Lancashire County Council

Health and Adult Services Scrutiny Committee
Meeting to be held on Friday, 13 December 2024

Electoral Division affected: (All Divisions);

Corporate Priorities: Caring for the vulnerable;

Adult Social Care Short Term Service
(Appendix 'A' refers)

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Brief Summary

The report and appended slides, set out the transformation work undertaken by Adult Social Care to redesign Lancashire's intermediate care services into the Short Term Services and associated operating model for assessment and case management.

The report also sets out the approach to hospital discharge and admission avoidance.

Recommendation

The Health and Adult Services Scrutiny Committee is recommended to:

i. Consider the report and the presentation (at Appendix 'A').
ii. Discuss and identify any further recommendations to be considered by the Cabinet Member for Adult Services.

Detail

<u>Intermediate Care Transformation</u>

ADASS/IMPOWER (Age of Intermediate Care 2022): Intermediate care services are short term services provided to people, usually older people, after leaving hospital or when they are at risk of being sent to hospital.

Intermediate care:

- Helps people to avoid going into hospital or residential care unnecessarily.
- Helps people to be as independent as possible after a stay in hospital.
- Can be provided in different places (e.g. community hospital, residential home or in people's own homes).

Services may have different names. There are 4 types that are usually called:

- reablement
- crisis response
- home based
- bed based

The scope and remit of the services, and the aim of intermediate care to provide recovery and the ability to maximise independence, mean they are important elements of social care linking to the CQC Adult Social Care inspection framework. Intermediate care potentially crosses all four CQC Inspection Themes, but more specifically Theme 1: Supporting People and Theme 2: Providing Support. In respect of supporting people to leave hospital as soon as they no longer need to be there, it also links to inspection Theme 3: Ensuring Safety.

Several reviews have been undertaken of Lancashire intermediate care services, and feedback has been received from people using the services and their carers. The reviews and feedback told us that whilst there are many elements of our services that are working well, there were several opportunities for improvement.

In 2022, all of Lancashire County Council's commissioned intermediate care services were approaching re-procurement deadlines, and this gave us the opportunity to re-look at the services and our overall intermediate care model. Through a transformation programme that took place through 2023/24, and based on the feedback received, we considered the full range of intermediate care services and the assessment and case management operating model. As the new service specifications and operating model went through the design process, assumptions and proposals were sense checked with stakeholders, users of the service and key 'critical friends' (e.g. IT colleagues).

We now have a more consistent and inclusive model of intermediate care, with the following features:

- A consistent Lancashire operating model, working to an agreed set of principles.
- A new branding of intermediate care services, more aligned to peoples' understanding of what they do: Short Term Services.
- A new homebased intermediate care service that pulls together the previous crisis, 'home first' and reablement services: Short Term Care @ Home.
- A new specification for the Council's 'residential rehabilitation beds' that incorporates recovery, reablement, rehabilitation and 'discharge to assess': Short Term Beds.
- A refresh of the previous 'Hospital Aftercare Service' (delivered by AgeUK) into a new specification of: Living Well at Home.

- A realignment of various adult social care teams including Acute, Reablement, ICAT (Intermediate Care Allocation Teams), and Intermediate Care teams, to come together into the new assessment and case management operating model: Short Term Support Service.

Phase 1 of the transformation delivering all the above, rolled out through the first 4 months of 2024. The service continued to develop with changes embedded to complement and work alongside the new community Adult Social Care operating model of the Wellbeing and Early Support (WES) and the Community functions from the 1 July.

As demand has grown, service capacity, especially home-based support, has been increased by 40% since 2021.

There are additional developments that are in progress, which will continue to enhance and improve Lancashire's Short Term Support offer. These include:

- Working together with NHS partners to level up NHS therapeutic and wrap around support to LCC short term beds.
- Workforce modelling – to be determined as data improves on demand and capacity modelling.
- System data quality.
- A whole system approach to 'proportionate care' (often referred to as 'single handed care') in relation to moving and handling needs.
- Exploring opportunities in relation to people with mental health needs.
- Exploring opportunities within the Lancashire Better Care Fund.
- Implementing the recommendations of the Lancashire Discharge to Assess diagnostic.
- Several initiatives are in place that benefit the NHS, for example the Health and Housing Coordinators currently trialled in partnership with the District Councils, which support people who have housing and accommodation related issues that are a barrier to timely discharge. Sustainable joint funding is required.
- Agree a partnership approach to meaningful engagement with people who draw on health and social care, ensuring that this is used to inform future services and service design.

The review and redesign of the Lancashire Short Term Services is also part of the Lancashire Place Plan, sitting under the Enhanced Care in the Community workstream. It also links into each of the Acute Trust Urgent and Emergency Care Delivery Board recovery plans. Regular updates are shared with all partners to support the progression of the plans.

Within the review of the existing intermediate care services, it was clear that there was a disproportionate focus on hospital discharge and less opportunity to focus on preventing unnecessary admission to hospitals or care homes. Within the new design and operating model, the ambition is to increase the number of people benefitting from the Short-Term Services to remain in their own home, rebalancing the focus to prevention over time.

Hospital Discharge

In terms of hospital discharge (physical health) and ensuring that people are discharged in a timely way and can return home wherever possible, Lancashire uses a range of services, including the Short-Term Services to support this work.

It has become more difficult to monitor Local Authority performance regarding timely discharge as data is nationally collected at the Acute Trust level and not filtered by Local Authority. New datasets are being tested under a metric called 'Discharge Ready Date' which will eventually show a more detailed picture, however, this still makes assumptions based on peoples' postcodes so although improved from the current data it still won't be entirely accurate. We expect to start seeing information from all the Acute Trusts that Lancashire work with, in the coming months.

Overall, Lancashire Adult Social Care works very closely with 5 main Acute Trusts, and regularly with approximately 4 Acute Trusts just beyond the Lancashire Boundaries, supporting the discharge of approximately 13,500 people last year. Arrangements are in place with each hospital to follow a 'discharge to assess' process, whereby people who are likely to have a need for care and support are discharged to the most appropriate place with support to meet their immediate needs, for their assessment to take place outside of the hospital. Within its redesign of intermediate care services, Lancashire is aiming to improve opportunities for people to regain independence through embedding a 'discharge to recover, re-able, and assess' ethos.

The national discharge guidance (see here) sets out expectations for organisations, and talks about 4 'pathways' out of Hospital:

- **Pathway 0:** discharges home or to a usual place of residence with no new or additional health and/or social care needs
- **Pathway 1:** discharges home or to a usual place of residence with new or additional health and/or social care needs
- **Pathway 2:** discharges to a community bed-based setting which has dedicated recovery support. New or additional health and/or social care and support is required in the short-term to help the person recover in a community bed-based setting before they are ready to either live independently at home or receive longer-term or ongoing care and support.
- **Pathway 3:** discharges to a new residential or nursing home setting, for people who are considered likely to need long-term residential or nursing home care. Should be used only in exceptional circumstances.

Based on work undertaken by Professor John Bolton in Wales, it's recommended that best practice should aim for approximately 95% of people leaving hospital returning directly home. Currently, Lancashire's performance overall is at 90.41% against the England average of 92.6%. When looking at Care Act eligible people only, Lancashire performance rises to 91.8% (Q1).

We are working hard, together with partners, on continuing to improve the experience of people being discharged from hospital. Lancashire recently commissioned a 'discharge to assess (D2A) diagnostic' via the national support team

linked to the Better Care Fund (BCF). Most of the services and staff who support hospital discharge and the Short-Term Services, are funded via the BCF, which is a pooled fund between Adult Social Care and the NHS, overseen by the Health and Wellbeing Board as the mandated accountable body.

The in-depth D2A diagnostic grouped the findings and recommendations into 4 main themes:

- Communication & Language
- Over-reliance on bedded care
- A system that tries to do more
- Data Quality

Lancashire is now developing and putting in place an action plan to work through the findings and take the recommendations forward to improve. Some actions will need to be undertaken at a whole system level to ensure consistency of practice and process, no matter which hospital a Lancashire resident may be discharged from.

Lancashire has also used the same methodology of the diagnostic to look at discharges from mental health hospitals, with the findings from that piece of work showing some similar themes especially in terms of communication and data quality. A similar action plan is being developed across the mental health partnerships to take the findings forward and improve people's experience.

Adult Social Care works collaboratively with several partners to support timely discharge. This includes the NHS, but also other partners such as the Voluntary, Community and Faith Sector and District Councils. We know that there are many people who are delayed in hospital due to housing and accommodation related issues, and we have a pilot project in place with the District Councils running until March 2025, testing 'Health & Housing Coordinators' (Highly Commended in the MJ Awards 2024). Jointly with the coordinators, we have supported almost 300 people so far during the 18 month pilot to leave hospital in a timely way and avoid or reduce delays. Adult Social Care also runs an innovative Home Recovery Hospital Discharge Scheme (Highly Commended, MJ Awards 2023) which supports unpaid carers to remove barriers to temporarily providing care on discharge or provides one-off grants for goods that are preventing a safe and timely discharge.

Admission Avoidance

As detailed above in the report, there is ongoing work to ensure that more people can benefit from Lancashire's Short-Term Services to avoid an unnecessary admission.

Adult Social Care's Short Term Support Service also works closely with several NHS services who support admission avoidance, such as NHS 2 Hour Urgent Community Response and Virtual Wards (people receiving the clinical care they need in their own homes). Several other initiatives and services are in place with a range of partners which support admission avoidance including:

- Lancashire & South Cumbria Falls Response and Lifting Service – on behalf of the system, Lancashire County Council is the lead commissioner of this service which works closely with North West Ambulance Services (NWAS) to

respond to people who have fallen, and safely lift them back up and avoid an unnecessary trip to hospital.

- NHS Community services support to Care Homes, working to avoid unnecessary admissions and provide the right care in the right place.
- Over £600k distributed from Lancashire County Council Adult Social Care across the 10 Health & Wellbeing Partnerships via the District Councils to prevent, reduce, and delay demand for Adult Social Care. New initiatives provided by District Councils and the VCFSE sector will be funded through these monies to keep people safe and well at home and connect them to local services that can support them.
- Home adaptations and community equipment.
- Ten Health & Wellbeing Partnerships across Lancashire: using a data and population health intelligence led approach to focus on improving issues such as Housing, wellbeing, loneliness, and social isolation.

Lancashire's performance on avoidable admissions (those people with specific long-term conditions such as diabetes, angina, dementia, which should not normally require hospitalisation, but who are admitted in an emergency) is tracked through the Better Care Fund and is showing an improving trend.

Appendices

Appendix 'A' is attached to this report. For clarification they are summarised below and referenced at relevant points within this report.

Appendix	Title
Appendix 'A'	Lancashire Short Term Services and Hospital Discharge (slide deck)

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Legal

The Care Act 2014 places a duty on local authorities to provide intermediate care services. local authorities must provide or arrange services that help prevent people from developing needs for care and support or delay the deterioration of their existing needs.

The Care and Support (Discharge of Hospital Patients) Regulations 2014 further detail the responsibilities of local authorities in coordinating with NHS bodies to facilitate smooth transitions from hospital to home or other care settings. This includes assessing the patient’s needs, planning for their discharge, and ensuring

they receive appropriate care to support their recovery and avoid the likelihood of readmission.

Financial

There are financial implications arising from the challenge of some of the capacity being funded through short term or non-recurrent monies:

- Risk of maintaining this provision with an unconfirmed funding position i.e. funding for these services is significantly linked to funding of the Better Care Fund (BCF).
- There is uncertainty on overall BCF funding levels beyond the current two year policy/planning framework ending at the end of 2024/25. This relates mainly to the 'Additional Discharge Grant' which currently funds much of the additional care provision that supports 'discharge to assess'.
- Generally managing the demand within current financial/capacity limits, illustrated with the significant rise in spot purchases (10% increase compared to the block on Short Term Care at Home which is forecast to be fully spent and already included 3% growth), particularly considering the funding uncertainty as above.

In summary, there are financial risks facing this service areas as a significant percentage of the services that support hospital discharge or are within the Short-Term Services are funded through short term monies as detailed above. This means that maintaining the same levels of capacity beyond 2024/25 is at risk if sustainable funding options are not secured.

Risk Management

Personnel

The area of business remains fast paced and pressured, which in turn impacts on recruitment and retention. The service area has a higher than average turnover of staff and a higher than average vacancy rate. Significant work is taking place within Adult Social Care on recruitment and retention and is showing some success and improvement in both.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
NA		

Reason for inclusion in Part II, if appropriate

N/A