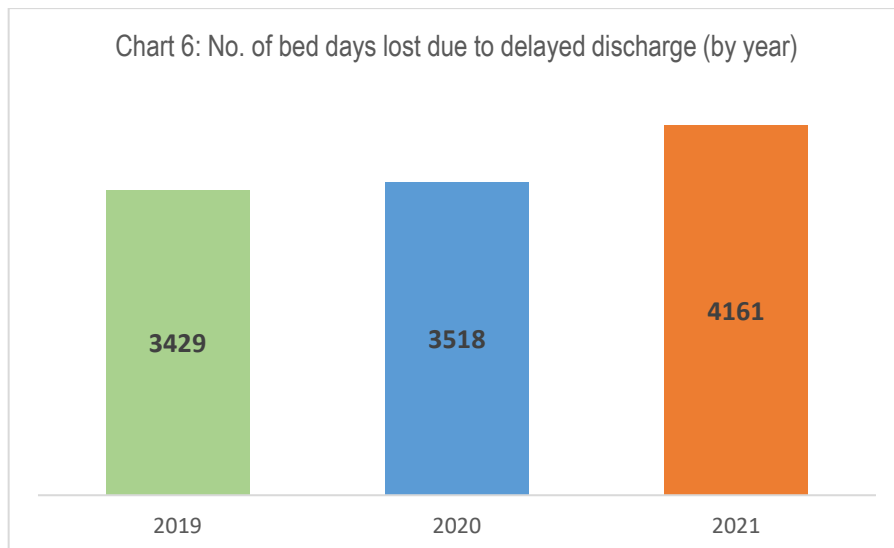
- 16. 16 patients were discharged in 2021 compared with 22 discharges in 2020. One person discharged was re-admitted in the same year (2021) as a result of placement breakdown.



- 17. The average length of stay for those patients discharged in 2021 was 294 days with a range of 12-694 days. For patients able to be discharged back home during 2021 the average length of stay was 106 days (range 12-211 days) and for patients requiring a new placement to be discharged to during 2021 the average length of stay was 407 days (range 190-694 days).

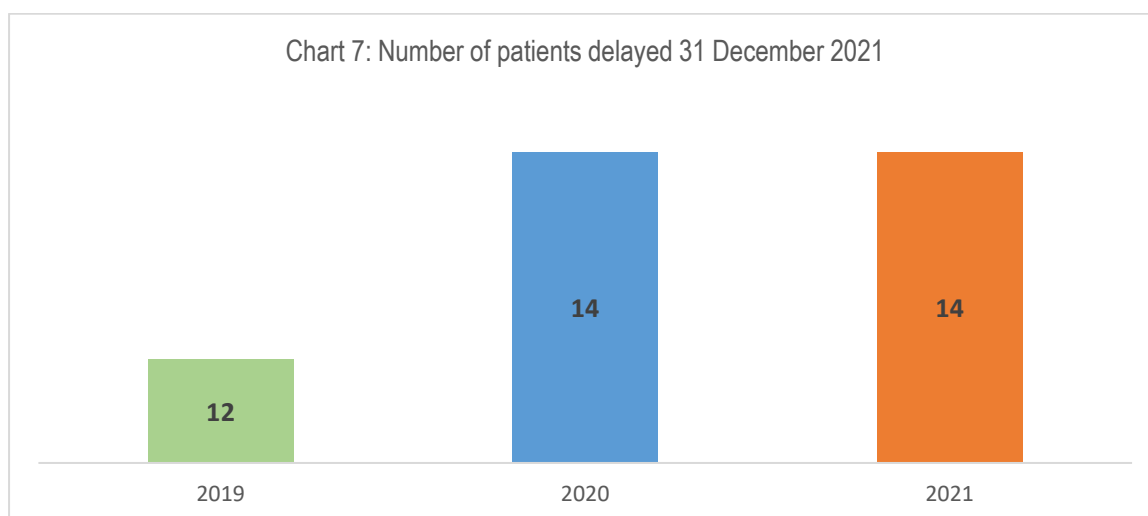
Bed days lost

- 18. There was a 15% increase in beds days lost due to delayed discharge from 2020 to 2021.



Number of patients delayed at the end of each year

19. The number of patients delayed on 31 December 2021 did not improve from 31 December 2020. Over half the patient group (53%) were delayed.

HSCP Activity

20. Table 1 shows the number of referrals, admissions and discharges during 2021 for each HSCP.

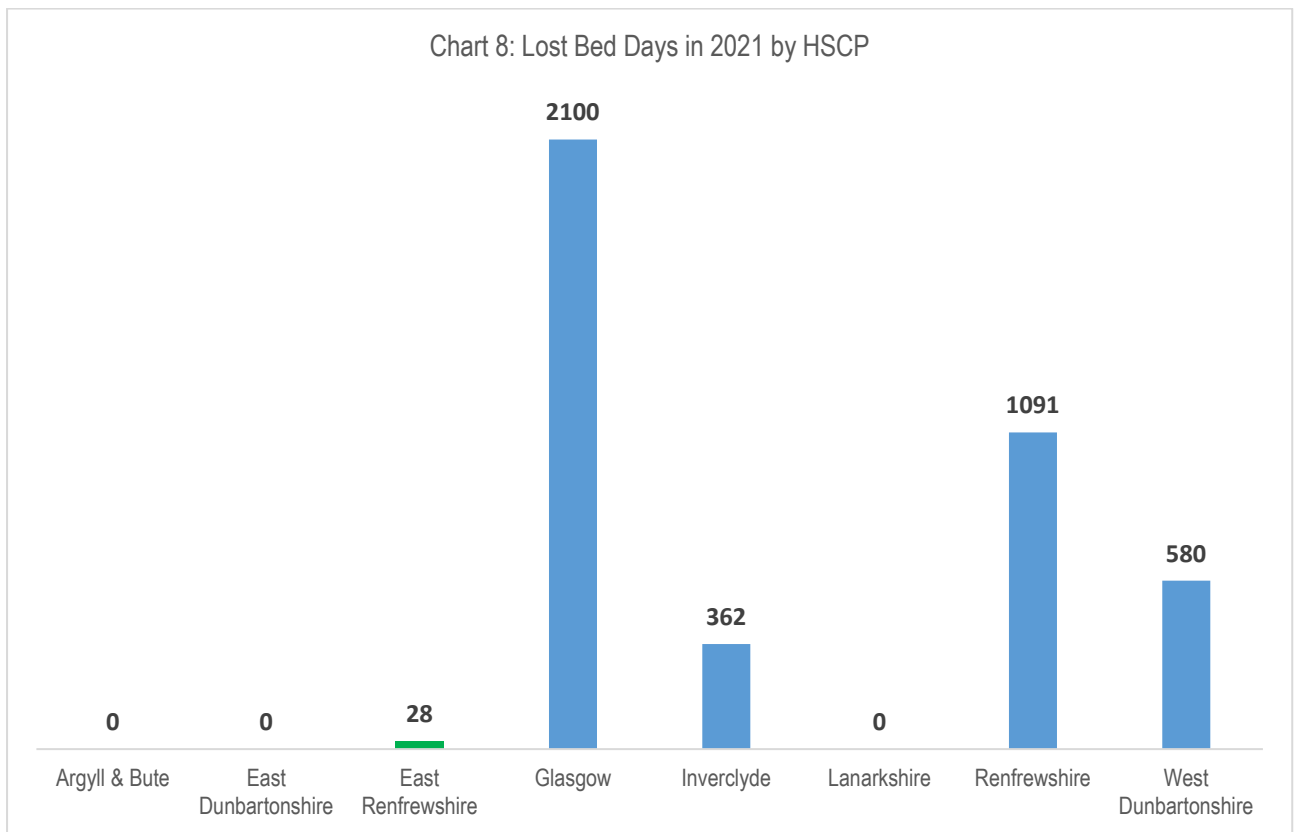
Table 1: 2021

HSCP	Total Referrals	Admissions	Discharges
Argyll & Bute	1	1	0
East Dunbartonshire	0	0	0
East Renfrewshire	2	2	1
Glasgow	12	9	6
Inverclyde	3	1	3
Lanarkshire	0	0	0
Renfrewshire	5	5	4
West Dunbartonshire	0	0	2
Total	21	18	16

21. Table 2 shows the total number of bed days lost for the past 3 years with a breakdown by HSCP for 2021.

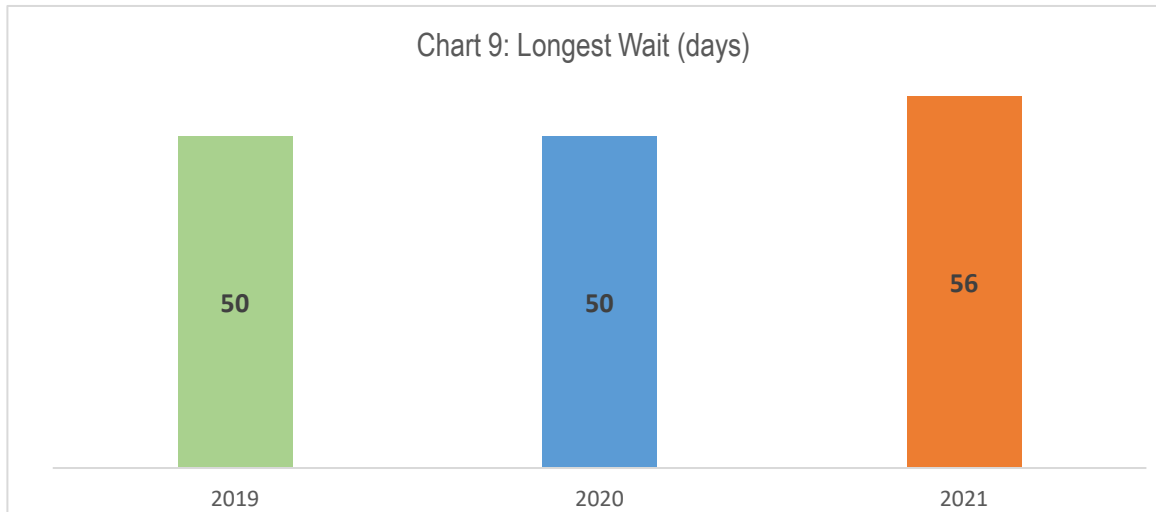
Table 2:

HSCP	2019	2020	2021
Argyll & Bute			0
East Dunbartonshire			0
East Renfrewshire			28
Glasgow			2100
Inverclyde			362
Lanarkshire			0
Renfrewshire			1091
West Dunbartonshire			580
Total Days	3429	3518	4161



Waiting Times

22. The longest wait for a bed was 56 days and this patient went first into a mental health bed before being transferred to a Learning Disability bed.
23. As a result of continuous occupancy, the service is often unable to directly admit several people requiring specialist learning disability assessment and treatment.
24. A group of people were removed from the waiting list as admission was no longer required or an alternative had been established.

Mental Health Adult Services Admissions (with no LD bed transfer)

25. The Learning Disability service is aware of at least 9 patients with a learning disability who were admitted to a mental health bed during 2021 and were not then transferred to a learning disability bed; they remained in a mental health bed throughout their inpatient stay.

Patient Characteristics DataEthnicity

26. The largest ethnic group of patients described in patient records in 2021 is 'white Scottish'. The categories overlap somewhat and require a clearer delineation going forward.
27. The largest ethnic group by admission in 2021 is 'Scottish'.

Chart 10: Ethnicity of all patients during 2021

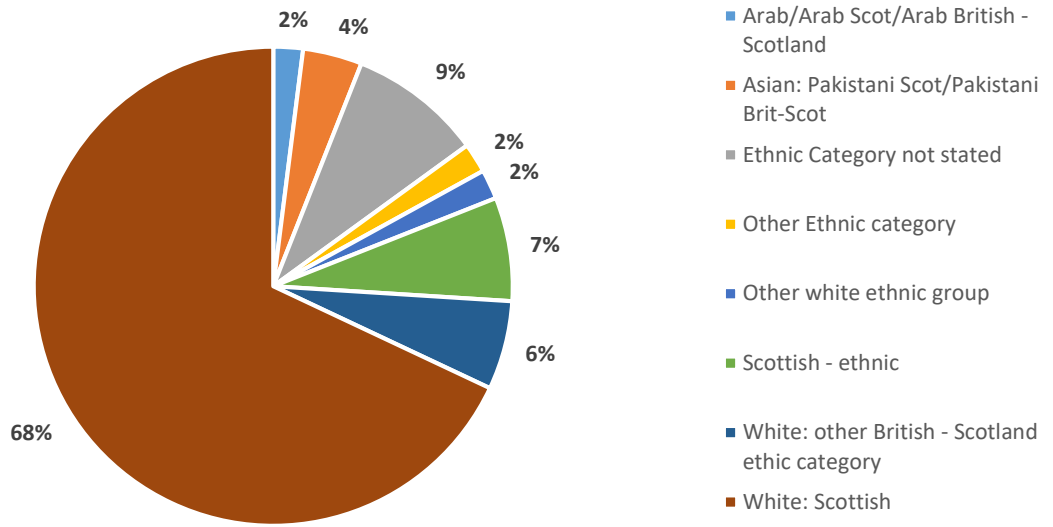
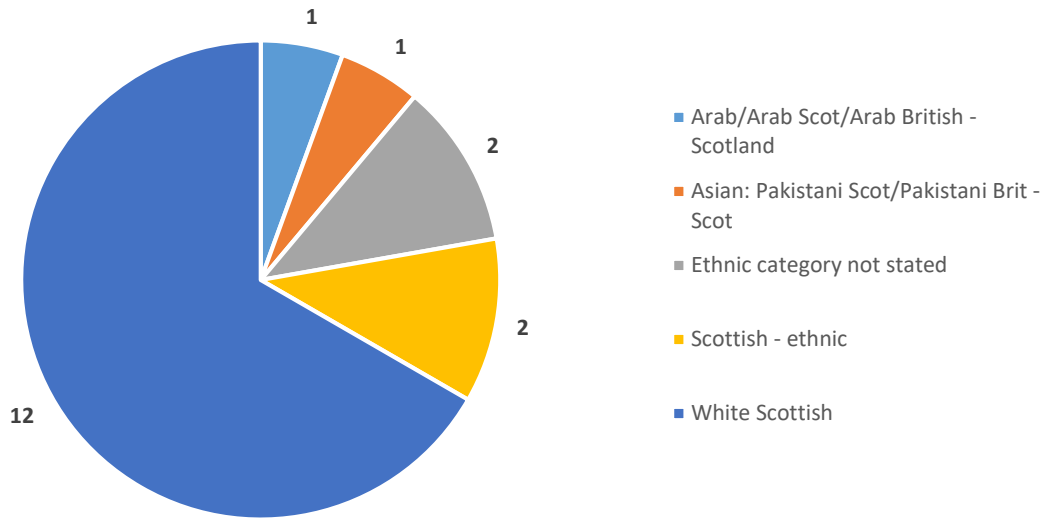
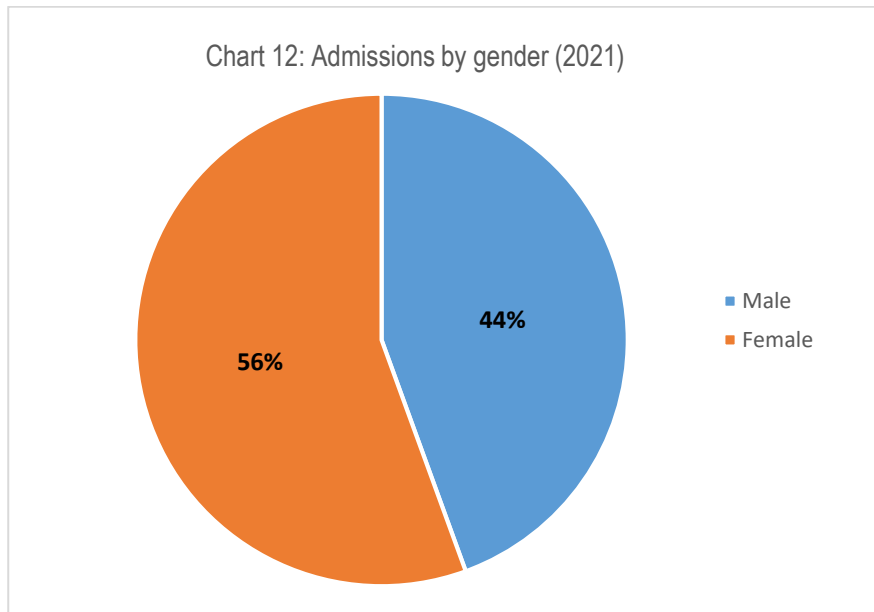


Chart 11: Ethnicity of 2021 Admissions

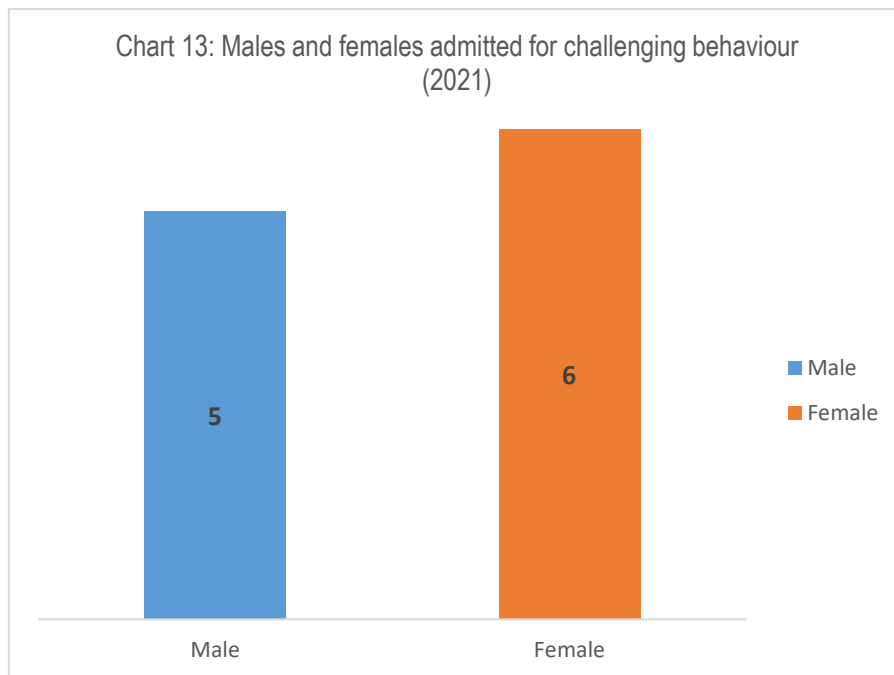


Gender

28. There were slightly more female admissions in 2021 compared to males. This is unusual as in other years there were typically more males admitted.

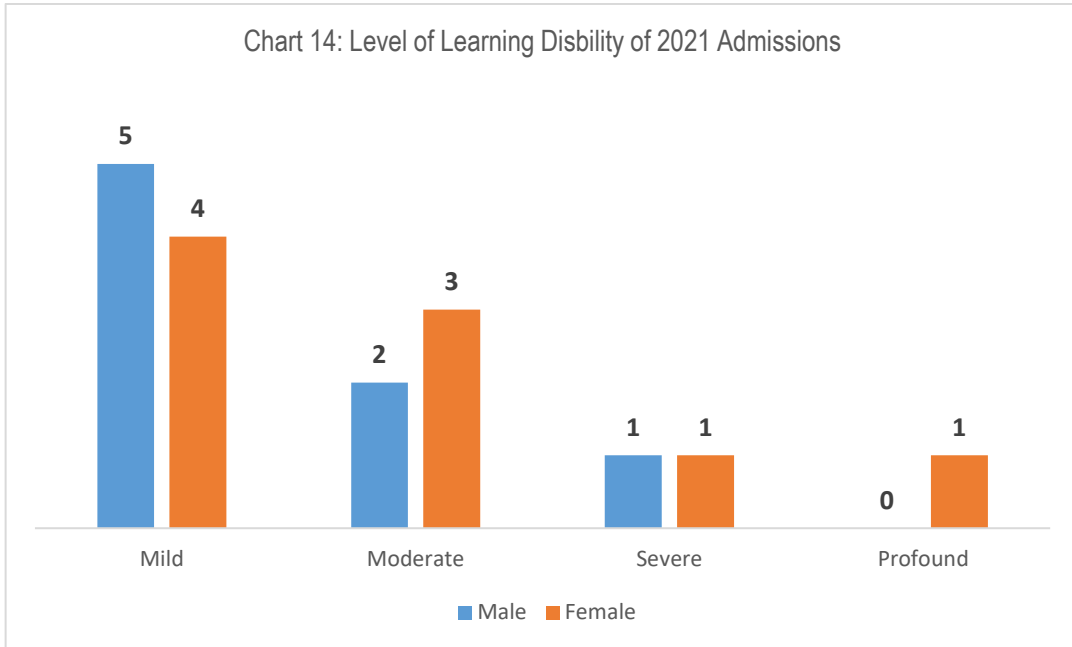


29. There was slightly more females admitted (6) for challenging behaviour compared to males (5) in 2021.



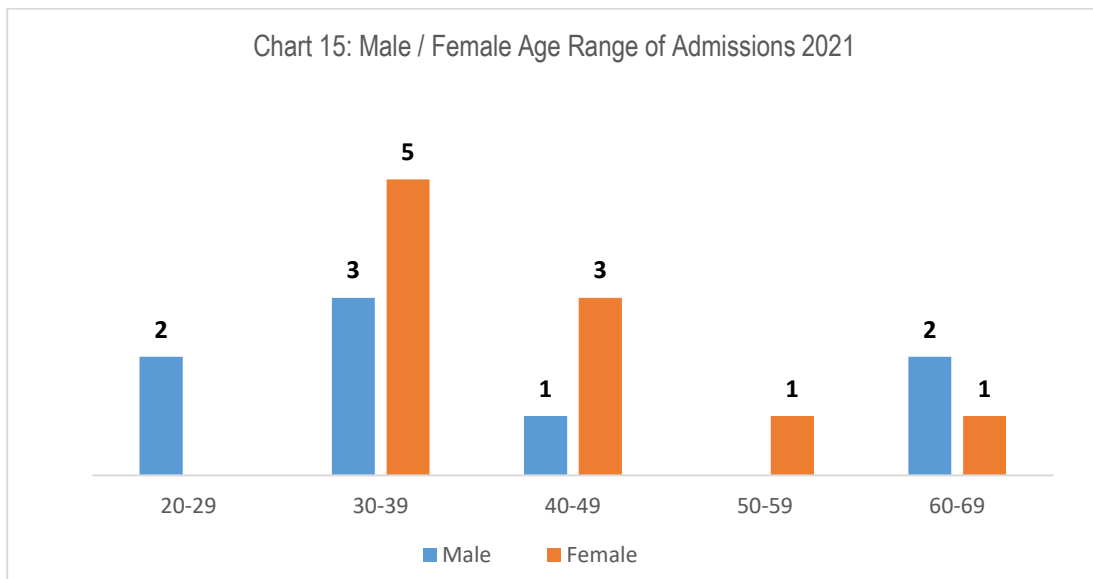
Level of learning disability

30. The level of learning disability was predominantly a mild learning disability followed by moderate for those people admitted in 2021. Only three people had a severe learning disability and one person a profound learning disability. People with a mild learning disability are therefore over represented and people with a profound learning disability underrepresented in comparison to general learning disability population figures.



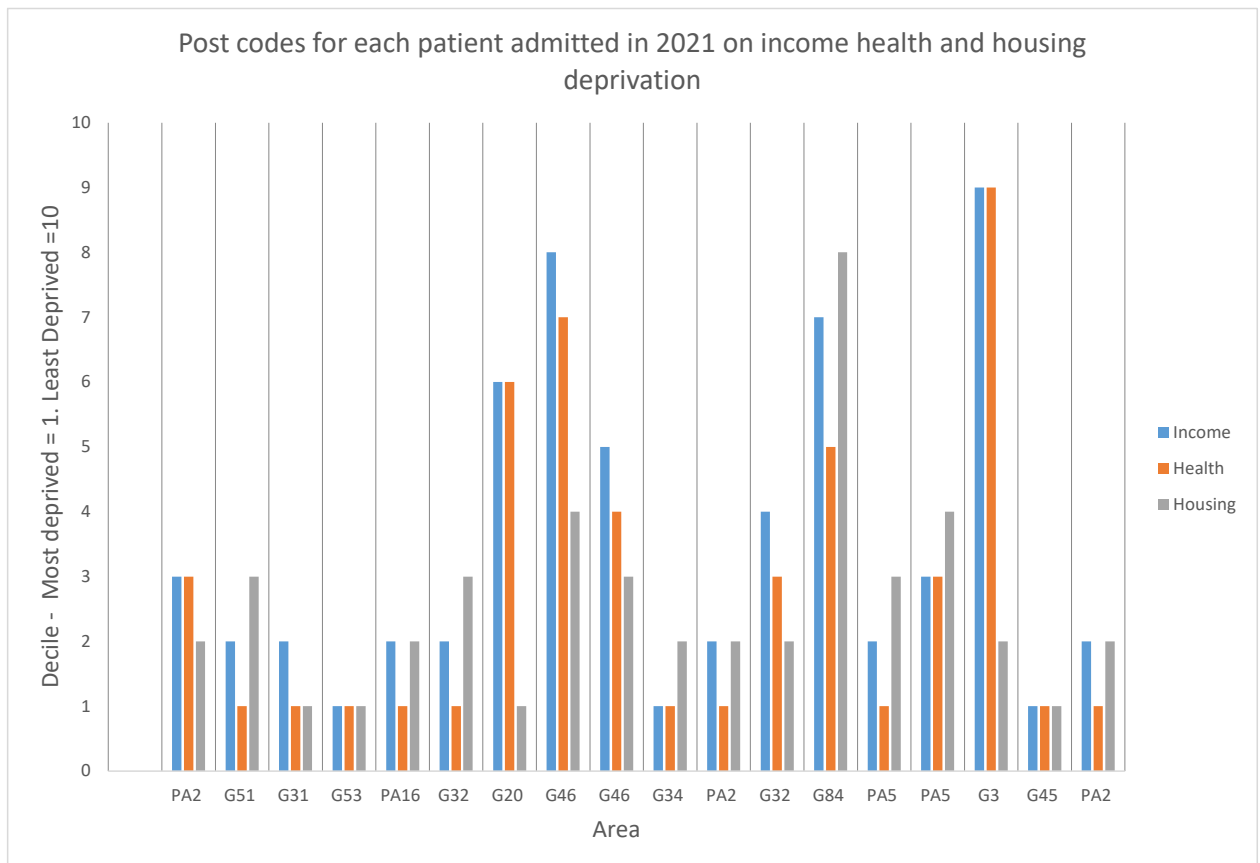
Age range of patients admitted in 2021

31. Most patients admitted were in the age range between 30-39 with an average age of 41 years but the service also admitted young men and older people up to the age of 69.



Levels of deprivation

- 32. Levels of deprivation are usually measured across several types domains including employment, health, education, crime, access to housing and services, and living environment. The ranking system goes from the lowest 1 being most deprived to the highest 10 least deprived.
- 33. 11 patients admitted to learning disability services came from deprived areas which did not surpass a ranking of 3 on the deprivation scale for their postcode area.
- 34. The chart below shows the deprivation levels for every patient admitted in 2021 in 3 of the main domain types for income, health, and housing.



HoNOS – Learning Disability (Health of the Nation Outcome scales) data

Overview

- 35. Inpatient Learning Disability services have been using the outcome measure HoNOS-LD since 2015. All patients admitted to a Specialist Learning Disability Service have a HoNOS-LD completed by the Multi-Disciplinary Team on admission, at discharge and on a regular basis during admission (3 or 6 monthly as per protocol). The results across all inpatient units are collected and analysed centrally.

Full results

36. A total of 252 HoNOS-LD were completed over the 3 year period 2018-2021, with 77 completed over 2021. This represented a total of 82 patients over all three inpatient units.
37. Results were available from each of the units as follows:
- Claythorn = 142 results from 66 patients
 - Blythswood House = 77 results from 38 patients
 - Netherton = 33 results from 10 patients

Active treatment

38. There were a total of 171 HoNOS-LD completed for 62 episodes of care including 6 readmissions during 2018-2021. The first and last HoNOS-LD recorded during active treatment were compared to look for a change in score. The results were as follows:

Subjective ratings:

- First score mean = 2.5, median = 3, range = 0 - 4
- Last score mean = 1.4, median = 1, range = 0 - 4

Total scores:

- First score mean = 23.8, median = 26.5, range = 1 - 48
- Last score mean = 11.4, median = 11, range = 1 - 42

39. This shows an improvement in both subjective and total scores, although note that some patients were still significantly unwell at the point of the second scores (which is explained by the fact that they were not necessarily ready for discharge by this point). These numbers are very similar to the previous year's analysis. Overall, it shows that patients get better and improve following learning disability inpatient care.

CONCLUSIONSSummary and Actions

40. NHS Greater Glasgow and Clyde HSCPs had committed to working together in 2019 to take forward a programme of redesign of inpatient services, the emphasis being on improving our responses in the community to reduce the use of inpatient beds when not clinically required. We had highlighted a need to review and improve performance in delayed discharge and worked positively with Scottish Government to shape the original 'Coming Home' report in 2018 – this led to the publication of the recent 'Coming Home Implementation' 2022 report.
41. Alongside this, the allocation of the Community Change Fund aligns to NHS Greater Glasgow and Clyde ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. NHS Greater Glasgow and Clyde are in the process of establishing a programme board which will provide strategic leadership and governance and direct the work of the community and inpatient redesign going forward. Avoiding admission and preventing placement breakdown is a key priority to addressing delayed discharges.
42. Each HSCP has committed to develop a register of people with complex needs to ensure greater visibility of these individuals at risk of hospital admission and/or placement breakdown and the Challenging Behaviour Network Manager has been developing good practice standards and pathways to support this.

43. Our in-patient services had embarked on a series of tests of change led by the Clinical Director, looking at a variety of approaches to reduce unnecessary admissions and support people at home. Future redesign of the service is dependent on excessive delays being addressed in order to effectively implement change in patient bed requirements.
44. Many people are still delayed in hospital and do not have a clear and tangible plan about their future care arrangements. This has been more present in the past two years since the onset of the pandemic.
45. There is a fundamental human rights issue for the people who find themselves living in hospital settings for prolonged periods often with no plan for discharge which must be addressed. There are further negative implications for families and carers.

RECOMMENDATIONS

46. Members of the Performance and Audit Committee are asked to note and comment on the report.

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April 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

18.03.2020: PAC Paper Specialist Learning Disability Services Performance

20.03.2019: PAC Paper: Performance Report – Specialist Learning Disability Service

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