

Report

Winter Plan 2016-17 and proposal for future use of Liberton Hospital Edinburgh Integration Joint Board

18 November 2016



Executive Summary

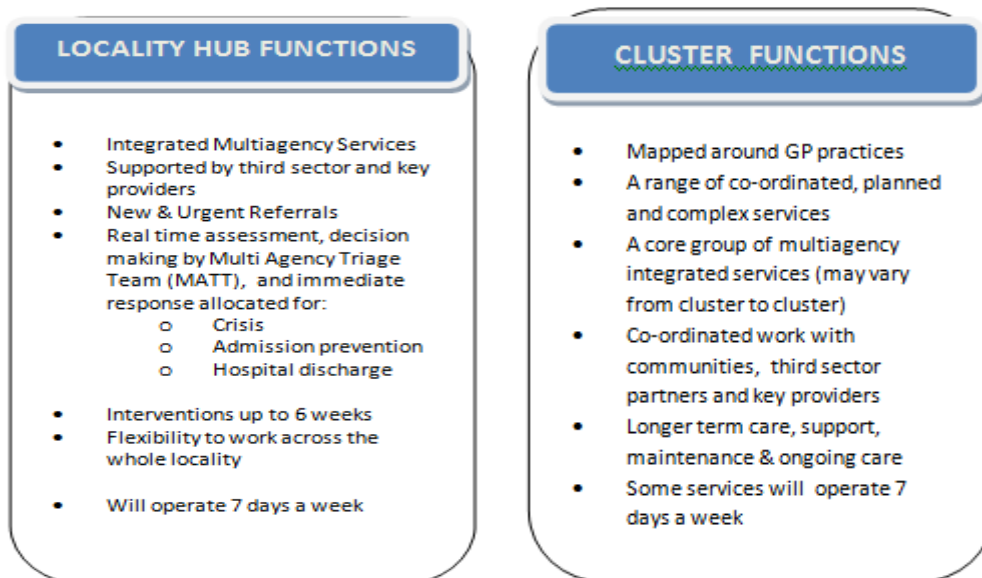
1. The report outlines joint plans for ensuring sufficient capacity over winter 2016-17 and contingency plans in the event of severe weather.
2. It provides an update on plans and proposals for the future of use Gylemuir Interim Care Facility and Liberton Hospital.

Recommendations

3. That the Edinburgh IJB notes progress with winter planning.
4. That the IJB accepts the proposal to utilise Liberton Hospital for those awaiting packages of care, in the interim, whilst the plans to enhance community capacity are implemented.

Background

5. Edinburgh has seen a fluctuating, and well reported, picture associated with those whose discharge is delayed in hospital. It is Edinburgh's intention to transform community supports through the establishment of Hubs and Clusters, providing more comprehensive and integrated services and supports, which has been reported to the IJB in the past. As well as supporting people to leave hospital, it is as important to support those to remain at home, and prevent crisis, and subsequent hospital admission. The most up to date thinking about the Hub and Cluster functions that are now being implemented are set out below:



6. This is line with our Strategic Plan aim of having as many services as supports provided on a locality basis as possible. In addition our Strategic Plan identifies a commitment to evaluate the need for the development of integrated care facilities, to meet our capacity requirements for the care and support for older people as part of the capacity and demand review. Early indications are that, like Glasgow and other areas across Scotland and the UK, Edinburgh residents would benefit from such integrated facilities.
7. The ultimate vision for Edinburgh would be to develop a mixed integrated facility in each locality to allow people to receive reablement support and maximise their function prior to being discharged to home or a care home setting. The 'Step Down' concept is well understood and tested in Edinburgh, however, as previously reported as part of the Capacity and Demand work, financial constraints have not allowed this model to become embedded. The potential to provide Hospital Based Complex Clinical Care and Care Home functions within an integrated facility should also be considered moving forward.

Main report

Severe Weather Contingency Planning

8. A Severe Weather Contingency Plan has been produced for Health and Social Care. Key points include:
 - Care homes for older people have been assigned as priority locations for road clearance and gritting – in-house and contracted.
 - Health and Social Care services will share information from departmental, Council and NHS systems to help identify vulnerable people living in the community in order to protect their vital interests during instances of severe weather where there are concerns for their safety.

- Emergency supplies will be provided to those assessed as requiring them. Social Care Direct will make the assessment.
- Personal Protective Equipment will be provided to workers exposed to severe winter weather when their work location is primarily outside (subject to further review and decision).
- The resourcing and coordination of 4-wheel drive vehicles and the equipment for other vehicles (e.g. winter weather snow tyres) will be undertaken by Fleet Services, based on an assessment of the needs of all departments. Health and Social Care will lease additional 4x4s for the winter period.
- Home care and Intermediate Care services may be able to draw on staffing resources from day care / disability services if they are not operating in a period of severe weather.
- Care homes have an arrangement in place to have back-up generators installed within 4-6 hours in the event of a power failure to prevent the need for closure of beds.
- Staff could be relocated based on priorities during severe weather.

Additional capacity

9. Funding has been approved for the Edinburgh IJB to assist with capacity and demand over winter, for a period of three months.
10. This funding will enable the creation of additional assessment capacity for the festive period (including weekends) across both the Royal Infirmary and the Western General hospitals. This will include 1 Senior Social Worker, 2 Social Workers and 2 CCAs.
11. A review of the Service Matching Unit (SMU) may enable an SMU presence in each discharge hub.
12. There is funding to increase GP capacity by 20 salaried GP sessions per week (2 FTE).
13. Skill mix will be enhanced to support people with mental health problems by aligning Community Practice Nurses to GP practices (4 FTE) to support people to remain in the community.
14. Existing Interim Care and Hospital to Home will be rolled out citywide to reduce emergency admissions and support discharges (16 FTE community support workers).
15. The Community Respiratory Service is to be enhanced – a member of the site-based Respiratory Team, potentially based in respiratory medicine, will provide the consultancy model as required. This will provide capacity to manage the predicted increase in respiratory activity, providing a seven day service, and will improve patient flow. This capacity would also allow for the Community Respiratory Team to be involved in potential set up of Rapid Access Respiratory Clinics in Acute settings.

16. Gylemuir House operates as an interim care facility to improve flow from acute settings. It will remain open throughout the winter, in order to cope with winter pressures and continue to reduce the number of delayed discharges. The facility is currently operating for 60 beds and is currently not carrying any vacancies.
17. The new Royston Care Home will provide 60 beds for older people and is due to open soon, replacing Porthaven and Parkview care homes. It will provide 15 additional challenging behaviour beds.
18. Two new Care at Home agencies will be fully operational by winter 2016/17 and will be aligned to the new Care at Home contract. This is expected to increase the number of hours provided per week from 25,000 to 30,000.
19. Enhanced third sector support from LOOPS is available in hospital discharge hubs to assist with practical tasks to facilitate discharge.
20. Telecare is a growing alternative to in-house visits. Telecare solutions are now offered early in the assessment process. Telecare can be significant in preventing hospital admissions, thus reducing winter bed pressure. In 2015, the Community Alarm and Telecare Service undertook 1025 response visits, following an activation of an alarm or Telecare equipment. Only 206 (2%) of these required a hospital admission.
21. The Carer Support Hospital Discharge service is now in operation, with two workers, one based at RIE and one at WGH. The Edinburgh Carer Support Team is in place to support carers in the community. The service promotes flu jabs for carers. An Assistant Carer Support Worker provides assistance in GP practices to identify and support carers through the winter months.
22. Flu vaccination clinics will be run for eligible staff across various sites.

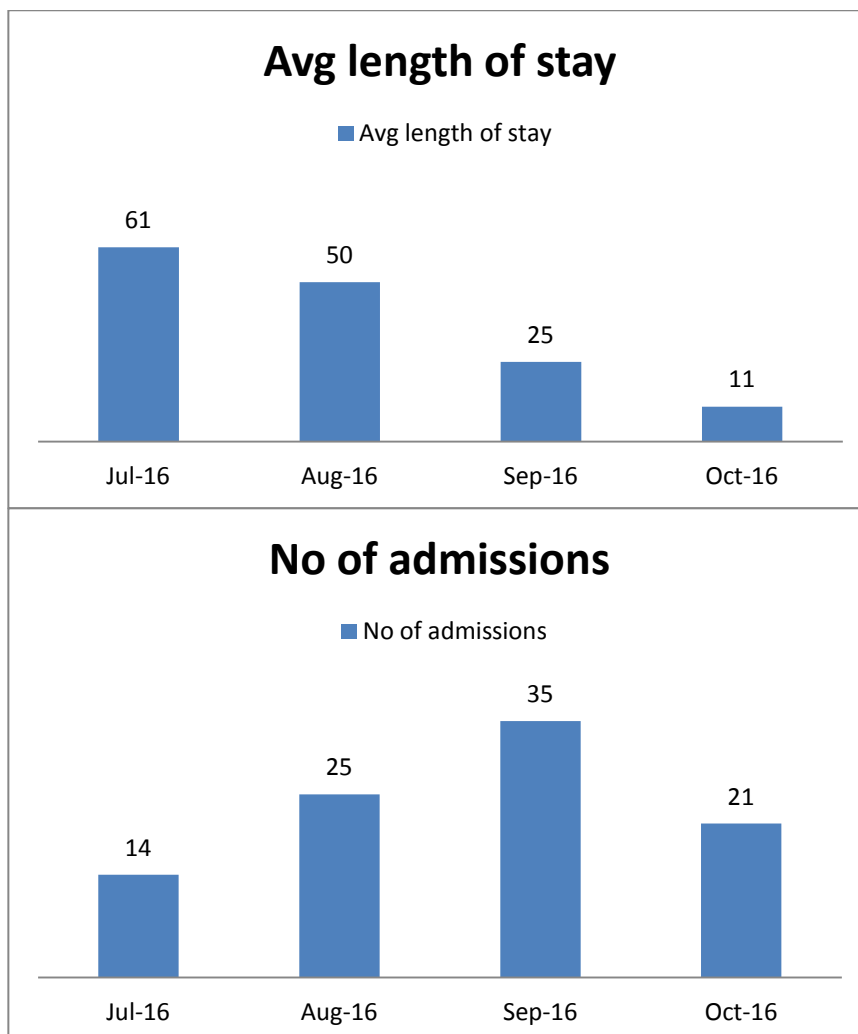
Gylemuir House

23. To assist with flow from the acute setting, and taking into account the number of people waiting predominantly for care home places, Gylemuir House has been commissioned by the Health & Social Care Partnership, as an interim care facility, and been in operation since 2015. This will be of particular value over the winter months to ensure people are in the most appropriate environment.
24. There have been a number of developments associated with the staffing mix to deal with a higher throughput of people, to meet the demand from acute hospitals, and to ensure a reablement model is supported. A recent improvement plan has been developed following Inspection visits, with good progress being made. In particular:
 - The depute post will in future be provided by a Council employee, rather than NHS Lothian, in order to provide a better understanding of care home systems and National Care Standards.
 - A single procedure for managing complaints and reporting is being established using the Datex system.

- CGI, the Council’s new ICT Provider, has submitted a proposal to upgrade the IT system by installing a new WAN circuit (10MB Fibre Connection), and router in the main building, with connections to the Corporate and Public network. This will support communication, record keeping and effective care planning, and will also provide access to Swift, the Council’s client database system, and TRAK, the NHS patient system.
- A proposed new “nurse call” system, based on six new 15’ Touchsafe Pro touchscreen display panels located around the home.

25. Activity at Gylemuir House has fluctuated depending on staff and ability to move people on to their care home, however it is noted that without this facility, people would have had to remain in a hospital environment till discharge. Providing a more homely, re-abling environment is considered a much more conducive environment for assessment to be complete for this life changing decision for our frailest citizens.

26. Gylemuir House has supported 386 residents since opening (5 January 2015 – 26 October 2016). The following tables show the number of admissions and average lengths of stay (no of days) per month since July 2016:



Liberton Hospital

27. NHS Lothian Board, as part of their acute hospital plans, made a decision that through enhanced community services, reduced delays in discharge, they would be able to accommodate all the acute and hospital based rehabilitation in the main hospitals for Edinburgh resident; the Western General, including Royal Victoria Hospital Building, and the Royal Infirmary of Edinburgh.
28. The Lothian Chief Officer Interface Group commissioned a Working Group to oversee the plans to close Liberton Hospital to acute activity, and Edinburgh has a connected working group to determine the interim model going forward, led by the Strategic Planning & Quality Manager for Older people.
29. In recent months, and in response to NHS Lothian's plans to close Liberton Hospital, the Edinburgh Health and Social Care Partnership has been driving forward the Hub and Cluster Locality model as highlighted above.
30. It is apparent however that with this transition to Liberton Hospital closure, the coinciding transitions of the change in the Edinburgh Care at Home contract, and the transfer of activity from Liberton back to the Royal Infirmary in particular, as well as the inevitable pressures over the winter period from November to March, there is a sense that continuing to utilise Liberton Hospital facility, to ensure people do not remain in acute hospital unnecessarily, would allow a far better experience for people, whilst ensuring flow through the system, to accommodate scheduled and unscheduled care.
31. As well as this, East Lothian Health and Social Care Partnership plans to use Liberton Hospital, up to December 2017, as an enabler to allow them to maintain their overall bed numbers, whilst Roodlands Hospital reduces in size for the building work to commence on the new East Lothian Community Hospital. East Lothian patients alone at Liberton Hospital would not be a viable, sustainable option.
32. A proposal for continuing to use Liberton Hospital for Edinburgh residents has been developed, in particular for those awaiting packages of care, supported by a reablement model, to optimise people's functional levels as they return home.
33. The proposal for Liberton Hospital becoming established as an interim care facility over 2016-17 will allow Edinburgh to:
 - Introduce the concept of an Interim Care Facility in accommodating a range of patients delayed more than 72 hour in an acute setting. These will be patients predominantly awaiting package of care, whilst those going to Gylemuir House will be predominantly awaiting care home placement
 - Support acute services to meet the 4 hour standard, reduce cancellation of elective and urgent surgery and reduce delayed discharges on these sites. It will also offer winter surge capacity in 2016-17
 - Develop a more community based and reabling model of care for this group, allowing outcomes to improve by leaving the acute setting at the most appropriate time, through the implementation of the Hub and Cluster model

34. It is proposed that the Acute Division of NHS Lothian, Liberton Management Team, and Edinburgh H&SCP will manage the site as an interim care setting, until all of acute services have been reprovided including Orthopaedic Rehabilitation, and there is a robust plan for the Integrated Older Peoples Service and Hospital at Home service.
35. Once the transfer of the function to the RIE has been completed, and there is clear community capacity to accommodate those at home, in care homes and an outline plan for integrated care facilities is developed, then Liberton will ultimately close, as planned.
36. The Acute Division has already helpfully begun to test the model to determine whether it would be viable or not in Liberton's environment, and this seems to be going well. It is proposed that other wards will be considered as further learning evolves from the model, to a maximum of 78 beds, which are currently staffed, to change function over the next few months.
37. The established working groups to see Liberton Hospital to closure are continuing to work at a local level, and on a pan-Lothian basis to develop appropriate models to ensure safe and effective care can be delivered both during, and after the key transition stages noted above. The Liberton Hospital Re provision Group, which has membership from Edinburgh, East Lothian, Midlothian and Acute Services Division has oversight of these changes.

Key risks

38. Key risks over winter include:

- The impact of disruptive severe weather
- The impact of norovirus and influenza
- That we are not able to recruit the required additional staff
- Festive/post-festive surge
- Two four-day festive breaks for GPs may cause difficulties in the days between Christmas and New Year and early January

39. Failure to provide interim care facilities at Gylemuir House and Liberton Hospital will:

- Have a detrimental impact on outcomes for older people, with them not being able to leave acute hospital care at the optimum time in their journey
- Result in the Edinburgh Health & Social Care Partnership not meeting standards associated with delays in discharge

40. This in turn will:

- Have a subsequent adverse impact for acute hospital ability to meet unscheduled and scheduled care standards, with a detrimental experience for service users
- Destabilise the overall capacity and flow for Edinburgh residents during the winter months in particular
- Jeopardise East Lothian Health and Social Care Partnership plans to use Liberton Hospital, up to December 2017, as an enabler to allow them to maintain their bed numbers, whilst Roodlands Hospital reduces in size for the building work to commence on the new East Lothian Community Hospital. East Lothian patients alone at Liberton Hospital would not be a viable, sustainable option.

41. It is anticipated that these risks will be mitigated by provision of the interim care facilities at Gylemuir and Liberton in the short term, with the longer term capacity plan identifying the options for delivery of integrated facilities within each locality going forward. These proposals will be presented to the Strategic Planning Group in early 2017.

Financial implications

42. The approved funding bids for additional capacity (as outlined in Sections 5-12) will allow the following:

- Additional assessment capacity for the festive period in Royal Infirmary and Western General – 1 Senior Social Worker, 2 Social Workers and 2 CCAs = £29,025
- SMU presence in each discharge hub = £11,615
- Additional GP capacity – 20 salaried GP sessions per week, (2 FTE) = £56,750
- Aligning Community Practice Nurses to GP practices (4 FTE) = £40,000
- Rehabilitation support – roll out of Interim Care and Hospital to Home services (16 FTE community support workers) = £104,100
- **Total** = £241,490

43. The enhancement of the Community Respiratory Service by one Band 6 for 4 months = £13,668

44. Edinburgh already has a plan in place to continue funding Gylemuir House meantime.

45. Edinburgh has already secured resources associated with changes prior to April 2016, including the reduction in bed numbers at Liberton Hospital, and a change in focus of the Day Hospital to the value of £718k. This is currently supporting the Integrated Older People and Hospital at Home Services.
46. In terms of the financial framework for the re-provision of the remaining 110 beds at Liberton Hospital, the Chief Finance Officers for East Lothian, Midlothian, and Edinburgh IJBs, along with the Finance Business Partner from Acute Services in NHS Lothian, and senior managers, considered options for the division of funding.
47. The recommendation to the Chief Officer Interface Group was that the updated Midnight Occupied Bed Days Count (3 year average to April 2016), be used, as this model presented a more accurate picture of activity within Liberton Hospital, and reflected more recent developments, providing greater confidence in activity.
48. The impact of using this formula would result in Edinburgh being allocated £4.917m.
49. It is proposed that in Edinburgh's share of the releases from Liberton, will be used in the first instance to deliver the interim care at Liberton in the short term, with the resources being considered for the longer term plans to provide the mix of interim functions and wider community capacity and demand supports in each locality going forward.
50. It was noted at the Lothian Chief Officer Interface Group recently that further work will be required on what else may be releasable in relation to Facilities and Estates costs when the site is closed, and this will be undertaken as part of the ongoing work by the Edinburgh and pan partnership groups.

Involving people

51. Winter plans have been designed in close consultation with other parties in the partnership.
52. The Edinburgh Partnership has engaged with, involved, and consulted with the local population, staff and other stakeholders and had in place a formal consultation process as part of developing the Strategic Plan, with it being identified that we would work with the Acute Division to close Liberton Hospital, whilst developing Locality working, this alongside exploring how we would provide Integrated care facilities is featured as being a key action to deliver against the agreed priorities within the Strategic Plan.
53. Key stakeholders will continue to be involved through the Strategic Planning Group, Older People Executive Group, as well as the Edinburgh, and Pan Lothian Working groups for this work.
54. Health and Social Care Locality Managers, and professional leads will continue to engage and involve stakeholders across their localities and communities.

Impact on plans of other parties

55. Winter plans have been designed in close consultation with other parties in the partnership.
56. The key impact of the Gylemuir and Liberton work will be on the whole system pathway for older people, which will impact on Acute Division, East Lothian Health & Social Care Partnership, as well as Edinburgh's partners across community social care and health care, as described above.
57. The recommendations in this paper supports the following Strategic Plan Actions:
- 22a) consider the longer term requirements for interim care beds
 - 22d) evaluate the need for development of integrated care facility model to meet capacity requirements
 - 22e) work with neighbouring Integrated Joint Boards and the Acute Division of NHS Lothian to allow the closure of Liberton Hospital and release resources for reinvestment in community based services

Background reading/references

Edinburgh Health and Social Care Partnership – Winter Resilience Plan 2016-17

Rob McCulloch-Graham

Chief Officer, Edinburgh Health and Social Care Partnership

Report author

Contact: Marna Green, Locality Manager, EHSCP

E-mail: Marna.Green@edinburgh.gov.uk Tel: 0131 553 8318

Contact: Katie McWilliam, Strategic Programme Manager, Strategic Planning & Older People, Edinburgh Integration Joint Board

E-mail: katie.mcwilliam@nhslothianscot.nhs.uk Tel: 0131 553 8382

Links to priorities in strategic plan

Priority 4	Providing the right care in the right place at the right time
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Priority 5	Making best use of the capacity available within
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the city

Priority 6

Making the best use of our shared resources