



Chief Officer Report

Executive summary

This report describes the work that is being progressed to address the anticipated increased pressures on services in both acute hospital and community services over the winter period. These activities seek to improve the Partnership's performance with regard to reduced emergency admissions to hospital delayed discharges.

Board members are asked to:

1. Note and comment upon the issues raised in the report.

Chief Officer's Report

1. Purpose

- 1.1 This report describes the work that is being progressed to address the anticipated increased pressures on services in both acute hospital and community services over the winter period.

2. Recommendations

- 2.1 Note and comment on the issues raised in the report.

3. Background and main report

Winter Planning

- 3.1 The Midlothian Partnership is working with NHS Lothian partners to implement a range of service developments to ensure that we have the capacity to cope with increased service demand in the coming months.
- 3.2 These activities seek to improve the Partnership's performance with regard to reducing emergency and avoidable admissions to hospital and our delayed discharge performance.
- 3.3 There has been an improvement in Midlothian's delayed discharge performance over the last month and weekly monitoring suggests that this improvement is being maintained in to November. There is still further work to be done and the recent investments from winter funding will continue to support work towards achieving no delays.
- 3.4 We are seeking to minimise delays on acute sites i.e. the Royal Infirmary Edinburgh and the Western General Hospital. The Midlothian Community Hospital is being used increasingly for patients who are likely to be delayed beyond 72 hours as a result of requiring care at home.
- 3.5 There has been increasing attention being brought to reducing delayed discharges both within NHS Lothian and Scottish Government. To ensure there is effective oversight within Midlothian, there continues to be a weekly bed meeting with senior managers and operational staff. There is also full engagement in the weekly delayed discharge teleconference that is co-ordinated by NHS Lothian.
- 3.6 Key service developments that are being implemented include:
- Increased capacity within Hospital Inreach Team to support improved discharge across acute and community sites
 - Additional 0.6 wte medical input to MERRIT (now 1.1wte) to ensure there are no delays in patients being admitted to the virtual ward due to lack of medical input
 - 4 week pilot with the Flow Centre where all care home referrals for admission to hospital will be triaged back to MERRIT to support admission avoidance

- Increased hours for MERRIT at weekends and the service will now operate until 5pm Saturday and Sunday
- Recruitment of additional 10 Homecare workers to expand capacity within Reablement and Complex Care teams (funded from Winter monies)
- Additional physiotherapy and occupational therapy input to MERRIT to increase overall capacity and additional support to MCH
- Change of criteria for admission to Midlothian Community Hospital to enable patients waiting for a package of care to be transferred from acute sites thus minimising delays on acute sites
- Phased reopening of 8 beds within Newbyres Care Home to support greater flow across hospital and Highbank
- Care at home delivery in the West of Midlothian stabilised following the transfer to a new provider (Carr Gomm) supported by additional staff recruitment
- Development of dementia and complex care beds within Newbyres Care Home to support increased choice for LA funded service users thus reducing hospital delays, due to open from January 2017
- Expansion of MERRIT (Hospital at Home) Service to enable growth in beds on virtual ward by 50% (10 to 15 beds)
- Social work staff reviewing all care packages to identify additional capacity that can be released within the system
- Recruitment of Advanced Practitioner Physiotherapist to Hospital at Home team to support introduction of community respiratory service and prevent hospital admissions.

4 Policy Implications

- 4.1 The issues outlined in this report relate to the new arrangements for the delivery of health and social care.

5 Equalities Implications

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

6 Resource Implications

- 6.1 The Partnership has obtained additional funding through the winter planning process to invest in service developments that will both seek to avoid hospital admissions and support the early discharge of patients.

7. Risks

- 7.1 These service developments outlined in this report seek to reduce the risks to both acute and community services associated with winter pressures.

8 Involving People

- 8.1 Not applicable

9 Background Papers

None

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