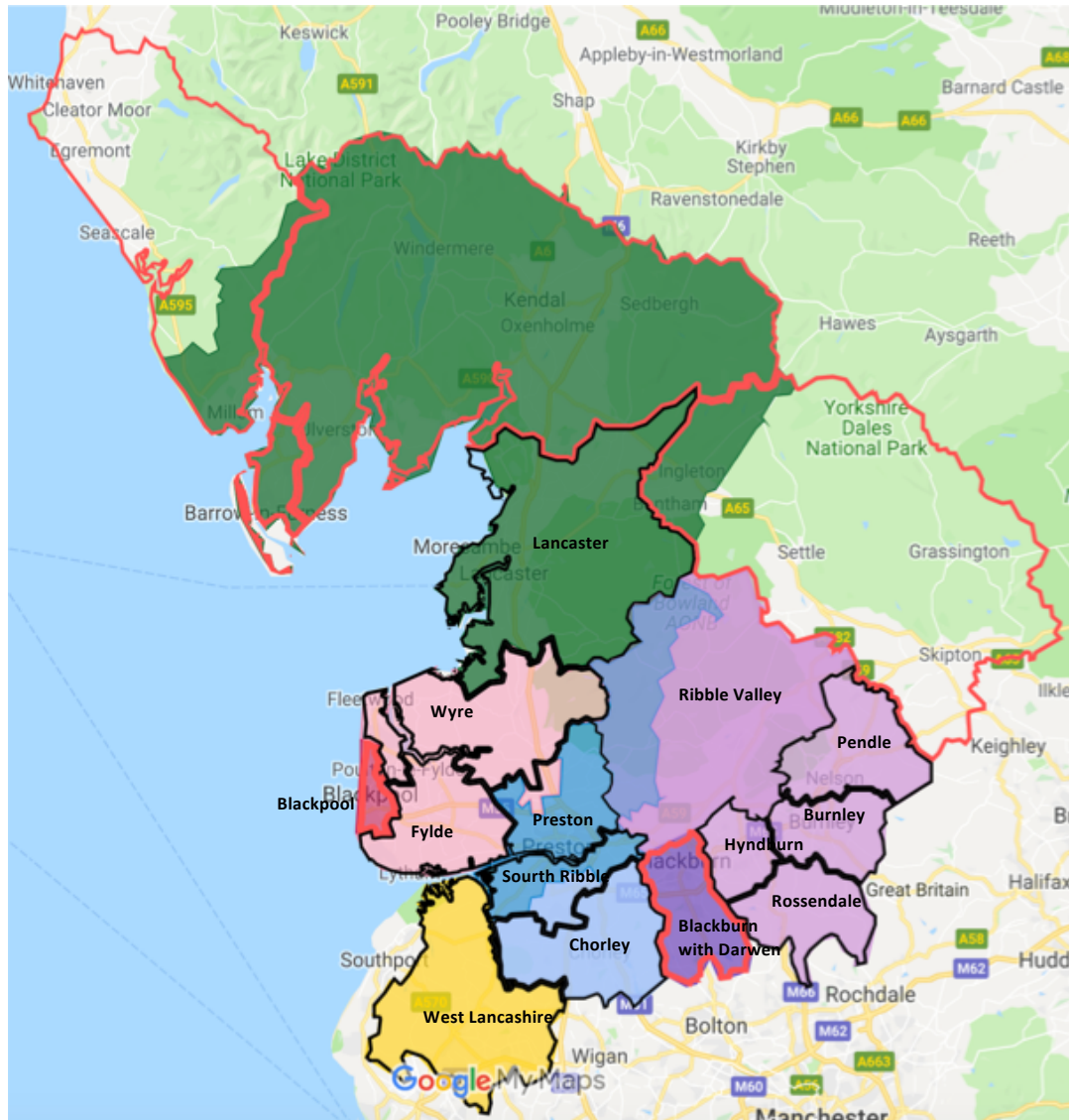


# Lancashire intermediate care review

19 March 2019



# Lancashire and South Cumbria is a geographically diverse and complex system



## Key

### ICPs

- Morecambe Bay ICP
- Fylde Coast ICP
- Central Lancashire ICP
- West Lancashire ICP
- Pennine Lancashire ICP

### CCGs

- NHS Morecambe Bay CCG
- NHS Fylde and Wyre CCG
- NHS Blackpool CCG
- NHS Chorley and South Ribble CCG
- NHS Greater Preston CCG
- NHS West Lancashire CCG
- NHS East Lancashire CCG
- NHS Blackburn with Darwen CCG

### Local authorities

- Districts part of Lancashire County Council
- Districts part of Cumbria County Council, Blackpool Unitary, Blackburn with Darwen Unitary

# The role of intermediate care

Intermediate care plays an important role in the care of people. It is an essential part of:

1. Avoiding hospital admissions
2. Allowing people to leave hospital as quickly as is appropriate

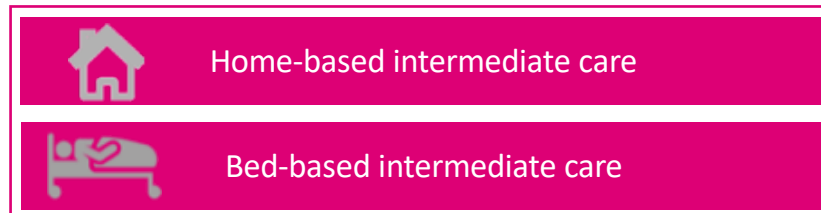
## Care in the community

- Understanding the health and care needs of a population
- Proactive care and support
- Avoiding admissions to hospital



## Intermediate tier

- Health and social care
- Response to a person becoming unwell
- Helping a person recover quickly



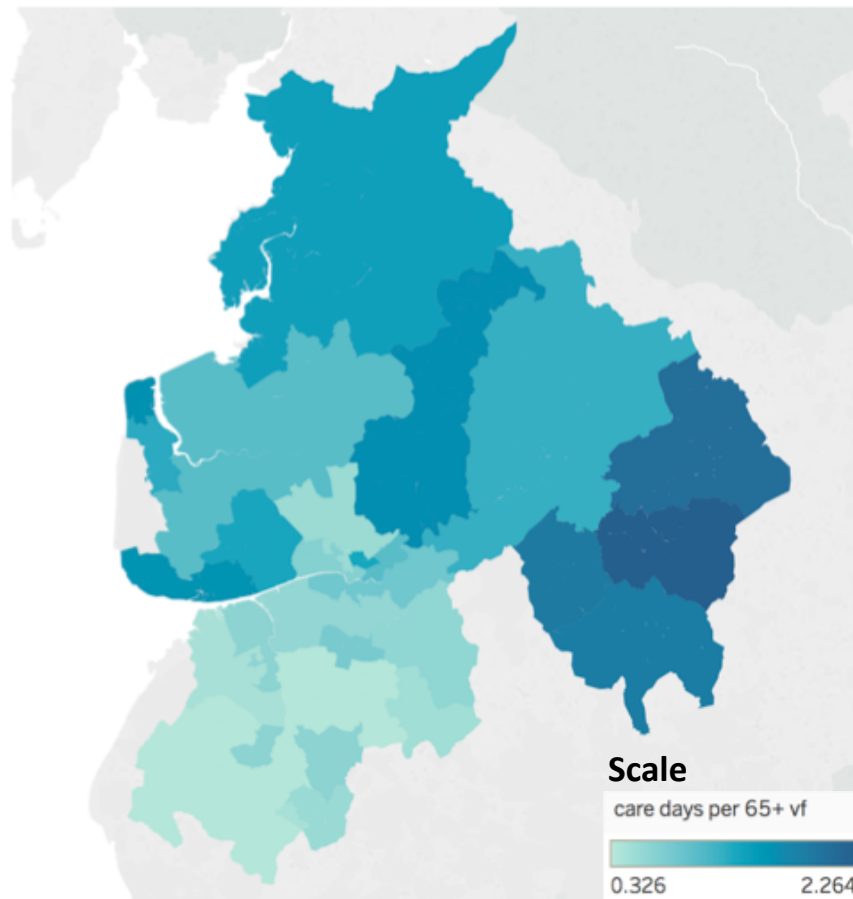
## Hospitals

- Treatment for health conditions that cannot be managed anywhere else



# The number of intermediate care days and episodes varies across Lancashire, with East Lancashire delivering the most care

## The amount of intermediate care provided across Lancashire varies significantly



Across Lancashire, there is a lot of variation and complexity:

- Intermediate care services are diverse, with many different services available in different areas, with different names and different inclusion or exclusion criteria
- The volume of activity being delivered is variable, and there is a different distribution of types of service user by geography

## The aim of the review is to determine the optimum provision of the service:

- Do everything possible to keep a person at home
- Design services to meet the needs of the population / carers, to maximise their independence and improve their outcomes and experience
- Taxpayer reassurance that the funding of intermediate care is responsible and appropriate

# Lancashire intermediate care review

## Understand current models

- Development of an understanding of current intermediate care provision across Lancashire, informed by extensive interviews, focus groups, an intermediate care survey and data analysis

## Care model development

- Through 2 clinical and professional group workshops and informed by the current understanding of current models, a care model for intermediate care across Lancashire will be developed and agreed
- This workstream will develop a common definition and principles of intermediate care, define the scope and services included, the criteria, the outcomes, the pathways, interaction with other services and governance

## Demand, capacity and finance modelling

- A demand, capacity and financial (DCF) model will be developed to underpin the new intermediate care clinical model
- The DCF model will understand current demand, capacity and costs of intermediate care by neighbourhood area and project demand based on demographic and non-demographic growth. It will use the care model developed to project demand, capacity and costs of intermediate care and assess potential future funding and provision options

## Alignment of future model and governance

- Based on the outputs of the care model design and DCF modelling, the review will facilitate alignment on the future intermediate care model and governance between system leaders through a system leadership workshop

# A clinical and professional group with participants from across Lancashire has been involved in developing the model

## 1<sup>st</sup> clinical and professional group workshop



- Review current intermediate care services
- Understand national best practice
- Develop service building blocks

## 2<sup>nd</sup> clinical and professional group workshop



- Develop the core skills and experience needed in intermediate care
- Identify where groups of people need additional support

## 3<sup>rd</sup> clinical and professional group workshop



- Finish model development
- Develop enablers to ensure the model is successful

Final report and recommendations to be developed by 31<sup>st</sup> March

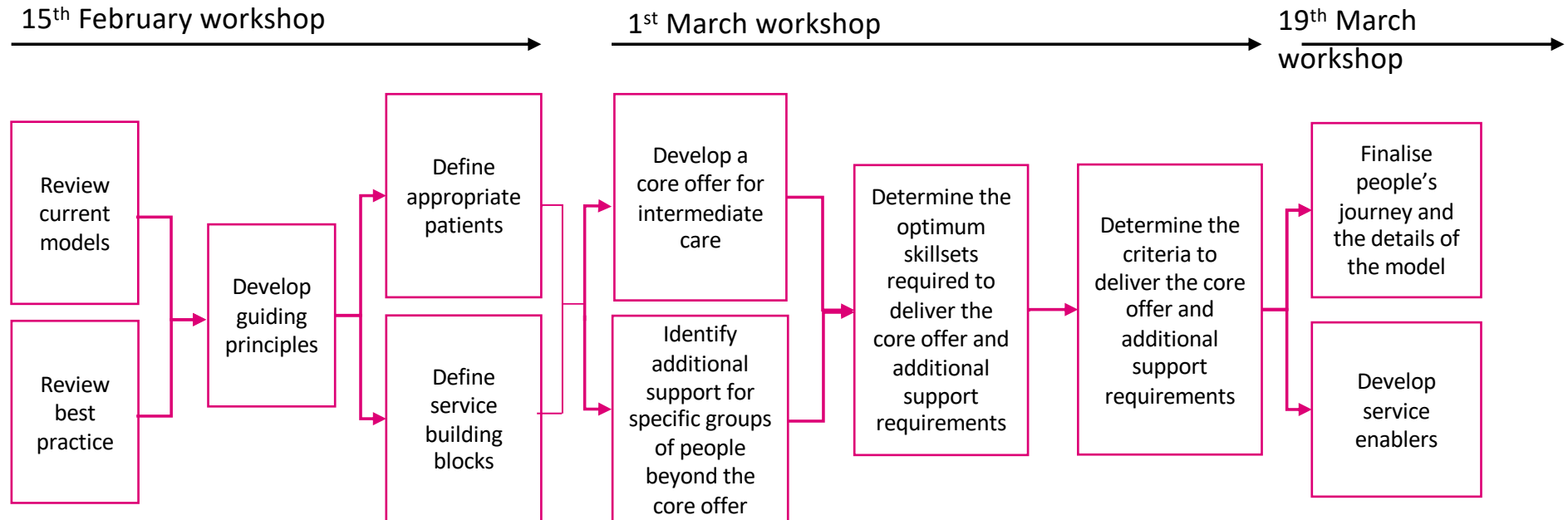
## Based on the views we have heard from the Clinical and Professional Group, we have developed the set of design principles for intermediate care

- 1 “Do everything we can to keep a person at home”
- 2 “Design services to meet the needs of the population / carers, to maximise their independence”
- 3 “The service should provide step-up as well as step-down services”
- 4 “Clear service criteria and consistent language and referrals”
- 5 “To build on the work completed already in reablement and on Home First”
- 6 “A timely, responsive and flexible service that provides the right service at the right time for the right patient”
- 7 “A truly integrated system at all levels, allowing health and social care providers to effectively support people in a wrap-around manner with shared skillsets and information”
- 8 “Maintain flow in intermediate care through trusted referrals and smooth transitions between care settings”

# Appendix



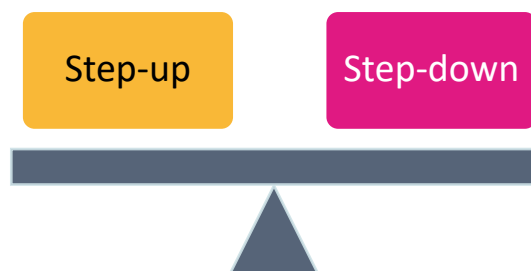
# Approach to developing the care model



# We have agreed that the intermediate care tier provides an integrated health and social care response to deterioration, and promotes rapid recovery

## Intermediate care will:

Have the capacity to provide for the needs of both step-up referrals and step-down referrals:



Be provided through 3 service groupings:

- 1 Home based
- 2 Home based crisis response
- 3 Bed based

Be provided by a core offer for all referrals, with additional support for specific groups:

