Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 23 July 2019

Review of Intermediate Care in Lancashire

Contact for further information:
Tony Pounder, Director of Adult Services Lancashire County Council, Tel: 01772 536287, tony.pounder@lancashire.gov.uk

Executive Summary

The Health and Wellbeing Board has previously approved a review of Intermediate Care in Lancashire. This report updates the board on the findings of that review which has been undertaken by Carnall Farrar funded through the Improved Better Care Fund (iBCF) and the proposed next steps.

The work started towards the end of 2018 and is now drawing to a conclusion with an expected end date in July 2019. In addition to tabling this report, a presentation will be also delivered at the Health and Wellbeing Board to further draw out the main findings from the final report, its key recommendations and the implications for the Health and Social Care system across Lancashire and South Cumbria.

Recommendations

The Health and Wellbeing Board is recommended to:

i) Note the key findings of the report;
ii) Approve the next steps for implementation;
iii) Agree that the Advancing Integration Board (formerly Better Care Fund Steering Group) to hold the accountability for driving implementation reporting at regular intervals to be determined to the Health and Wellbeing Board.

1. Background

This review of Intermediate Care in Lancashire was commissioned from a consultancy called Carnall Farrar and started towards the end of 2018.

Lancashire County Council established the original framework contract through a collaborative procurement exercise with the NHS in Lancashire, with funding earmarked from the Improved Better Care Fund (iBCF) and approved by the Health and Wellbeing Board in 2018. Lancashire County Council has also led on the management of the contract with Carnall Farrar to agree the final specification, and then to ensure effective performance and delivery, but with considerable and essential leadership and organisational support from NHS colleagues. Oversight has been provided by the Lancashire Better Care Steering Group which has all local NHS Clinical Commissioning Group partners with whom Lancashire County Council routinely works with in its core membership.

Lancashire County Council

2. Intermediate Care in Lancashire – why the Review?

The intermediate care system in Lancashire has been a cause for concern for system leaders for some time. There have been both quality and performance issues in parts of the system, and a lack of clarity around what intermediate care is seeking to deliver. Some of the key observations and evidence include:-

- An intermediate care service that has been built up over a number of years with a number of different specifications
- Examples of unsafe discharges
- An ageing population with more complex needs
- Challenge with Delayed Transfers of Care and increased number of people waiting in hospital
- High levels of super-stranded patients in acute hospitals
- A drive to care for people closer to home and maximise independence
- Increased financial pressures ensuring value for money is required

The agreed scope of the Review was therefore:-

- Understanding the current care model(s)
- Care Model Development
- Demand, capacity and finance modelling
- Alignment of future model and governance

3. Key Findings: Care Model Development

- A clinical and professional group was established and supported to develop a new care model through a series of workshops. The group reviewed their existing models and best practice examples from elsewhere, and agreed a set of design principles as follows:-

  - "Do everything we can to keep a person at home"
  - "Design services to meet the needs of the population / carers, to maximise their independence"
  - "The service should provide step-up as well as step-down services"
  - "Clear service criteria and consistent language and referrals"
  - "To build on the work completed already in reablement and on Home First"
  - "A timely, responsive and flexible service that provides the right service at the right time for the right patient"
  - "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"
  - "Maintain flow in intermediate care through trusted referrals and smooth transitions between care settings"

- The group recognised that delivering against these design principles required breaking down the traditional barriers between services. This would require leaving behind the language currently used to describe services, to make sure care givers and users had a shared understanding of the purpose of intermediate care.

- The group developed a series of building blocks and described how these would deliver a core offer to all users, and the extra support some users would need in addition to this. When defining the workforce needed, the group focussed on skills and competencies, recognising the need to move away from traditional roles and to a more holistic approach to care delivery, including using approaches such as telecare and involving carers and families in identifying the right support for individuals.

- The group described the impact of changing the way the intermediate care service works in this way for individuals who use the services, and what the outcomes for those people would have been through better supporting them at home.

- The review team undertook a number of bed audits, case note reviews and detailed analysis to assess the opportunity to shift care into new settings and the potential impact of the new care model, using this to guide the scale of new service that would be required.

4. Key Findings: Understanding the current intermediate care model(s) in Lancashire

- The Lancashire health and care system today is characterised by higher than national average levels of 'super stranded' patients in acute hospital beds (those staying more than 21 days), and a higher than national rate of delayed transfers of care.

- There is no consistent model of intermediate care across Lancashire. There is also significant variation in the pattern of use across Lancashire, reflecting the differences in offer and approach in different areas.

- Unsurprisingly, given that the focus of care is on additional support to avoid admission to acute care, or to provide rehabilitation and reablement after an acute episode, the majority of service users are over 75 and frail, with many having dementia or a cognitive impairment.

- The intermediate system is complex, fragmented and difficult to navigate for both staff and service users, meaning that people do not always experience services as best promoting their independence, and opportunities to prevent acute hospital admission are often missed.

- There is also significant variation in outcomes, with users in parts of Lancashire 1.5 times more likely to need admission to a social care bed within 30 days of an intermediate care episode, than in other parts of the system.

- Today, the Lancashire system spends an estimated £31.2m per year on over 30,000 episodes of care across a range of bed and home based health and care services

- The review modelled the potential future demand for intermediate care based on demographic change, assuming there was **no change** in the care model.

- By 2029, there will be many more elderly people in Lancashire:-

    - 8% more aged from 65 and 74,
    - 35% more from 75 to 84 and
    - 38% more over 85.

These demographic changes would increase the demand for care episodes by 28% overall, but the increased demand for more costly episodes of bed based care, and the inflation of costs over 10 years, would increase the overall cost by 72% if there was no change in the care model.

Delivering this would cost an additional £22.5m in 10 years.

Additional demand in the acute sector and for short-term care beds for individuals likely to use intermediate care adds a further £62.2m to system cost.

5. Key Findings: Demand, capacity and finance modelling

- The greatest opportunity for improvement is to shift care from the acute setting to intermediate care, increasing intermediate care requirements by 28% over and above the increase required to meet growth in the current system. This would support a 23% reduction in demand for acute bed days.

- In modelling the impact of the new care model, mindful of the clinical and professional group decision that the service should be holistic and truly integrated across health and social care, the future costs are presented as truly integrated health and social care services.

- Implementing the new care model, assuming a four-year phase-in, would generate significant savings for the system against the predicted cost of £84.7m to manage growth under the current model.

    - The greatest impact is seen in acute care, where there would be a 5% reduction in cost in ten years, saving £13.3m, and a £25m (80%) increase in cost in intermediate care.
    - This represents a total increase in cost of £11.7m in 10 years, saving £62.2m of predicted additional cost in acute and short-term beds, with a further £16.6m in long-term care savings.
    - The shift represents a 5% decrease in intermediate care beds, despite the demographic growth, and a 133% increase in staff delivering care either in individual's own homes or their usual place of residence.
    - 20,600 more individuals will be able to access intermediate care services.

- The level at which a service operates (neighbourhood, Integrated Care Partnership, Integrated Care System) needs to balance serving a sufficient population to create a viable service, maintaining specialist expertise where needed and supporting coordination with both neighbourhood services and larger scale providers.

6. Key Findings: Alignment of future model and governance

- The level at which a service operates (neighbourhood, Integrated Care Partnership, Integrated Care System) needs to balance serving a sufficient population to create a viable service, maintaining specialist expertise where needed and supporting coordination with both neighbourhood services and larger scale providers.

- Key enablers of delivering the future service include payment and commissioning, information and information technology, workforce and estates, alongside clear governance and performance measurement, developing a culture of trust and system behaviours.

7. Next Steps

- The review has not fully concluded as the success thus far has persuaded NHS and other Council leaders across Lancashire and South Cumbria Integrated Care System footprint to ask for the scope of the review to be extended to include:-

    - Blackburn with Darwen
    - Blackpool
    - South Cumbria

- This will have considerable advantages in terms of managing implementation on the Integrated Care Partnership or Multi Specialist Care Partnership footprints. Each of these five areas will receive its own version of a local report as well as the Lancashire wide analysis. However the extra work involved in gathering all this data is also taking extra time – which is why the Review was not actually complete at the time of writing.

- However the implementation of the findings and recommendations from this Intermediate review are one of four main areas agreed by Lancashire County Council's Cabinet, each Integrated Care Partnership and the Integrated Care System for collaborative working and leadership. This will be a major test of and opportunity for the emerging collaborative local government and NHS partnerships to develop its response to this significant piece of work.

8. Governance

- The Better Care Fund Steering Group has been holding the ring on the review and at its recent workshop determined that it should continue to do so. We now have clear documentary evidence of what changes are required across the system to meet the forecast needs of our population and an agreement to use the board as the means for mutual support and accountability.

- This is a major programme of work and the Better Care Fund Steering Group understands that if this is to gather pace dedicated resource is required and negotiations are underway as to how this can be provided and managed.

- In assuming the responsibility as a programme board for ensuring delivery of the Intermediate care review findings the Better Care Fund Steering Group has determined it more appropriate it is now known as the Advancing Integration Board.