

Lancashire County Council

Adult Social Care

Winter Plan

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Version 2.3

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 2017/18 for Lancashire County Council Adult Social Care, a winter plan has been developed. This plan comes into effect from 1st October 2017 and will run until the 31st March 2018

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. As we head into winter with an already pressured position across the Lancashire wide system, this winter will prove additionally challenging for LCC Adult Social Care for a number of reasons including the current position around Delayed Transfers of Care, the financial position of the Council, and workforce pressures across the sector. We have been undertaking a transformation programme (Passport to Independence) that involved all of our staff at all levels which has led to additional challenges across our capacity, particularly at a leadership level as managers take their teams forward with new ways of working. The intensive work through Passport to Independence 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 Local Delivery Plan 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 have been enhanced through iBCF funding, and we will ensure best use of funding to meet Key Performance Indicators and resilience across the system.

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 2.3 dated 18th August 2017 has been signed off by the Director of Adult Social Care Transformation on behalf of the Director of Adult Social Care on the 18th August 2017 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** have recently been recommissioned, and the new contracts focus on maximising efficiency across the delivery of these and supporting people to achieve their optimum level of independence. The new contracts and providers are commencing throughout June – September 2017, and implementation plans are being managed via the Age Well- Policy, Information & Commissioning service to minimise risks to loss of capacity.

Where the crisis service is being used as part of a recognised and agreed Discharge to Assess pathway under the Home First principles, it 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.

- **The Hospital Aftercare** contract is due to go out to tender at the end of October with contract award in early February and a contract start date of the beginning of May. Procurement will only take place in North and Central as we have a contract already established in East and after a full review of the service it has been deemed that this model has the best offer in terms of Intermediate Care.

The aim of this procurement is to align these contracts with that of the East model which offers a service that is fully integrated with the discharge teams and looks to facilitate discharge from hospital for those people not requiring specialist transport or social care input with the offer of some longer term informal support where required.

The service will have KPI's attached to it to attain a minimum service level and maintain hospital readmission to below 4% of all referrals into the service.

Capacity and usage information regarding intermediate care services is circulated daily to key staff across partner agencies. A 7 day summary along with current 'delayed' packages of care is circulated weekly to Chairs of A&E Delivery Boards and key partners to show the position and relevant actions. The weekly briefing also contains key messages from Adult Social Care.

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 continue to be some significant 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 highly volatile and localised 'spikes',
- fee levels – affordability for commissioning and profitability and incentives for providers to develop their businesses, do not always match
- Workforce recruitment and retention problems are growing 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 competences of staff required

In May 2017 Cabinet approved an inflationary fee uplift effective from the 1st April 2017 to all providers of Residential and Nursing Home care, to support stability in the market and the introduction of the National Living Wage.

To address some of the issues across the domiciliary sector where we continue to see pressures in line with the national picture, we are currently implementing a new Homecare framework for older people and people with a physical disability which aims to address fee levels and support workforce recruitment and retention. We also want to take this opportunity to further improve the quality, responsiveness and sustainability of the home care market across the whole of Lancashire.

On completion of the Homecare Framework exercise, the number of providers we contract with will be significantly reduced, allowing us to have closer partnerships with providers and a greater focus on quality, standards, performance and monitoring. The successful providers will be awarded contracts in August 2017 for zones aligning to the boundaries of the 12 district councils in Lancashire. Providers will be required to provide home care across all areas of a zone, which will help with problems currently faced in sourcing home care in some areas. To promote the availability of home care in the first six months, support capacity across winter, and to support providers to grow their capacity where this is required, we will be guaranteeing a minimum level of business to providers delivering services to older people and people with a physical disability.

There have been pressures in Homecare and the focus for the new framework providers will initially be around new referrals and the migration of packages of care to the new providers will be done over a 12 month period to stabilise the market as much as possible.

The ability of providers to accept new home care packages will be closely monitored through stronger contract management arrangements. Plans are in place around those people who may need to change provider or take a direct payment to manage their own care and support arrangements.

The Council has also seen an overall increase in contacts and demand for social care support, in particular on discharge from Hospital. To support Adult Social Care to meet these challenges delivery of the Passport to Independence programme is underway. 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 seeing:

- 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

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

3. Contract Management – Independent Provider Business Continuity

LCC Contract Management requires Service Providers can 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 the 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 – in the recent past in Lancashire this has 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.

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

Funding through the iBCF has facilitated sustainable year round weekend working within the Acute social work teams, 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 2017 to the 31st January 2018, with 60% of available staff in work between the 28th to 29th December 2017. 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 are now working 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.

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.

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 LDP iBCF bids and expected aims and impact around additional capacity and reducing delayed transfers of care.

In order to support a more sustainable way of delivering 7 day social work cover to Hospitals, iBCF funding has been agreed to enable recruitment of staff specifically to work weekends. To further enhance overall capacity, the additional posts for each hospital will work Friday – Monday thereby supporting with potential surges at the beginning and end of each week.

To further enhance staffing across the Acute teams, iBCF funding has also been secured to create a countywide peripatetic team who will respond to surges as well as cover annual leave and sickness gaps. Staff will be deployed according to business need and level of social care delays.

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

progression, timeliness of interventions and reduction in social care attributable delays.

All posts above are out for recruitment and expected to be in place around October 2017.

The iBCF also gives us the opportunity to think about how we may want to develop the AMHP service further and look at more effective ways of providing 24 hour provision.

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

Work is underway to enhance the existing Approved Mental Health Professional (AMHP) provision across County, to extend the core delivery hours from 8.45 – 5pm Monday to Friday, to 8am – 8pm 7 days a week. Mental Health beds often become available later in the day, and with the current service this results 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 for on 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 LCFT. They also weekly meetings with the CSU - Advanced Discharge Planning Group, aimed at achieving flow through mental health beds.

Team managers in the CMHTs 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.

Affordable warmth

LCC has made £500,000 funding available over winter 2017-18 to support those who struggle to afford to heat their homes and are at greatest risk of their health being affected by having a cold home. The funding is provided to borough and city councils who manage the winter warmth activities in their district and provides measures such as replacement boilers, heating system repairs and insulation. Residents leaving hospital are targeted for support.

Crisis Support

Urgent help with the costs of food or fuel and provision of certain household items is available through the Council's Crisis Support scheme (formerly Care and Urgent Needs) for those 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 have 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.

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.

10. Additional Plans & Actions

Adult Social Care is also implementing a range of plans, commissioning intentions and actions which will support winter resilience 2017/18. 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.
- The Care Navigation service has increased its capacity and is now operating 7 days a week enabling more service users to receive the care they need in a timely manner
- At present Care Navigation provide a domiciliary and Reablement finding service 7 days a week. By October 2017 the service will also provide the residential care finding service over 7 days.
- The Occupational Therapy service has been 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. Recruitment to these posts is underway.
- Recommissioning of Reablement has taken place following remodelling across County, which will enable greater numbers of people to benefit from this service. In turn this will reduce some of the pressure in the Homecare market and support the reduction of delayed transfers of care.
- Recommissioning of Crisis has taken place and a new Hospital Aftercare service will be commissioned across the county to support hospital discharge and hospital avoidance.
- The newly redesigned Reablement Teams are continuing to increase the number of people who can access this service each week and now have enhanced targets to aim for.
- The LCC Contracts team are working with the LCC Emergency Planning Team to draw up a checklist for assessing robustness of provider business continuity plans.
- The LCC Contracts team are monitoring 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 21 beds (including dementia rehab)	LCC Thornton House 18 beds	LCC - Castleford 10 beds	LCC - Meadowfield 27 beds	Stocks Hall 6 beds
	LCC Woodhill 1 bed		LCC - Olive House 14 beds	LCC - Broadfield 16 beds (dementia rehab)	LCC - Beacon View 4 beds
	LCC/MBCCG/UHMB/BTH/LCFT Altham Meadows 22 beds (8 clinically enhanced beds to come on line in the near future)				
Reablement Hours	Cherish Target – 38 new starts per week		CRG (6 th September 2017) Target – 42 new starts per week	Ark Healthcare Target – 44 new starts per week	
Crisis Support	Mears Care 441 hpw across the full North Lancs area		Supporting Together 750 hpw	Ark Healthcare 1248 hpw across the Central & West Lancs area	
Hospital Discharge Aftercare Service	Age UK Lancashire		Age UK Lancashire	Age Concern	

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

Provider Type	Number of Providers Across County	Number of Hours/Beds
Domiciliary Care	Approximately 190, delivering home care to over 7,000 people in Lancashire	Approx. 90,000 hours per week across County.
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
23 rd December	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
24 th December	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
25 th 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
26 th December	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
27 th December	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
28 th December	Normal working day	Normal working day	Normal working day	Normal working day	Normal working day		Normal working day
29 th December	Normal working day	Normal working day	Normal working day	Normal working day	Normal working day		Normal working day
30 th December	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
31 st December	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
1 st January	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes

Date	ELHT	LTH	BTH	UHMB	Southport & Ormskirk	Care Navigation	County Manager on call
2nd January	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
3rd January	Normal working day	Normal working day	Normal working day	Normal working day	Normal working day		Normal working day
4th January	Normal working day	Normal working day	Normal working day	Normal working day	Normal working day		Normal working day
5th January	Normal working day	Normal working day	Normal working day	Normal working day	Normal working day		Normal working day
6th January	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
7th January	4 Social Work staff	4 Social Work staff	2 Social Work staff	2 Social Work staff	Indicated not required/in-reach provided via CERT		Yes
8th January	Normal working day	Normal working day	Normal working day	Normal working day	Normal working day		Normal working day
Comments					Position to continue to be reviewed in line with business needs		

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 patients to identify goals that can maintain, regain, or improve independence by using different techniques, changing the environment and using new equipment to improve functionality and reduce re-admission to an acute setting.	<ul style="list-style-type: none"> • 33% reduction in DToC across both schemes
Fylde & Wyre	
Aligned Social Work: Neighbourhood and A&E deployment of F&W social workers/wellbeing workers to support discharge and cover in A&E working 7 days.	<ul style="list-style-type: none"> • 5% reduction in Non Elective Admissions
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
Reablement Hours: Hospital discharge and Reablement service to provide individuals with a single service specification that meets health and social care needs of communities.	<ul style="list-style-type: none"> • A reduction of 228 people pa DToC, A&E Admissions, readmissions
Trusted Assessor (Care Homes): Targeted Locality Trusted Assessor support.	To be worked up
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"> • Diagnostic to be undertaken to determine full impact and opportunities
Continuing Health Care (CHC) Pathways: Align existing budgets as a means to ensure wherever possible. CHC assessments are	<ul style="list-style-type: none"> • Increased number of people with complex needs being supported at home

LDP Area/Scheme Proposals	Expected Outcomes
completed outside of hospital setting. No funding allocation requested within bid.	<ul style="list-style-type: none"> • 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 supporting patient choice. No funding allocation requested within bid.	<ul style="list-style-type: none"> • Reduction in the number of patients awaiting their home of choice in Hospital • Reduced costs for the system
Preston/Chorley & South Ribble	
Social Work Assessment Capacity - 7 Days: Increase social work capacity in the Integrated Discharge Service at both hospital sites and in the community across 7 days.	<ul style="list-style-type: none"> • Reduce baseline number of delayed bed days attributable to social care
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
Social work support to GP Practice Collaborative: Social work support embedded with Mental Health and Physical Health service to support patients with social care needs presenting	<ul style="list-style-type: none"> • To be fully worked up

LDP Area/Scheme Proposals	Expected Outcomes
at GP practices. Proposed to align with a better resourced out of hours Adult Mental Health Practitioner (AMHP) resource.	
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 requested within bid.	<ul style="list-style-type: none"> •
Discharge App: Simplifying a complex system. No funding allocation requested within bid.	<ul style="list-style-type: none"> •

	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"> • To be fully worked up for each service