



Lancashire County Council
Adult Social Care
Winter Plan 2018/19

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Version 2



Document Version Control

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1. Introduction

Winter planning is a necessary and critical part of business planning in order to set out business continuity and managing major areas of risk during what is typically a pressured season of the year.

In order to set out the approach across Winter 2018/19 for Lancashire County Council Adult Social Care, a winter plan has been developed. This plan comes into effect from 1st October 2018 and will run until the 31st March 2019

An ageing population combined with increasing numbers of people with a long term health condition means that demand for both health and social care is increasing, and we know that these pressures increase during winter months, particularly across the urgent care system. Following another challenging winter across the Lancashire and South Cumbria Integrated Care System, the need for integrated planning is critical and LCC Adult Social Care is working closely with partners in each Integrated Care Partnership to ensure that so far as possible, new pathways are in place and embedded before Winter commences and that plans are in place to meet anticipated demand pressures. As we head into winter 2018/19, some of the intensive work across the last 12 months plus use of the Improved Better Care Fund monies to pump prime new initiatives, is placing us in an improved position. Additionally, initiatives such as the Acute Social Work peripatetic team are helping to bolster assessment resource enabling those teams to better respond to demand whilst team members are on leave and where there are surges in demand due to Hospital pressures, and the 24/7 Acute Mental Health Professional (AMHP) service is making a significant impact on availability of AMHPs to enable people to avoid unnecessary attendances to the Emergency Department and then very lengthy waits for assessments/mental health beds in an environment that is not resourced or skilled to provide the right support. .

Challenges to significantly reduce and maintain low to no levels of Delayed Transfers of Care, the challenging financial position of the Council, and workforce pressures across the sector remain. The Adult Social Care transformation programme Passport to Independence has now moved into Business as Usual and the intensive work through the programme is demonstrating improvements in both practice and process leading to improvements to the services we provide to those in need, and the increase in achieving more appropriate outcomes at the right time for the citizens of Lancashire is becoming ever more visible through performance data.

The Winter Plan additionally sets out capacity and contacts across the Christmas and New Year holiday period. Summary contact details for points of escalation are included in this plan which should be read alongside the Adult Social Care Escalation Plan which provides more detailed information regarding threshold levels and responses aligned to each OPEL (Operational Pressures Escalation Level Framework – national NHS escalation framework) level. Information and contacts have also been confirmed into each A&E Delivery Board summary plan.

Adult Social Care will continue to work with each Integrated Care Partnership area through existing networks and through each of the five A&E Delivery Boards across the County. Where possible, a pan Lancashire approach will be encouraged to maximise system resilience and the benefits of the deployment of resources. Many of our current resources to support urgent care and flow out of hospitals continue to be enhanced through iBCF funding, and we will ensure best use of funding to meet Key Performance Indicators and resilience across the system. Across this winter, work will be taking place with partners to look at sustainability of new services and pathways that make a difference.

Progress reports and recommendations concerning significant actions undertaken will be delivered through the usual channels both within the Council and externally with partners.

The plan version 2 dated 25th July 2018 has been signed off by the Director of Adult Social Care and the Exec Director of Adult Services, Health and Wellbeing on the 25th July 2018 and shared with relevant managers and staff within the Council.

A copy of the winter plan will be forwarded to each A&E Delivery Board for inclusion in the system wide winter planning and delivery reporting.

Any significant amendments will be communicated via the issue of a new version

2. Capacity Information & Pressures

Across the county there are various **intermediate care services** such as **Community Beds, Reablement and Crisis Support services**.

Appendix 1 outlines the current provision of **intermediate care services** across each CCG footprint area.

- **Reablement and Crisis Support services** were recommissioned in 2017 and the new contracts commenced between June – September 2017.

In each ICP, the crisis service is being used as part of a recognised and agreed Discharge to Assess pathway under the Home First principles. To meet the needs of the pathway, crisis support is extended to up to 72 hours over 5 days rather than the core service of up to 72 hours over 3 days. The crisis service can also be commissioned for up to 5 days over Bank Holiday periods to facilitate discharges and prevent admission to Hospital. Eligibility for the service remains as per the guidance in place.

The Hospital Aftercare new service contracts in Central Lancashire and North Lancashire commenced on 1 May 2018 with Age UK. They now align with the model in East Lancashire to integrate the service with discharge teams and to support timely discharge for those people not requiring specialist transport or social care. The services include "Take Home & Settle" (Tier 1) for up to 3 hours, and "Follow-up and Support" (Tier 2) providing level support for up to six weeks and up to 15 hours support over the period. Transition to the new services has gone smoothly. It is expected that the service will accept a minimum of 2,296 and 1,889 referrals a year in Central Lancashire and North Lancashire respectively, and that 96% of people will not be readmitted to hospital within 28 days of discharge.

Capacity and usage information regarding intermediate care services is circulated daily to key staff across partner agencies. A monthly summary of suspended residential beds & Performance Improvement interventions is also circulated monthly to A&E Delivery Board Chairs and shared with Board members.

Alongside Intermediate Care services, there is a wide range of domiciliary, residential and nursing care home provision across the County. **Appendix 2** outlines the number of Providers in Lancashire and the approximate number of beds and hours in the system by area.

There continues to be some challenges in meeting all demand for these services from the existing supply – volume or availability is not always at the level needed or response timescales required. There are a number of interconnected causes including:

- rising levels of demand and volatile and localised 'spikes'
- fee levels – affordability for commissioners and profitability and incentives for providers to develop their businesses do not always match
- workforce recruitment and retention is challenging and can be acute in local areas where the labour market is tight
- Increasing complexity of meeting needs of individuals increasing the intensity of support and skills of staff required.

In December 2017, Cabinet approved inflationary fee uplifts for 2018/19 of between 3.48% and 3.82% to all providers of residential and nursing care homes to support stability in the market and payment of the increased National Living Wage.

Along with NHS partners Lancashire County Council have signed up to the testing of the new Care Home Bed State Portal which will support live-time system access to capacity in the market across Lancashire. This will free up staff time across Social Care and the NHS in terms of gathering this information, creating capacity for other tasks.

For home care we continue to see pressures in line with the national picture. However, following implementation of the home care framework in November 2017 there has been a reduction in the number of people waiting for a home care package and the changes have contributed to the improved position on delayed transfers of care.

Contracting with just 52 providers under the home care framework, instead of 190 providers, is enabling closer partnerships with providers and a greater focus on quality, standards, performance and monitoring. There are now stronger contract management arrangements in place, including monitoring the ability of providers to accept new home care packages and taking action where performance needs to improve.

We are developing further plans aligned to the Passport to Independence Programme to maximise the independence of people who use home care and to increase service capacity within the market, for example by minimising double-handed care.

The Council has continued to see an overall increase in contacts and demand for social care support, in particular on discharge from Hospital with work for those teams increasing by 20% over the last 12 months. To support Adult Social Care to meet these challenges delivery of the Passport to Independence programme remains and the focus is now on how we build on this to further improve performance and meet demand pressures. A key element of this is improving decision making from the first contact a person has with social care, thus ensuring that people receive proportionate assessments and support is provided in a way that maximises their independence. This avoids people receiving more support than they need, and ensures that they receive support in the most appropriate and independent environment, thus freeing up capacity in long term support services.

Through the delivery of the Passport to Independence programme we are continuing to see:

- an increase in the number of reviews being undertaken, therefore supporting the prevention of a deterioration of the person's ability and independence
- an increase in the timeliness of assessments also supporting the prevention of further deterioration of the person's ability and independence

- a reduction in the number of people moving directly into residential care on discharge from Hospital
- an increase in the number of people moving straight home on discharge from Hospital
- an increase in the number of people accessing Reablement
- a reduction in the waiting times for Occupational Therapy assessments

Across each A&E Delivery Board area, adult social care staff will continue to dial into DToC, Resilience and Escalation teleconferences as required, including at weekends. Areas of concern will be addressed and reported on in accordance with agreed governance and escalation plans.

When systems are under pressure it remains important to collaborate to make best use of public funding and to reduce duplication, and Lancashire County Council will continue to plan with partners to ensure that these principles underpin our collective response to Winter resilience.

3. Contract Management – Independent Provider Business Continuity

LCC Contract Management requires Service Providers to deliver operationally to the full terms of their contractual agreements. This includes having the level of staff required to deliver the service provision fully and safely, that they have a plan in place for an event of significant service impact including staff illness, inclement weather where usual routes may be temporarily impassable, and to ensure that Service Users are not impacted by a reduction in regular Service Provider delivery.

All providers should have business contingency/continuity plans in place, some of which may well reference service continuity issues re: inclement weather – last year in Lancashire this included the impact of heavy snow and flooding.

In the event of an impact on service delivery, service Providers are required to contact LCC to make them aware of the situation as soon as is practical to do so and also confirm what they are putting in place to resolve or mitigate any impact on service delivery. Home care providers are required to be contactable throughout the contracted service delivery time, typically for home care 7am to 10pm, 7 days per week, and for residential care 24/7.

Communications will be sent out to all providers to identify key areas within the system where their support is requested, and remind providers of the pressures in particular over the holiday period and how they can help.

Work is underway to review and renew the contracts held with Care Homes and includes the potential to extend the notice period for Providers to hand back contracts, which will aid business continuity planning and system resilience.

4. Social Work Teams Assessment Capacity Across Christmas & New Year

Sustainable year round weekend working within the Acute social work teams is now in place as Business as Usual, and surge capacity has been created through a countywide peripatetic team of social work staff across Acute Trusts.

Appendix 3 outlines the staffing levels per site per day over the Christmas and New Year period. There will be staff working in each hospital team every day except Christmas Day over the holiday period, unless agreed otherwise with NHS partners. Once formally confirmed, specific names and contact details will be provided to key personnel in each area.

To further support winter resilience, Adult Social Care have restricted annual leave across both hospital and community teams so that 80% of available staff will be in work from 1st December 2018 to the 31st January 2019, with 60% of available staff in work between the 27th-28th December 2018. To ensure effective response to unpredictable spikes of activity, all staff will be directed to work on whatever the prioritised pressures are for adult social care during this time, rather than attend to what may be their usual caseload. This will support the overall resilience of the system both in hospital discharge and admission avoidance.

Care Navigation also work 7 days a week, and over the Christmas and New Year period will be working every day except Christmas Day, enabling improved sourcing and access to services across the whole week.

The AMHP service now works 24/7 and will be fully embedded before Winter commences. Alongside the Emergency Duty Team they will provide a more responsive service to people in need of an urgent AMHP assessment both at home and in the Emergency Department, due to being acutely mentally unwell.

The Emergency Duty Team operates out of hours to respond to service users in need to urgent and immediate support that cannot wait until the core team are back on duty.

5. Corporate Resilience and Continuity Plans

Within Lancashire County Council, business continuity plans are in situ and reviewed regularly. Co-ordinated responses across the Council and with partners in the event of local catastrophic events including severe weather, are in place via the LCC Health, Safety & Resilience Service.

The council prepares for such events through the production of a suite of plans and guidance documents. As each incident will be different and may require a different response, the planning arrangements are designed to be flexible in their approach and provide various options from which the response can be tailored.

The need to ensure the safety and continuity of care to the vulnerable residents of Lancashire is paramount. Measures to be taken within resilience and continuity plans include:

- Identification of vulnerable service users
- RAG rating and identifying which of our teams are the most critical and which could be redirected in the event of a catastrophic event
- Ensuring plans are in place to coordinate with and update partners on an operational basis when such events occur. Pragmatic use of existing teleconferences where appropriate will facilitate some of this to happen.
- Updating partners around Adult Social Care's own internal escalation status, enabling full visibility of pressures and actions

Mapping staff availability to geographical areas in the event attending work bases is compromised.

6. Winter Resilience – iBCF

Appendix 4 details the iBCF bids that support the NHS and expected aims and impact around additional capacity and reducing delayed transfers of care.

Additional posts have been secured to support each of the social work teams in acute sites to improve collation and analysis of data, enabling improved case

Whilst some of the funding for enhanced services are being met through the iBCF, there is however no formal designated resilience funding identified within these monies, and therefore further resilience discussions may need to take place with NHS partners around whole system planning.

7. Mental Health

The Approved Mental Health Professional (AMHP) provision across County, has now been enhanced to provide a 24/7 service. Mental Health beds often become available later in the day, and with the previous service this resulted in cases being passed to the EDT. The new service will significantly reduce the need for this to happen, enabling an improved response to urgent assessments for example in A&E.

There will be a reliance however on the NHS to be able to provide beds for people assessed by AMHPs as requiring this service.

The new service will also enable more proactive planning to take place such as booking Doctors in advance so preventing delays. As well as supporting an improved response to people requiring assessment in Hospital, the new service will facilitate an increased AHMP availability in community.

The LCC Mental Health team will continue to participate in weekly DTOC teleconferences with Lancashire Care Foundation Trust (LCfT). They also hold weekly meetings with the NHS Commissioning Support Unit - Advanced Discharge Planning Group, aimed at achieving flow through mental health beds.

Team managers in the Community Mental Health Teams remain involved in weekly meetings where they identify their service users who are in hospital and look at how they can support timely discharge.

The LCC Mental Health Service Manager is also in regular contact with LcFT's capacity and flow manager re any delays to potential discharges from in-patient services and look at solutions to unblock these.

8. Public Health

Flu Vaccinations

Local authorities have a responsibility to provide information and advice to relevant bodies within their areas to protect the health of the population. The annual flu vaccination programme is one of those areas.

Lancashire County Council promote awareness of the importance of flu vaccination amongst eligible groups and provide advice and support to increase uptake. LCC undertake an annual workforce flu vaccination programme to increase staff protection via the offer of a vaccination to eligible staff such as: frontline Adult Social Care staff;

frontline Children and Young People staff, frontline staff working in settings with vulnerable populations and 'business critical' staff in order to ensure essential services are unaffected over the winter period.

All staff across Adult Social Care have been encouraged to take up the seasonal Flu jab to support keeping our teams well over winter.

An additional programme was introduced for the 2017/18 flu season where Health and Social Care staff directly involved in the care of vulnerable patients and employed by a registered residential care/nursing home or registered domiciliary care provider, could also receive a free flu vaccination. This programme complemented existing immunisation schemes already in place across the health and social care system.

Affordable warmth

LCC works with the district councils to secure national Energy Company Obligation funding through the [Cosy Homes in Lancashire](#) (CHiL) scheme for measures such as a replacement boilers and insulation measures. In particular CHiL supports those households in fuel poverty and at greatest risk of their health being affected by having a cold home but also provides an offer to all households, residents leaving hospital are targeted for support.

Crisis Support

Urgent help with the costs of food or fuel and provision of certain household essential items is available through the Council's Crisis Support scheme (formerly Care and Urgent Needs) for those on a low income and experiencing a crisis beyond their control. Access to support is via the Council's Customer Access Service.

Welfare Rights

The person or someone on their behalf can contact the Welfare Rights Service by phone, email, and letter or via an online form on the website. All calls are answered by the customer services centre, who will respond as appropriate and take the details for any new enquiries which are then sent through to allocate as appropriate. Enquiries are split into three types, the first being an enquiry from or about an older person (currently anyone over 65 years of age), and general enquiries where we should be able to provide the necessary advice by phone, and then complex enquiries like mandatory reconsiderations and appeals. Depending on the type of enquiry and the urgency, each case is allocated to an appropriate adviser to make contact within a range starting with 2 days for very urgent enquiries, up to a month for low priority general advice.

9. Winter and Personal Resilience – Communications Arrangements

LCC has a dedicated 'Winter' page on the website delivering advice to residents on areas including how to keep warm and well plus information regarding travel, gritting and weather forecasts. Links are provided to partner sites including advice from the NHS and Lancashire Fire and Rescue. Between 1st November 2017- 31st March 2018 the site received 38,633 unique hits showing the importance and value of the provision of information to the citizens of Lancashire.

Helpful advice is provided on the site regarding how to prepare for inclement weather and advice around 'choosing well' with regard to accessing health services and not increasing unnecessary pressure on GP surgeries and Hospitals. Residents are encouraged to take up the Flu jab, particularly if they are entitled to a free vaccination, and to encourage older or vulnerable friends, family and neighbours to do the same.

The LCC Winter site will continue to be updated with relevant information and advice throughout the winter period. During bad weather social media and press releases are used to remind people to take care and encourage neighbours to visit those who may be vulnerable living nearby. Key stakeholders are updated about the situation and any effects on service delivery.

10. Additional Plans & Actions

Adult Social Care is also implementing or building on a range of plans, commissioning intentions and actions which will support winter resilience 2018/19. These include:

- Better data quality and visibility is in place to support social work community teams to manage their work and waiting lists. Combined with the roll out of new ways of working through the Passport to Independence programme this will continue to enable increased productivity within teams, ensuring that people receive more timely assessments in the community.
- Improved visibility of monitoring and performance data across acute social work teams to support timeliness of assessment and case progression, as well as quality outcomes for people using a 'home first' ethos for discharge planning.
- Acute Social Workers, the Care Navigation service and the 24/7 AMHP service have all increased their capacity and now operate 7 days a week as part of the core service enabling more service users to receive the care they need in a timely manner
- The Occupational Therapy service increased by 100% in order to both lead the newly redesigned Reablement service, as well as better meet the demand for moving and handling assessments in the community. Volume and timeliness of assessments has increased and improved significantly, as has the volume of referrals through to District Councils for DFG adaptations.
- Work is underway to look at how the volume of people accessing Reablement can be further expanded, with a focus on people stepping up into this service from the community and avoiding unnecessary admissions to Hospital and Residential Care
- Recommissioning of Crisis has taken place and a new Hospital Aftercare service has been commissioned across the county to support hospital discharge and hospital avoidance.
- A new night time support service has been commissioned in North and Central Lancashire (one already exists in East Lancashire), and is being tested across the winter period to look at demand for the service and effectiveness in enabling greater numbers of people to remain at or return home.

- Work is underway to scope out a project to support the use of appropriate community equipment to reduce the need for 2 carer packages of care. This will support the individual's dignity and independence as well as release capacity back into the market.
- Schemes and actions in line with the High Impact Change model will continue to be developed and implemented, or where already commenced will be ramped up, with partners to embed into business as usual across Lancashire. Learning from best practice across Lancashire with regard to schemes, methodology and system benefits will continue to be shared to enable all areas to implement effectively.
- We are actively working with all partners including independent sector providers to develop Trusted Assessor pathways for a range of services, to support relieving pressures across the system.
- The LCC Contracts team monitor alerts from the Met office and subsequently sharing with providers where there are risks highlighted and business continuity plans may need to be implemented
- The number of people receiving Telecare is continuing to expand, supporting the need for early intervention and access to the most appropriate services for individuals.
- There are 13 Day Time Support Centres across Lancashire which offer a luncheon service where older members of the community can purchase a lunch and activity. These services can be arranged on the same day. The majority of Day Time Support centres will be open across bank holidays with the exception of Christmas Day, Boxing Day and New Year's Day.
- The 18 LCC residential homes offer Christmas lunches to members of their community, reducing social isolation at Christmas.

11. **Appendix 1** – Intermediate Care Provision & Capacity Across County

Area	Lancs North	F&W	East Lancs	Preston/C&SR	West Lancs
Community Beds	LCC Dolphinlee 22 beds (including dementia rehab)	LCC Thornton House 17 beds	LCC - Castleford 10 beds	LCC - Meadowfield 27 beds	Stocks Hall 6 beds
	LCC/MBCCG/UHMB/BTH/LCFT Altham Meadows 22 beds (8 clinically enhanced beds to come on line in the near future)		LCC – Olive House 14 beds	LCC – Broadfield 16 beds	LCC – Beacon View 6 beds
Reablement Capacity	Cherish Target – 51 new starts per week		CRG Target – 48 new starts per week	Guardian Homecare Target – 58 new starts per week	
Crisis Support (inclusive of additional iBCF hours)	Mears Care 758 hpw across the full North Lancs area		Supporting Together 1050 hpw	Ark Healthcare 1448 hpw across the Central & West Lancs area	
Hospital Discharge Aftercare Service	Age UK Lancashire		Age UK Lancashire	Age UK Lancashire	

12. Appendix 2 – Domiciliary, Residential and Nursing Capacity Across Lancashire

Provider Type	Number of Providers Across County	Number of Hours/Beds
Domiciliary Care	Approximately 6,700 people receive home care and the majority of those services are now delivered by 52 providers under the home framework that commenced on 13 November 2017.	Approximately 100,000 home care hours per week across Lancashire broken down by area as follows: <ul style="list-style-type: none"> • 37,000 hours per week in Central Lancashire • 31,000 hours per week in East Lancashire • 32,000 hours per week in North Lancashire.
Residential/Nursing Care	<p>Total: 439 Homes –</p> <p>319 Residential</p> <p>111 Nursing</p> <p>9 Residential & Nursing</p> <p>Central: 146 Homes –</p> <p>98 Residential</p> <p>45 Nursing</p> <p>3 Residential & Nursing</p> <p>East: 146 Homes –</p> <p>112 Residential</p> <p>29 Nursing</p> <p>5 Residential & Nursing</p> <p>North: 147 Homes –</p> <p>190 Residential</p> <p>37 Nursing</p> <p>1 Residential & Nursing</p>	<p>Total: 12643 Beds –</p> <p>7156 Residential</p> <p>5151 Nursing</p> <p>336 Residential & Nursing</p> <p>Central: 4736 Beds –</p> <p>2392 Residential</p> <p>2176 Nursing</p> <p>168 Residential & Nursing</p> <p>East: 4066 Beds –</p> <p>2514 Residential</p> <p>1471 Nursing</p> <p>81 Residential & Nursing</p> <p>North: 3841 Beds –</p> <p>2250 Residential</p> <p>1504 Nursing</p> <p>87 Residential & Nursing</p>

13. Appendix 3 – Christmas and New Year Staff Breakdown Across Hospitals

Date	ELHT	LTH	BTH	UHMB	Southport & Ormskirk	Care Navigation	County Manager on call
22nd December	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
23rd December	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
24th December	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
25th December	Cover for emergencies only by Emergency Duty Team	Cover for emergencies only by Emergency Duty Team	Cover for emergencies only by Emergency Duty Team	Cover for emergencies only by Emergency Duty Team	Cover for emergencies only by Emergency Duty Team	Cover for emergencies only by Emergency Duty Team	Cover for emergencies only by Emergency Duty Team
26th December	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
27th December	Normal working day						
28th December	Normal working day						
29th December	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
30th December	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes

Date	ELHT	LTH	BTH	UHMB	Southport & Ormskirk	Care Navigation	County Manager on call
31st December	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
1st January	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
2nd January	Normal working day	Normal working day	Normal working day				
3rd January	Normal working day	Normal working day	Normal working day				
4th January	Normal working day	Normal working day	Normal working day				
5th January	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
6th January	5 Social Work staff	5 Social Work staff	3 Social Work staff	3 Social Work staff	3 Social Work staff	Yes	Yes
Comments							

14. Appendix 4 - Winter Resilience – Additional Capacity Funded via iBCF

LDP Area/Scheme Proposals	Expected Outcomes
Morecambe Bay	
Altham Meadows Intermediate Care Centre: Integrated nursing and rehabilitation service as an alternative to hospital care.	<ul style="list-style-type: none"> • 33% reduction in DToC across both schemes
Crisis Hours and Enhanced Therapies: Expedite discharge work with Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	<ul style="list-style-type: none"> • Being worked up
Fylde & Wyre	
Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	<ul style="list-style-type: none"> • Being worked up
CHC process review (trusted assessment): Trusted assessment, better screening, and better home of choice compliance.	<ul style="list-style-type: none"> • Reduce CHC referrals • Increased number of reviews at home • Reduced number of challenges to home of choice policy
Trusted Assessor (Care Homes): Targeted Locality Trusted Assessor support.	
East Lancashire	
Multi-Disciplinary Discharge Team: Support joined up leadership to ensure consistent and effective discharge pathways.	<ul style="list-style-type: none"> • Reduction of 571 delayed days • Increase in Trusted Assessments completed • Increased weekend discharges
Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	<ul style="list-style-type: none"> • Reduction in DToC • Reduction in delayed bed days • Increase in number of people returning directly home from Hospital
Continuing Health Care (CHC) Pathways: Align existing budgets as a means to ensure wherever possible. CHC assessments are completed outside of hospital setting. No funding allocation requested within bid.	<ul style="list-style-type: none"> • Increased number of people with complex needs being supported at home • Increased number of CHC assessments undertaken in the community rather than in Hospital • A 'Home First' principle will be applied to all patients • Reduced admissions to Long Term Care
Implement Home Choice Policy: Delivery of national guidance on	<ul style="list-style-type: none"> • Reduction in the number of patients awaiting their home of choice in

LDP Area/Scheme Proposals	Expected Outcomes
supporting patient choice. No funding allocation requested within bid.	Hospital <ul style="list-style-type: none"> • Reduced costs for the system
Preston/Chorley & South Ribble	
Home First: Support delivery of discharge to assess to admit; facilitating step up and down.	<ul style="list-style-type: none"> • Reduction in DToC • Reduction in delayed bed days • Increase in number of people returning directly home from Hospital
Allocation team for Care and Health: Single point of access for intermediate care, managing capacity and demand in services, with additional crisis support capacity.	<ul style="list-style-type: none"> • A reduction in avoidable hospital admissions • An increase in step-up access from community settings • A reduction in inappropriate referrals and duplicate assessments with better consistency • A reduction in care home admissions and high cost support packages • Better outcomes for patients/customers and a seamless transition through intermediate care
Care Home Support Model: Proactive, preventative service to wrap around residents in a care home setting, working to prevent inappropriate visits to A&E, avoidable admissions, reduce DToC and length of stay.	<ul style="list-style-type: none"> • Reduction in acute A&E and unplanned admissions. • Reduce the number of delayed transfers of care following admission. • Reduction in Social Care assessments to be carried out. • Reduce length of stay in acute care and length of stay for patients in short term placements in homes. • Build more effective communication links between Health, Social Care and Care Home staff. • Reduction in demand for higher rate residential placements
West Lancashire	
Community Hub: One place, flexible hub for intermediate care, reablement and rehabilitation. Increased capacity for discharge to assess.	<ul style="list-style-type: none"> • 2-5% reduction in DToC. To be confirmed once model fully worked up
7 day integrated discharge pilot (intermediate care) Integrated working between 2 current teams. Move to 7 day working.	<ul style="list-style-type: none"> • Reduction in DToC • Improved Integrated working
Home First Workforce Development: Generic therapy and Nursing assistant. Training posts.	<ul style="list-style-type: none"> • Expected Increased re-ablement capacity and workforce • Reduced long term packages/inappropriate packages
Frail Elderly: Workforce development. No funding allocation	

LDP Area/Scheme Proposals	Expected Outcomes
requested within bid.	
Discharge App: Simplifying a complex system. No funding allocation requested within bid.	

	Expected Outcomes
High Impact Changes Fund additional spend	
HIGH IMPACTS CHANGES FUND: Including Peripatetic Team; Acute team 7 day working across hospitals; Trusted Assessors - Trusted Assessor Training; Seven Day Service - 24 hour AMHP service (Mental Health); System to Monitor Patient Flow - DTOC tracking - additional hospital resource.	<ul style="list-style-type: none"> • Reduction in DToC, especially focussed on social care DToC • Reduction in delayed bed days due to waits for social care assessments • Increase in number of people returning directly home from Hospital • Reduction in waits for AMHP assessments