



# Passport to Independence

April Health & Well Being  
Board

Louise Taylor

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

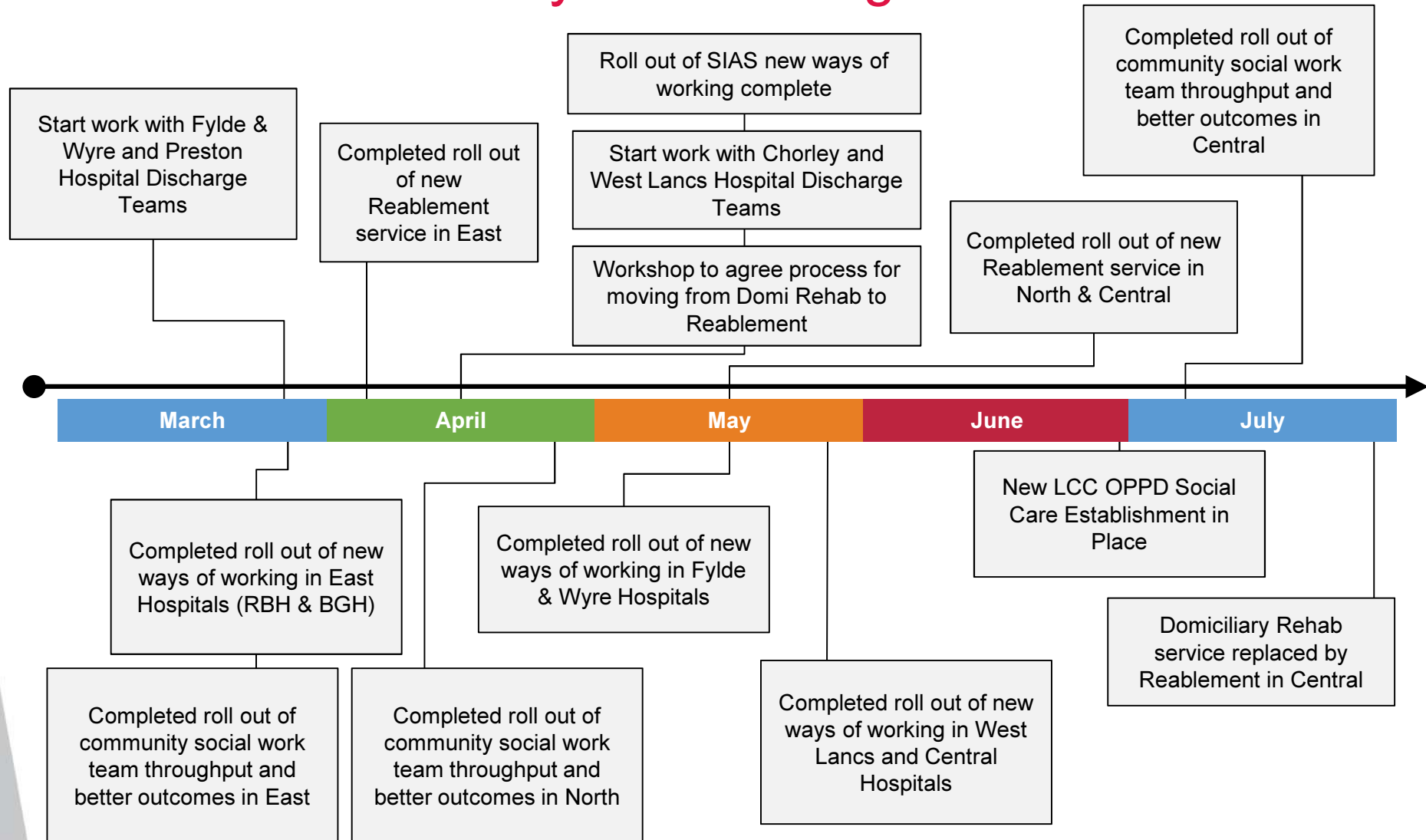
- 1 PREVENT UNNECESSARY HOSPITAL ADMISSIONS
- 2 REDUCE DELAYED TRANSFERS OF CARE

## Since Last Time...

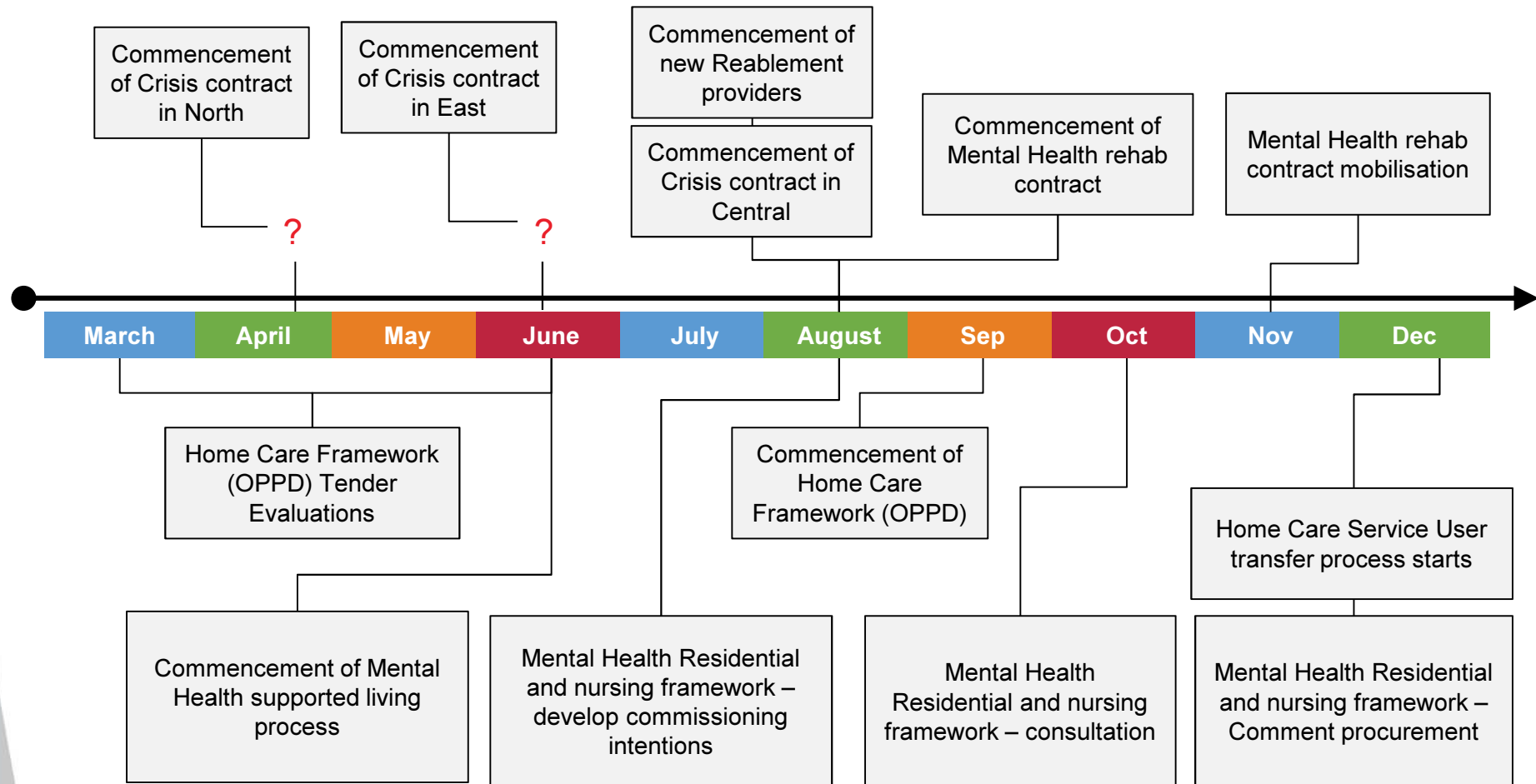
- We've completed roll-out of new Ways of Working across our Community Assessment teams in East and started work in North.
- The new Reablement service has been set up in East and we've started working in the North.
- We're in the final steps of rolling out our improved ways of working in the Royal Blackburn Hospital, Burnley General Hospital and Royal Lancaster Infirmary Social Care teams.
- We've started roll-out of the improved ways of working in Fylde & Wyre and Royal Preston Hospital.
- We've established and appointed to our Occupational Therapy and Reablement structure.
- We've recently published the rest of our structure to all of our staff and will be recruiting to this over the next 3 months.
- We've undertaken a snapshot DTOC survey in partnership with all Acute Trusts across Lancashire.
- Temporary funding (of the order of £1m) has allowed for an increased capacity in intermediate care services, social worker assessment and review resource & response services over the winter period.

**The following slides contain some detail on the timelines, results and next steps to keep you up to speed with Passport to Independence**

# 2017 Timeline – Ways of Working



# 2017 Timeline – Commissioning



# Challenges & Risks

- Staff capacity at many levels
- Recruitment
  - OTs, Social Care Support Officers + others
- Multiple change projects
  - E.g. Vanguard, STPs, ACS/ACOs etc.
- Recommissioning of (nearly all of) our domiciliary based services including reablement
  - ~£80m of services, ~100 providers, ~6,000 staff, ~10,000 service users
- Market capacity
- Finance



Improving the quality and capacity of the service so people have the **best opportunity to lead an independent life.**

# Reablement & Occupational Therapy

## What's different?

There's a new dedicated, therapy-led Reablement team working in partnership with our providers to achieve the most independent outcome for service users.

## What results have we seen?

- Before, 74 people per week going through the service each week across the County, **now this is up at 100 – an improvement of 35%**
- Our county target is 120, which we are well on track to hit by mid-May.
- In the East, 7 out of 10 service users were fully independent after Reablement, **now 8 out of 10 services users are fully independent.**
- Only 4 people across the county are now waiting for Reablement
- We are targeting a reduction of £12 in the on-going cost of care following Reablement. Currently 2/3 of the way to that target and set to hit it by mid-May.



# Acute Discharge

## What's different?

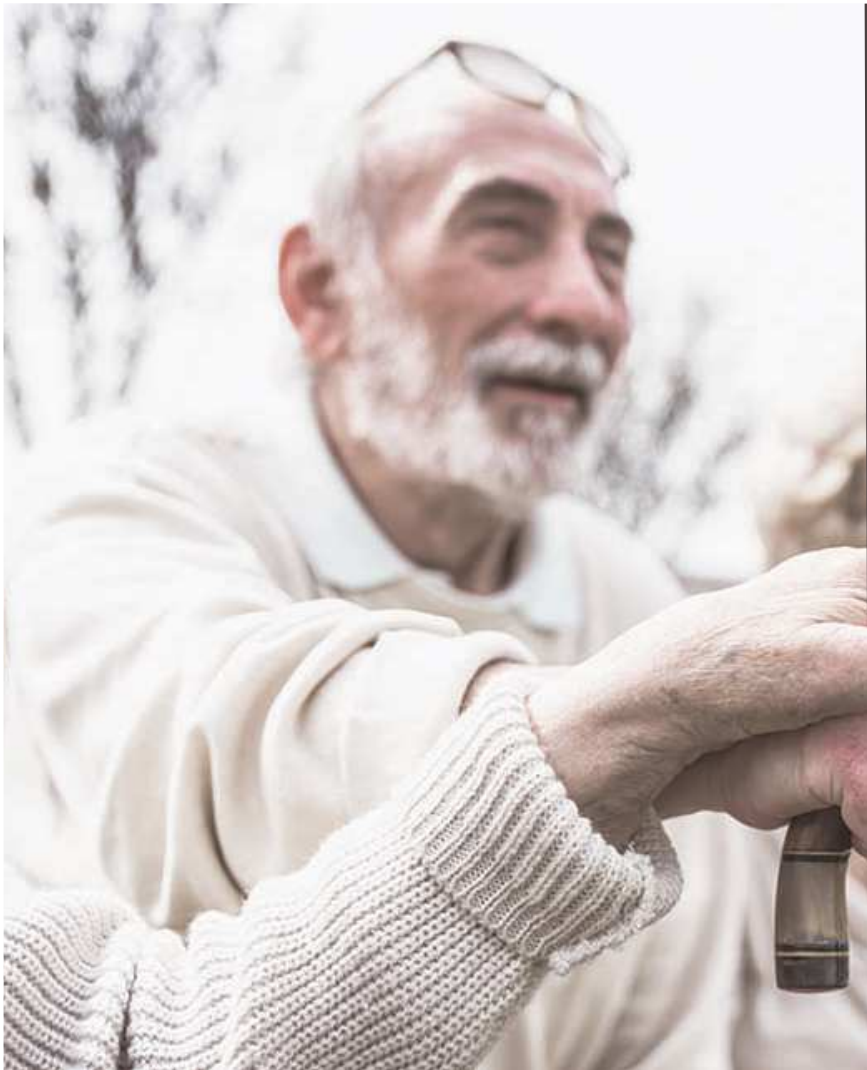
We're bringing together the right expertise, information and structure in our Acute social care teams to achieve the most independent outcome for every patient.

## What results have we seen?

- In the East, we've been able to facilitate 25% more people are now going directly home from hospital.
- Where possible, going directly home is always the best option for the service user and their family.
- It maintains their **independence**, **reduces their chance of readmission** and **minimises delays** for other patients awaiting a placement.
- Work is on-going to build confidence in historical data and future tracking, but there are positive signs from the areas that we've rolled out to:
  - This time last year, 14 people each week were starting in residential or nursing care. This year, that number has dropped to 10.



Promoting independence by making the right choices for people leaving hospital.



Making the right choices at the community front door that **keep people independent.**

# Screening and Initial Assessment Service

## What's different?

We're using a structured approach to decision making that draws on the expertise of the team to consistently achieve ideal outcomes when a citizen calls our services.

## What results have we seen?

- Every week across the county, 10 more people are going through the new Reablement service from SIAS. This is 1/3 of the way to our target of 2000 in total per year and we're on track to hit this by June.
- **Based on what we have seen so far 2320** additional people each year will achieve a more independent outcome at SIAS without needing a face-to-face assessment.
- Through the new ways of working in SIAS, the number of people requiring a face-to-face social care assessment **has reduced by 22%**. Our target was a 15% reduction, so this area is performing very well currently.

# Community Assessments & Reviews

## What's different?

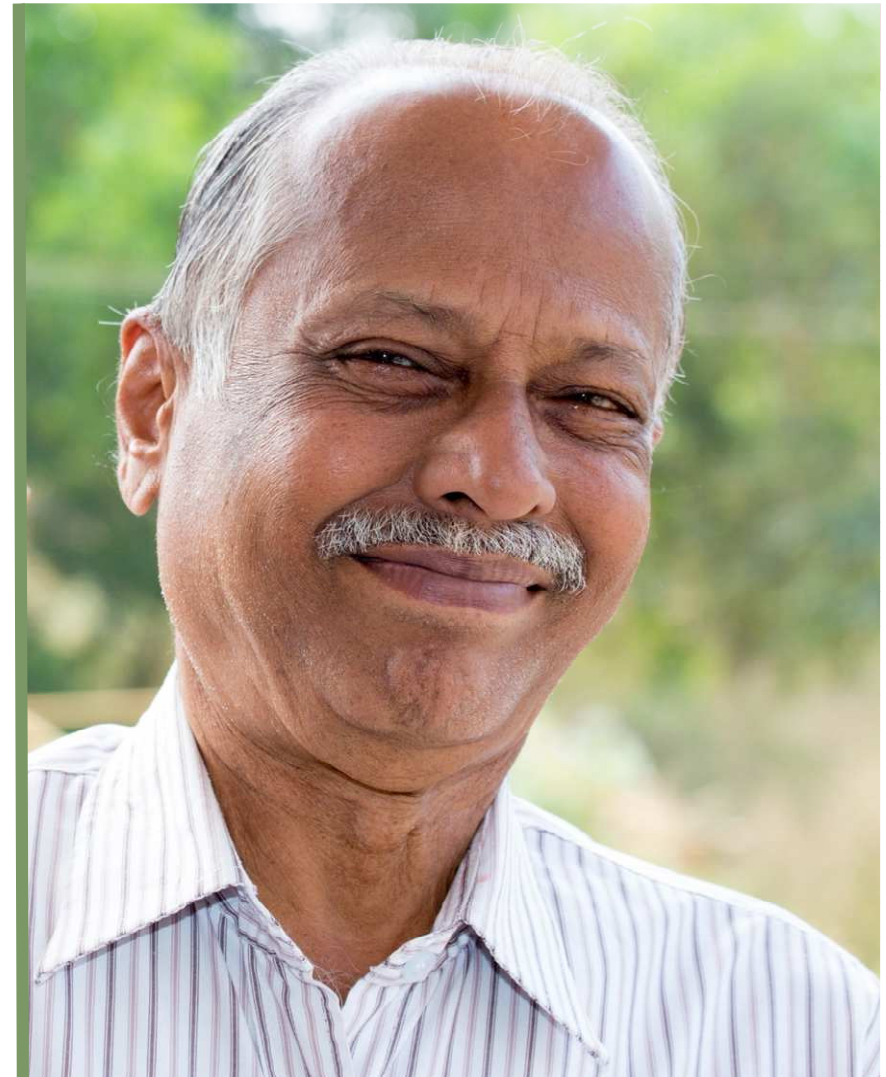
There's an increased focus on using a strengths-based approach, and new ways of working together to support people, including those with complex needs so they achieve their ideal outcomes.

Our Administration and Care Navigation teams are providing more support to allow social workers to spend more time with service users.

We're giving teams and individuals visibility of the part they have to play in keeping on top of waiting lists.

## What results have we seen?

- Average cost of package after an assessment across the County has reduced to £46 from a baseline of £54
- Our Promoting Independence Reviews team are averaging a £14 per week saving for each service user they review
- A reduction in East Lancashire Community waiting list from 775 to 50.
- A reduction in North Lancashire waiting list from 670 to 550 within four weeks.
- 150 extra reviews and assessments being completed each week across East and North Community teams.



Supporting good practice, increasing capacity, and enabling staff to meet incoming demand to achieve **more independent outcomes for service users**

# What Next?

- Brief A&E Delivery Boards and STP Programme board
- Consider how P2I can contribute to 17-19 Integration & Better Care Fund