

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Social Work Services

Health Improvement and Social Justice Partnership: 22 November 2006

**Subject: Reducing Unplanned Hospital Admissions and Re-admissions:
Joint Improvement Team Workshop Seminar, 18th September 2006**

1. Purpose

- 1.1** The report advises the Partnership of the Joint Improvement Team Workshop Seminar, which took place at the Beardmore Hotel on 18th September 2006.
- 1.2** The seminar aimed to consider the high incidence of unplanned hospital admissions and re-admissions in respect of West Dunbartonshire residents, and this report advises of the actions that have been agreed to manage the issues.

2. Background

- 2.1** The NHS policy of “Delivering for Health” requires NHS Boards and Partners to work together to reduce the level of unplanned hospital activity, which should in turn free up capacity to increase the level of planned hospital activity.
- 2.2** Within the Joint Performance Improvement and Assessment Framework (JPIAF), we are required to set joint Local Improvement Targets across NHS and local authority services. The West Dunbartonshire Local Improvement Targets include a commitment to reduce the number of unplanned and repeat unplanned admissions to hospital.
- 2.3** Historically there has been a higher than average level of unplanned hospital activity in respect of West Dunbartonshire residents. The Director and Assistant Director of the Joint Improvement Team were therefore invited to the November 2005 meeting of the Health Improvement and Social Justice Partnership to provide an overview of the work of the team. The team was subsequently approached and asked to provide support in addressing the issues of unplanned hospital admission.
- 2.4** The Joint Improvement Team was set up by the Scottish Executive to provide a support resource for partnerships who are having difficulty meeting parts of their specific targets. The Team seeks out examples of best practice, and works with local partnerships to identify how this wider intelligence might be used to develop locally relevant and achievable action plans. Once action plans have been agreed, the Joint Improvement Team support and monitor their implementation.

3. Main Issues

- 3.1** Unplanned hospital admissions are upsetting for the individuals involved and their families, as they can be the cause of uncertainty and anxiety about the health status of the individuals involved.
- 3.2** A high level of unplanned hospital activity presents planning difficulties for hospital systems in trying to ascertain the optimum provision to meet population healthcare needs.
- 3.3** At peak times of unplanned admissions, some planned admissions have to be postponed due to the lack of available beds.
- 3.4** Evidence from the ISDSScotland Whole Systems Project indicates that people who are subject to multiple unplanned hospital admissions are significantly more likely to have a prolonged delayed hospital discharge.
- 3.5** Conversely, planned admissions allow scope for full discussion with doctors about options, prognosis and any anxieties about outcome, before the admission takes place. They also allow for families and carers to make appropriate arrangements around other commitments and to organise visiting schedules.
- 3.6** Planned admissions also facilitate the hospital's ability to provide the treatment at the hospital of choice for the individual, and allow the NHS to organise staff workloads appropriately, thereby reducing the need for expensive locum cover.
- 3.7** Patient outcomes are usually more positive when the admission has been planned, and the likelihood of a re-admission soon afterwards is substantially reduced.

4. Next Steps

- 4.1** At the workshop event on 18th September, it was agreed that we would work closely with ISDSScotland, to identify those people aged 65 and over who are most likely to be the subject of repeat unplanned hospital admission, based on a model that has already been tested in the Highland Health Board area.
- 4.2** A detailed workplan is currently under development to programme the various streams of activity that need to be undertaken in mapping who is most at risk, and what the high risk diagnoses are. Local GP practices plan to cross-map those identified as being at high risk of re-admission, against Practice Chronic Disease Registers so that once identified, our Partnership can begin to target support to those at highest risk, and also to their carers.
- 4.3** The programme will be developed by the Older People's Strategy Group, which has representation from the Community Health Partnership; the Rehabilitation and Assessment Directorate (RAD); Acute Hospital Services; Geriatric Medicine and Assessment; Psychogeriatric Medicine and

Assessment; West Dunbartonshire Council, and community representatives from the Community Care Planning and Implementation Partnership.

5. Personnel Issues

5.1 No personnel issues.

6. Financial Implications

6.1 No financial implications.

7. Conclusions

7.1 The programme of work will lead us to a more sophisticated understanding of the main reasons for unplanned hospital admissions and re-admissions in West Dunbartonshire.

7.2 It will also help us to identify who is at greatest risk of unplanned admission, and to target support to help prevent such admissions.

7.3 We anticipate that implementation of the action plan will reduce the numbers of such admissions in line with our Local Improvement Targets, and thereby improve outcomes for our residents.

8. Recommendations

8.1 The Partnership is asked to note the work that has already taken place with the Joint Improvement Team.

8.2 The Partnership is asked to instruct the Acting Director of Social Work Services and the Director of West Dunbartonshire CHP to submit an update, including workplan, to a future meeting of the Health Improvement and Social Justice Partnership.



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Background Papers: West Dunbartonshire Local Improvement Targets.

Wards Affected: All council Wards.