

Midlothian Integration Joint Board



Thursday 11 January 2018, 2.00 pm

Chief Officer's Report

Executive summary

Item number:

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous 4 weeks and looks ahead to the following 4 weeks.

Board members are asked to:

1. *Note the issues and updates raised in the report*

Chief Officer's Report

1. Purpose

- 1.1 This report provides a summary of the key activities within health and social care over the previous month.

2. Recommendations

- 2.1 To note the issues and updates raised in the report

3. Background and main report

Service Pressures

3.1 Care Homes

As previously reported in the December 2017 report, quality and care issues remain a concern within Springfield Bank Care Home in Midlothian. Following a multi-agency meeting and inspection by the Care Inspectorate, the care home is now under Large Scale Investigation and is currently closed to new admissions. There is work continuing with the senior management team within the care home to review processes and to support the implementation of an improvement plan.

3.2 Care at Home

Following the recent changes to the current providers, there has been some stability within the service over the last month, though challenges still remain in terms of recruitment and retention of staff. This is having a corresponding impact on packages of care being passed from the Reablement service to external providers, with a resulting pressure within hospitals due to delays in discharge for those patients awaiting a package of care. A series of weekly meetings with providers has been helpful in identifying potential transfers of care and these meetings will continue in 2018.

3.3. Winter Planning and Delayed Discharge

The early indications from acute services are that it has been a difficult and busy festive period, with a significant number of emergency admissions and patients with presentations of high acuity of need. This has placed huge pressures on the front door of each of the sites and all services have been working hard to avoid admission and support early discharge. The winter plan for Midlothian has been in place since mid-December and this is being reviewed to ensure it delivers as planned. A focus of the plan has been to increase capacity of physiotherapy, care support workers and discharge co-ordination. A key output from these investments has been the continued discharge of patients across the festive period, though there are delays from care homes undertaking assessments, which we have raised directly with care home managers. However, there continues to be a number of patients delayed within acute and community hospitals and this remains a focus for all services in Midlothian.

Service Developments

3.4 Primary Care

As report, general practice in Midlothian has been under significant pressure. Whilst progress has been made in alleviating some of these pressures with the introduction of different professionals within Practices and additional capacity with the opening of Loanhead and planned opening of Newtongrange in early 2018, there are still ongoing difficulties. However, on a positive note, both Newbattle and Strathesk have now reopened their lists to new patients.

An issue that was acknowledged was Practices covering quite a wide area and having overlapping boundary areas - with the advent of significant house building, this would only put more pressure on a practice list size. We also know that home visits place considerable strain on Practices and this was being exacerbated when GPs were having to travel a distance to visit a patient. Therefore, work has been progressed to review all the boundaries within Midlothian in partnership with the Practices and agreement has been reached with all 12 Practices on the proposed new boundaries. There is almost universal coverage of at least 2 Practices covering every area of Midlothian, which is good for patient choice but also means that Practices are not stretched too thinly.

3.5 Physiotherapy in General Practice

The HSCP has appointed a Physiotherapy Clinical lead to develop the new physiotherapy service in General Practice. Another post will be appointed to later in January. This service will initially work in three practices (Pathhead, Newbattle and Strathesk) to test the new service. The GP Physiotherapist will work within practice teams as a first point of contact for patients with MSK (musculoskeletal) complaints. They will see patients who have traditionally seen their GP. The physiotherapy service will assess, clinically diagnose, triage and refer patients with MSK symptoms.

The role of physiotherapy within General Practice has been explored across the UK and it is now widely recognised that MSK Advanced Physiotherapy Practitioners can work within practice teams on musculoskeletal complaints. Musculoskeletal (MSK) complaints are reported to account for between 10% and 30% of GP appointments. There are a number of pilots and established services to draw learning from to establish a MSK APP service across General Practice.

3.6 EFI and Heath Foundation

The HSCP and the Quality Cluster have been working together to use the electronic frailty index (eFI). This uses General Practice records to identify people living with frailty and grades the frailty by mild, moderate or frail. The practices in Midlothian have been working to improve clinical coding so that the eFI accurately identifies all people living with frailty. This tool has significant potential to transform how we provide care and support by providing less reactive, episodic care and more proactive care management.

The HSCP successfully secured funding from the Health Foundation to develop the electronic frailty programme. The funding will be used to support practices and the HSCP to optimise the benefit from the eFI and create the data environment that supports the development of a proactive, tiered system of care for people living with frailty.

The funding is from the Health Foundation's [Advancing Applied Analytics](#) programme. An analyst will be appointed for 12 months to lead this work and practices have dedicated funding to allow GPs to participate in the programme and undertake Quality Improvement projects within their practice.

This programme will potential transform how and when we provide care for people with frailty. During 2018 the HSCP will lead a collaboration across health, care and 3rd sector partners to use this information to change how we care and support people living with frailty.

Integration

3.7 Royal Edinburgh Hospital – Phase 2

Midlothian is currently engaged with partners across Lothian to explore future models of inpatient care required for people with Mental Health issues (including low secure provision and rehabilitation) and those with complex and multiple physical disability. The work is allowing to consider what might be more appropriately delivered within a community setting and what does still require to be delivered in a hospital setting. A future paper will be shared with the IJB to agree the Midlothian position and budget contribution to the service.

3.8 Learning Disability Services

The work continues with the integration of the Community Learning Disability Team (CLDT) with the local Learning Disability service in Midlothian. The CLDT were previously managed as part of the pan-Lothian service but as part of the integration agenda, this has now transitioned over to the Partnership. This is a very positive change and will allow for an aligned management structure that can focus on the needs of people in Midlothian through a single, integrated team.

3.9 Primrose Lodge

Following the planned discharge of 2 patients from the 'health house', Primrose Lodge, in February 2018, Midlothian is keen to work with NHS Lothian on how the facility can be changed to provide a core and cluster approach to supporting people with a learning disability. This would require a change in function of Primrose Lodge and some internal refurbishment but would deliver the wider strategic direction of the Partnership in supporting people within the community. We are currently seeking agreement from NHS Lothian to enable this change.

Staffing

- 3.10 Catherine Evans, Public Involvement Co-ordinator with the HSCP, will leave the Partnership on 12 January to take up a secondment for 18 months with the Mental Welfare Commission. This is an exciting development opportunity for Catherine but it will also be a loss to the Partnership, given the important and influential role that Catherine has provided over numerous years. We are currently reviewing options for backfilling this post but in the meantime would wish to acknowledge and recognise the excellent work that Catherine has delivered in terms of public involvement and engagement for the Partnership.

4 Policy Implications

- 4.1 The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

5 Equalities Implications

- 5.1 There are no specific equalities issues arising from this update report.

6 Resource Implications

- 6.1 There are no direct resource implications arising from this report.

7 Risks

- 7.1 The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

8 Involving People

- 8.1 There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

9 Background Papers

None

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