

Passport to Independence & DTCOC Reduction

LCC Adult Social Care Improvement

Health & Wellbeing Board

7th February, 2017



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Newton's work with Lancashire County Council is called **Passport to Independence**. Its aim is to help citizens stay healthy and self-sufficient (independent) for longer so, whilst they enjoy a better quality of life, the Health Economy as a whole spends less money looking after them.



Promoting Wellbeing

Working at the Community and Acute entry point to Adult Social Care (ASC) to maximise usage of non-statutory services to ensure we "Maintain a citizen's wellbeing and independence in the community".



Promote & Support Independence

This project seeks to "Promote Independence through Community assessments and reviews". Achieving this requires improvements to the decision making practice within these teams, whilst also increasing the team productivity through better scheduling, use of Admin support and IT tools.



Reablement

Increase both the capacity of reablement, and the independent outcomes citizens achieve, through improved ways of working with providers.



Ordinary Lives

Build on the potential of people with learning disabilities to enjoy an "ordinary life". There are three elements to this project including: right settings for care, enablement, matching need to support.

WE TESTED SOME NEW WAYS OF WORKING IN LCC ADULT SERVICES.

THE RESULTS SHOWED US THAT IF WE CHANGE,
SO DO THE LIVES OF OTHERS...

THE NUMBER OF PEOPLE GOING
INTO LONG-TERM RESIDENTIAL CARE

HALVED

FROM THE ACUTE PATHWAY ALONE THIS
WILL LEAD TO >250 FEWER RESIDENTIAL
PLACEMENTS PER YEAR

THE PROPORTION OF PEOPLE GOING
BACK TO THEIR OWN HOME DIRECTLY
FROM HOSPITAL WENT UP BY

25%

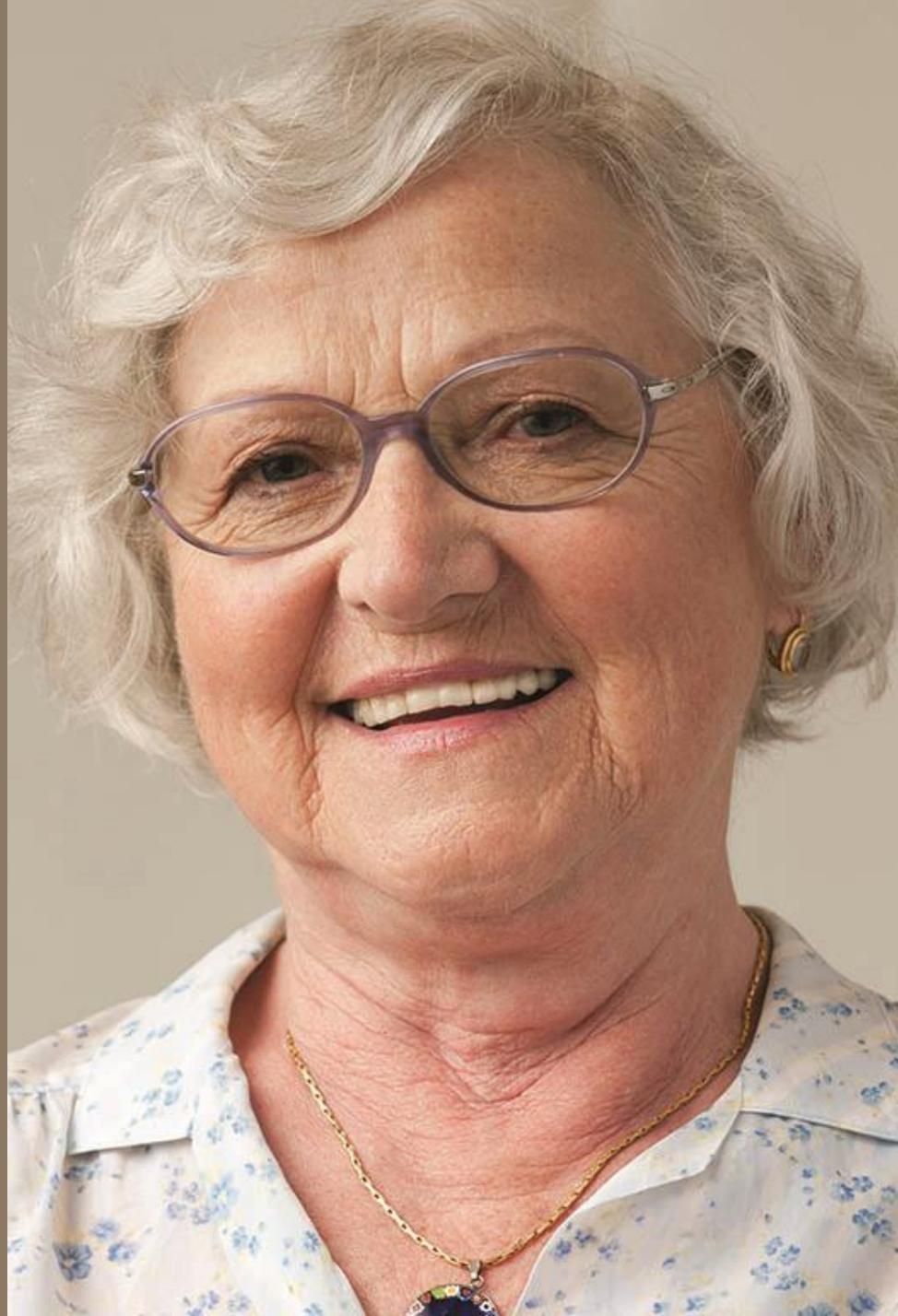


THE NUMBER OF HOURS SAVED EVERY
YEAR FOR COMMUNITY TEAMS AS A
RESULT OF OUR SCREENING SERVICE BEING
ABLE TO SOLVE MORE CASES THEMSELVES

10,400

TEAMS INCREASED THE
NUMBER OF SOCIAL CARE
ASSESSMENTS AND REVIEWS BY

91%



A TEAM ACHIEVED IDEAL
INDEPENDENT OUTCOMES FOR

25%

MORE SERVICE USERS

80%

MORE SERVICE USERS RECEIVING REABLEMENT
WITHIN EXISTING COMMISSIONED CAPACITY.

13%

MORE OF OUR REABLEMENT CUSTOMERS ARE
FULLY REABLED



OUR NEW WAYS OF WORKING WILL MEAN WE CAN

IMPROVE THE SERVICES WE PROVIDE TO PEOPLE IN NEED

OUR NEW WAYS OF WORKING WILL HELP US WORK TOGETHER AND

- 1 SEE MORE PEOPLE
- 2 ACHIEVE MORE IDEAL OUTCOMES
- 3 REDUCE COSTS

OUR NEW WAYS OF WORKING WILL HELP OUR STAFF

HELP MORE PEOPLE BECOME MORE INDEPENDENT

OUR NEW WAYS OF WORKING WILL MEAN WE CAN

WIDER PARTNER & SYSTEM BENEFITS

OUR NEW WAYS OF WORKING WILL HELP US WORK WITH OUR COLLEAGUES IN HEALTH TO

- 1 PREVENT UNNECESSARY HOSPITAL ADMISSIONS
- 2 REDUCE DELAYED TRANSFERS OF CARE

OUR NEW WAYS OF WORKING WILL HELP US WORK WITH OUR COLLEAGUES IN HEALTH TO

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WHAT ARE WE ACTUALLY DOING TO ACHIEVE THIS?

1. Providing our social care assessment teams with a structure, tools and decision making framework so we provide the right care that reduces a person's chance of admission to hospital
2. A new, therapy-led Reablement Service with twice the capacity, that's twice as effective
3. Significantly reduced waiting time for community assessments and reviews through efficient working that reduces the chance deterioration or a crisis
4. A crisis service with the capability to flex capacity to deal with seasonal pressures

OUR NEW WAYS OF WORKING WILL HELP US WORK WITH OUR COLLEAGUES IN HEALTH TO

- 1** PREVENT UNNECESSARY HOSPITAL ADMISSIONS
- 2** REDUCE DELAYED TRANSFERS OF CARE

WHAT ARE WE ACTUALLY DOING TO ACHIEVE THIS?

1. We have shown we can halve the number of long term residential placements – this reduces pressure on the residential market
2. A therapy-led Reablement service with twice the capacity reduces pressure on long term care settings such as homecare and residential
3. Ensuring the number of social workers in each hospital is appropriate to the demand
4. Increasing the size of our care navigation team so we can set-up care faster
5. Recommissioning our low-level support and hospital after-care services
6. Developing our intermediate care enhanced bed-base offer to ensure our short-term residential placements are “short-term”



Passport to Independence

Reducing Delays to
Transfers of Care

DTOC Summary

- Since the beginning of Winter, like many parts of England, A&E services in Lancashire were under great pressures, in particular from the lack of beds available in hospitals caused by delays to transfers of care (DTOC)
- Late last year £220k of NHS England funding was offered to support the reduction of LCC attributable DTOC
- In December, £500k of additional contingency funding was also released in December by the council
- Pressure on the LCC hospital teams and managers due to DTOC has had a significant impact on the timelines of the Passport to Independence acute work.
- To help mitigate the delay to Passport to Independence, Newton were asked to undertake assessments of every major Hospital in Lancashire to gain clarity on the causes of the delays and what LCC, the Hospitals and the CCGs could each do to improve the situation.
- These assessments have now been completed and workshops with LCC, each Hospital and the CCGs are currently in progress. This integrated approach means solutions to some of the biggest problems can be agreed and implemented.

Short term initiatives using contingency and NHSE funds

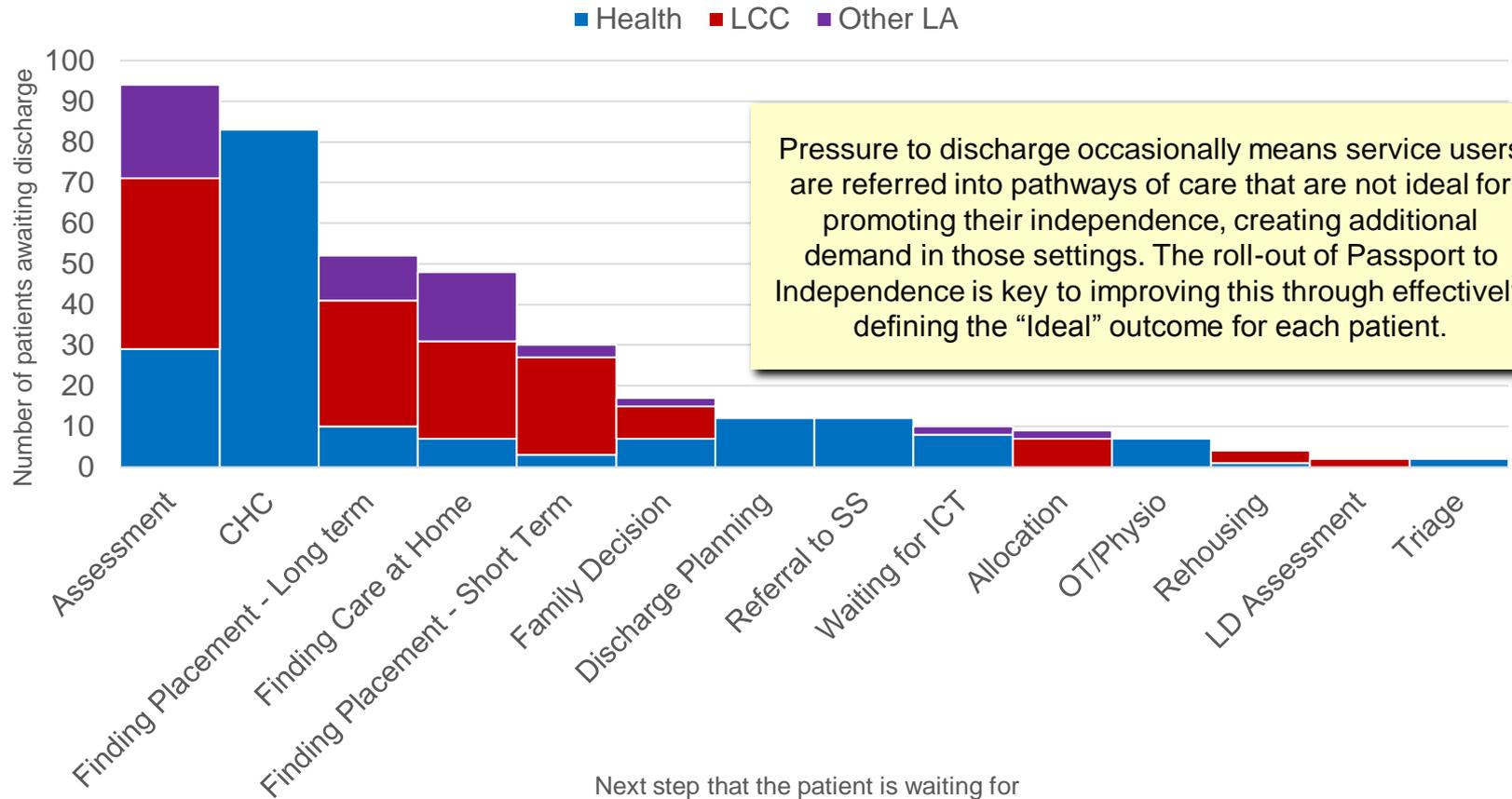
- 3 Business Support Officers to support the acute teams, freeing up more of their time to complete assessments in a timely manner
- A Discharge to Assess team
- Additional social workers for the Acute teams in Blackburn, Blackpool, Chorley and Preston
- Additional OT support
- Extra crisis support
- Avoid reduction in residential rehab beds from 18 to 13 at Thornton House until the end of March 2017
- Additional Care Navigation support
- Additional AMHP capacity

DTOC Studies Executive Summary

- A snapshot assessment was carried out across 5 hospitals – RBH, RPH, CSRGH, RLI, BVH – to determine the biggest drivers of delays to discharge
- The biggest delays were:
 - 1) Waiting for assessments (Health and Social Care)
 - 2) CHC MDT meetings
 - 3) Finding long term placements
- Although not the biggest driver of delays, LCC have a significant role to play in helping to reduce delays that are within their control. In particular, there should be a focus on ensuring assessments are being completed as quickly as possible and that patients are discharged to a location that maximises independence.
- In general, there is a lot of discussion around the biggest drivers of delays, but very little is able to be based upon empirical evidence.
- This is driven by an inconsistent and unstructured method of capturing, interpreting and acting on caseload information – both from a Health and LA perspective

Patients awaiting complex discharge

This graph shows the number of patients awaiting complex discharge across the 5 hospitals studied. Each patient in a bed is waiting for a particular step to happen, these appear along the bottom of the graph. The colours represent which team is responsible for progressing the next step.



Areas LCC can reduce DTOC in the Medium Term

Issue	Findings	Recommendations
Social Worker Assessment	<ul style="list-style-type: none"> • Awaiting assessment is likely to have the greatest impact on bed days from a delay perspective. • Given that all LCC cases require an assessment, it is expected that there will always be patients awaiting assessment. However, it is vital to ensure these are being completed as quickly as possible (48 hours is the legislative standard in the Care Act) • Practice varied between teams in the way that caseloads are tracked and managed. The best examples were at RLI and BVH • There was no evidence to suggest that assessments are prioritised according to DToC • A number of isolated examples of waiting for an out of area team to assess were discovered – these were a source of frustration for health teams 	<ol style="list-style-type: none"> 1. Create a consistent method of tracking and managing caseloads across the county. This can then be used to: <ol style="list-style-type: none"> a) Enable team leaders to ensure that all cases are being progressed on time b) Prioritise cases that are DToC c) Determine which ongoing care providers are having capacity issues d) Provide visibility to senior management 2. Determine if out of area patients can be assessed by the local team
Finding ongoing care	<ul style="list-style-type: none"> • Across the council, there were approximately equal numbers of patients waiting for residential, nursing, and rehab beds as well as domiciliary and reablement care at home, however this varied by area • These delays can be reduced through a combination of making referrals more appropriately (as evidenced in Passport to Independence) or where necessary purchasing additional capacity • Discharging patients with less independent outcomes (such as nursing and residential) also correlates with greater lengths of delays. 	<ol style="list-style-type: none"> 1. Driving Passport to Independence will be critical in reducing delays by: <ol style="list-style-type: none"> a) Reducing long term placements b) Increasing capacity and improving outcomes from Reablement 2. Use contingency fund where possible to plug local gaps in care capacity

Recommendations

- For the Health and Wellbeing Board to receive further updates on Passport to Independence following rollout across County
- To receive a report regarding how CHC is operating in practice across Lancashire, including the pertinent issues and risks
- To receive a future update on Delayed Transfers of Care