

## Appendix Three – MLCO performance and updates at a glance

# MLCO performance and updates at a glance

January 2019



### High Impact Primary Care (HIPC)

Three pilot HIPC programmes across the city providing GP led, integrated community care to most vulnerable residents who are high users of other services.

- User targets for November met with 463 residents accessing HIPC
- User targets for December met with 540 residents accessing HIPC
- Significant reductions in use of other services by users
- 75% of clients have had no emergency activity post discharge
- Pilots extended to March 2020.

Up to **60%** reduction in

- GP contacts
- Hospital admissions
- calls to NHS 111
- A&E attendances
- Ambulance calls

amongst HIPC cohort of patients

### Escalation and patient flow support

Joint work with team at Manchester Royal Infirmary to support discharge of super stranded patients medically fit for discharge back to community settings with right support.

- Programme of work since August 2018
- Ongoing identification of super stranded patients and coordination work to expedite discharge
- Joint health and social care approach through MLCO team
- Over 100 patients successfully discharged with combined length of stay of almost 11,000 bed days
- Contributed to average MRI length of stay reducing by five days.

**103** stranded patients discharged

with a combined length of stay in hospital of

**10,870** days

Contributing to a reduction in average inpatient length of stay at MRI.

### Manchester Community Response (MCR)

Umbrella for six programmes of work including Community Crisis Response, Discharge to Assess, Reablement and others that provide short term care to help prevent hospital admission/expedite discharge.

- Central Manchester crisis response team launched Nov 2018 to take NWS amber pathway referrals
- South Manchester crisis response team launched Dec 2018 to provide community referrals from A&E, AMU, CDU, GPs and social
- Discharge to Assess programmes running in North and South Manchester.

### Central Community Crisis Response team since Nov

**135** accepted amber referrals from NWS  
**116** patients treated in community and avoided A&E/admission

### South Community Crisis Response team since Dec

**65** referrals accepted from GPs/urgent care and treated in community

### Integrated Neighbourhood Teams (INTs)

12 neighbourhood teams, co-locating health and social care services around populations of 30k to 50k residents. Each team has leadership including overall lead and GP, nursing, social care and mental health leads.

- Recruitment to 9 of the 12 overall leads complete
- All 12 GP leads in place as well as nurse and mental health leads
- Estates work to complete hub bases for each INT progressing with 6 complete and others underway/in negotiation
- Didsbury East and West, Burnage and Chorlton Park INT has been an early implementer at Withington Community Hospital since November 2018.

### Early work from Didsbury East & West, Burnage and Chorlton Park INT early implementer has found:

- + improved communication between health and social care teams
- + better understanding of roles, speeding up of assessments and more joint visits
- = better coordinated care for local residents

Powered by:

