St Helens Council  
Adult Social Care & Health

MANAGING WINTER PRESSURES AND PREPARING FOR A MORE  
INTEGRATED HEALTH AND SOCIAL CARE SYSTEM

INITIAL PROPOSAL ST HELENS (DRAFT 3)

1. PURPOSE

To propose immediate changes to community based services in St Helens to assist the Social Care and Health economy to manage particular pressures for the winter period and position the Health and Social Care systems for the further development of a whole system approach in the future.

2. PROPOSED DECISIONS

(To be confirmed)

3. INTRODUCTION

This report is written in order to ensure that the Health and Social Care economy in St Helens is able to prepare for the winter in the light of anticipated additional pressures and the implementation of the Whiston Tripartite Financial Agreement (TFA).

The report has been written in a context of concerns about a proposal to open a step down/sub acute ward at St Helens Hospital (Duffy). The aim of this report is to propose a series of short-term actions which could be applied through the Hospital discharge process and in the community which will promote better outcomes for service users/patients and alleviate some of the anticipated pressures on the system.

The proposals at this stage do not necessarily aim to replace or replicate the Duffy proposal in the community but may help to avoid the need for such a facility.

The proposals are also intended to be consistent with the various QIPP workstreams which are addressing issues linked to system wide developments. This will help to ensure that the proposals agreed are consistent with medium and longer term aspirations of all partners and ensure that we are in a position to implement the recommendations of the various QIPP activity promptly and effectively.

The proposals have also been developed to respond to the statement by the Acute Trust, that at any one time there are a significant number of people in the Hospital who could be appropriately discharged but are deemed for a variety of reasons to remain placed in Hospital.

A complementary piece of work is presently being completed by the Acute Trust to identify the characteristics of these individuals and it will be important for Clinical Commissioning Groups, Community Health Services and Social
Care to carefully consider this detailed information of the patient cohort as part of the partnership approach to addressing pressures. This will then inform the scale/size and financial implications of the proposals contained in this report.

4. **BACKGROUND**

There are a significant number of developments in relation to the Health and Social Care economy in St Helens at the present time and it's not possible for this paper to summarise or coordinate all of the various initiatives, however, it is important to know that the proposals have been developed in the context of the Whiston Tripartite Financial Agreement (TFA).

The TFA proposes a system wide re-design of Health and Social Care to deliver significant decrease in non elective work at Whiston and an increase in elected. A significant amount of this reduction in non-elective work is anticipated to take place over this winter period. The Hospital will also look to re-design services and the relevant QIPP workstreams, presently at various stages of the development will be coordinated and brought together to underpin the Whiston work.

Whiston Hospital works across 4 Local Authorities and this report has been written from a St Helens perspective. The proposals could potentially be applied across other Local Authorities if they, and relevant partners believe this is appropriate.

In addition to the Whiston TFA the report is written at a time of significant change in the wider Health economy and in public services generally. There is a general theme of static or reducing resources and increasing demand on services that will place pressures on all partners and the reality of the situation will need to be acknowledged and accepted across the partnership.

A key feature of these proposals is that they have been designed to provide a clear and inclusive pathway for older people which will help to ensure that their needs are met promptly and they do not experience delays and hand offs which have previously characterised elements of the Health and Social Care system, particularly at times of pressure or extreme service demand. Similarly, the proposals have been developed with an understanding that for many frail/older people, the term medically fit is a misnomer and may not be appropriate and that the system needs to focus on supporting frail/older people with an efficient system based approach that supports the meeting of individual needs.

5. **WHO ARE THE PROPOSALS AIMED AT?**

As referenced earlier, the Acute Trust are presently completing a piece of work to provide detailed analysis of the group but at this stage it is anticipated that the group will include the following:

- People who remain in Hospital because of family choice/waiting for choice of nursing or residential home.
- People awaiting a Continuing Health Care assessment.
• People where there are complex Safeguarding or Expression of Concern investigations taking place which would indicate that a return to their home is not advisable or appropriate.

• People awaiting a complex care package, specialist equipment or adaptation to be put in place.

• People who are medically stable but in receipt of clinical intervention (e.g. IV antibiotics, frail without catheter).

• People awaiting specialist or complex social work or occupational therapy assessments to facilitate a safe discharge.

• People awaiting assessment or review by a nursing or residential home.

• People with chronic obstructive pulmonary disease requiring additional days inpatient care for recuperation and/or observation.

Whilst the focus of this report is on those who have been discharged from Hospital, it is important to bear in mind that many of the developments could be utilised to prevent admission to Hospital in an emergency.

6. SHORT TERM URGENT ACTIONS TO IMPROVE OUTCOMES FOR SERVICE USERS/PATIENTS

6.1 HOSPITAL DISCHARGE

Progress has been made in relation to the discharge process through multi agency working in relation to creation of an Integrated Discharge Team, the Board managing this has already agreed a number of proposals to prepare for the winter. It is proposed to strengthen the team in the following ways from a St Helens perspective:

a) Allocation of experienced Care Managers to be part of the team to manage what are presently regarded as complex discharges on site.

b) Integration of the Intermediate Care Assessment Team into the Integrated Discharge Team.

c) Removal of the distinction between ICAT Assessments and Integrated Discharge Team Assessments

d) Establishing more effective procedures for managing staffing issues and problems between the relevant partners, i.e. absence.

e) A proposed budget allocation to the Manager of the team to utilise agency/temporary staff to address staffing issues or significant unexpected pressure on the services (including possibly through the bank holiday periods).

f) Establishment of a consistent screening and referral route with Community Services to ease the transition from Hospital to Community Services.
g) Stronger links with the Carers demonstrator project.

h) Strengthening of management of the team to acknowledge the additional responsibilities and increasing complexity of the work.

i) Establishment of a daily tele-conference and GP representation between the Acute Trust, Social Care, Community Health Services, to develop relationships and also problem solve individual cases on a daily basis and/or access support from the Cluster where necessary.

j) Review of a Local Authority authorisation levels for the Manager at the Hospital in terms of care packages to ensure these are appropriate and flexible at times of significant crisis. Consideration of additional medical cover to support care packages over the next few months.

k) Considering for certain groups of patients, an earlier engagement of the Integrated Discharge Team in the discharge planning process in order that plans are in place at the time of people becoming medically fit for discharge. This piece of work could be informed by analysis of the cohort of patients the Acute Trust identify (see section 3), with the aim of setting clear targets and expectations.

l) Pilot of an experienced Occupational Therapist as part of the IDT.

6.2 FAMILY CHOICE

- To develop a clear and appropriate system for ensuring that people who are waiting their home of choice do not delay unnecessarily in Hospital.

- To provide information on admission in relation to this effect which would state that when fit and whilst awaiting their home of choice, they would transfer to an alternative home in the Borough if their home of choice is not available.

- The Local Authority would make arrangements to place in the most appropriate home. We could agree to block purchase beds for the winter period in the various types of residential accommodation and consideration would be given to an initial period of 6 weeks free as part of an intermediate care package to encourage patients/service users to move.

6.3 OTHER MEDICAL SUPPORT ISSUES

In order to manage people in a number of the groups identified in section 5, a number of additional services could be purchased. These include:

- Residential - general
- Residential - EMI
- Nursing Care - general
- Nursing Care - EMI
- Extra Care transitional tenancies
- Additional respite placements
- Additional Domiciliary Care packages
There will need to be a commitment from all parties to contribute to assessment processes and ensure these are undertaken quickly and promptly. Again it would be proposed to offer these placements free for the first 6 weeks as part of an intermediate care/transition approach which would help to encourage people to move on from a Hospital bed. **Depending on size of resource and location, additional GP cover may be addressed via a specification.**

### 6.4 SOCIAL CARE SCREENING ASSESSMENT AND REVIEW

The department intends to move quickly to one system for referral from Hospital through the Integrated Discharge Team screening all relevant cases and arranging the most appropriate care package effectively. This will be mirrored with one system for the community. At present there are a number of routes which have caused confusion and ‘hand offs’. One community team and one Hospital team will ensure that there is a consistency and equity of approach for all service users and that appropriate responsibility is assumed to ensure that the relevant assessments and care packages are put in place.

The model has been developed to build on the success of the present access and review service which has been able to demonstrate significant efficiencies in managing community referrals and has had consistently positive feedback from service users and carers.

### 6.5 AIDS AND ADAPTATIONS

Aids and adaptations are often felt to be a blockage in the discharge process. In order to address this Adult Social Care and Health Department will liaise with the Urban Regeneration and Housing Department to ensure that a system of prioritising people awaiting discharge from hospital and/or at risk of being admitted to hospital is established. This will apply across a number of services including:

- Occupational Therapy
- Care and Repair
- Careline
- Assistive Technology

In addition, it is proposed to block / advance purchase key pieces of equipment and store them for the winter period, e.g. profiling beds, etc. in order that they are available quickly.

It is proposed to liaise with providers of simple aids and adaptations through prescriptions in order to ensure that delays are minimised. This is likely to involve training and briefing for hospital staff to ensure effective utilisation of all providers. There may be a need to offer a storage solution for these providers.

We will undertake an urgent review of the contract specification for specialist OT equipment, presently carried out by a private contractor, this includes assessments, provision of the equipment and the training of staff as this is often complex. Negotiations will take place with the provider in order to speed up this process and options for the future delivery of the contract, including the potential for ‘in-house provision’ will be carefully considered.
6.6 REABLEMENT SERVICE

The Reablement Service will be redesigned in order to ensure that it is able to respond appropriately and quickly to demand. There will be less of a focus on distinctions between different roles in the team, i.e. staff will work in a generic way which will allow the Council to prioritise the use of resources across a number of settings. The team will be encouraged to and able to at times of pressure on their services, commission care packages from the independent sector domiciliary care contracts which the Council has. This will minimise delays in access to the Reablement Service as a clear flow will be established. The proposal contained in Point 6.4 above in relation to screening will free up capacity within the Reablement Service to focus on Community work and the utilisation of additional temporary funding for Reablement staff will help with this process. There will be a need to provide an increased level of therapy service input.

6.7 NEWTON HOSPITAL

The section in relation to Newton Hospital and developments at this site have been temporarily withdrawn from the report as a separate paper will be presented.

When the detailed proposals have been finalised and agreed, they will be re-incorporated into this report in order to ensure that there is one clear programme and project planning process in place.

6.8. RESIDENTIAL AND NURSING HOMES

It is proposed that Local Authorities assume a lead in relation to what has been referred to as the QIPP Review of Frail Elderly. There is an urgent need to target homes who have repeat emergency admissions to hospital and ensure that they receive appropriate support. This would be done in a number of ways:

- Through strengthening local authority monitoring teams by providing clinical input, i.e. nurses who could both offer monitoring of nursing home activities and support in rectifying deficiencies.

- Consideration of developing and strengthening the community nursing input which would be developed in a prioritised way, i.e. we need to focus on those homes who have the most significant problems and are under performing over this winter period. This would enable both the strengthening of the homes practice but also would assist in managing complex safeguarding investigations and other issues.

- Review of the medical cover provided to the residential and nursing homes in the borough. (?)

6.9 PALLIATIVE CARE

There is a need to re-focus the work of the palliative care staff, including the GSF facilitator, to focus on those homes who are poorly performing and not managing end of life experience effectively, often leading to inappropriate...
admission to hospital. Previous practice has been based on engaging with those homes who choose or wish to undertake specialist palliative care activity. These are often the better performing homes in the borough and there is a need to liaise with the local authority to ensure a joined up shared approach to activity around end of life. This will involve a range of partners, including community health services and others.

6.10 TRANSPORT SERVICES

Consideration could be given to facilitating specialist transport for those service users not requiring ambulances during periods of relative down time for Adult Social Care and Health transport, i.e. between 11.00 am and 2.00 pm and from 5.30 pm weekdays and potentially at weekends if this would be deemed to be helpful.

6.11 ESCALATION PROCESS

In order for all agencies to effectively support operational staff it is proposed to develop a simple and clear escalation process with senior managers in all agencies, i.e. the Acute Trust, Adult Social Care, Bridgewater and CCGs available to contact and address issues. It will be important that this escalation process in the initial period is based on definite information and there will be a need to focus on individuals. This would complement the daily teleconference which is introduced in Section 6.1 of the report.

7. CO-ORDINATION AND PERFORMANCE MONITORING

All agencies with reduced resources and pressures on operational services are struggling to manage the range of meetings and working groups that are being undertaken. The Whiston TFA proposes a model whereby a board would be established to co-ordinate and manage this and it would be proposed that we need to build on this and rationalise meetings.

In terms of performance monitoring it is important that we identify key performance issues. This work has generally been undertaken through the QIPP workstreams and it would not be proposed to replicate it here, rather we should build on what is already available and wherever possible we should free up operational services from onerous reporting and administrative requirements.

8. HUMAN RESOURCE IMPLICATIONS

From the Council’s perspective the proposed changes will be subject to appointment of temporary additional staff to post, subject to agreement re funding and also some minimal human resource changes in terms of roles and responsibilities. In the short term these are not anticipated to cause any difficulties but in the longer term there may be more complex human resource issues to be considered.

9. FINANCIAL IMPLICATIONS

It is important that the proposals are addressed in a spirit of partnership, with relevant partners contributing. It would be hoped that if the proposals
demonstrably can minimise the need for the opening of a step down / sub acute ward then resources could be freed up from the proposed in-patient resource to fund some of these.

The Council will adopt a clear project / programme management approach to these issues which will ensure demonstrable value for money at the end of what could be regarded as a 5/6 months pilot period for all partners to consider in terms of new funding which will be available for Reablement Services in 2012-13 and also as responsibilities for financing services begin to change it will be important in order to maintain a positive spirit of partnership that any suggestion of cost shunting or not sharing of responsibility is avoided.

St Helens Council will re-prioritise the work of a number of key posts as outlined in this report at no additional cost for the duration of the project.

The costings do not at this point include the impact on Community Health Services in terms of the following sections: -

6.7 Newton Hospital
6.8 Residential and Nursing Homes
6.9 Palliative Care

No allowance has been made for Transport Services as this is not felt to be a priority issue at the present time although a potential cost is indicated.

Detailed financial implications have been developed for a number of the proposals identified and the impact on St Helens Council in appendix 1 to this report. These have been proportionately developed to indicate the funding required in Halton Borough Council, however this will require some further detailed analysis by Halton to confirm the figures.

Based on the current proposals the funding is to be allocated as follows: -

**Financial Implications**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost for St Helens</td>
<td>309,010</td>
</tr>
<tr>
<td>Total cost for Halton - Estimate Based on St Helens Model*</td>
<td>197,564</td>
</tr>
<tr>
<td><strong>Grand Total cost for Halton and St Helens</strong></td>
<td><strong>506,573</strong></td>
</tr>
<tr>
<td>Suggested Contribution St Helens - By reprioritising existing health funding committed to St Helens Council:</td>
<td></td>
</tr>
<tr>
<td>PCT funding - Reablement 11/12</td>
<td>241,864</td>
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<tr>
<td>PCT funding - s256 slippage</td>
<td>15,000</td>
</tr>
<tr>
<td><strong>Total Suggested Contribution St Helens - By Reprioritising existing health funding</strong></td>
<td><strong>256,864</strong></td>
</tr>
<tr>
<td>Cluster/PCT proposed additional funding St Helens</td>
<td>52,146</td>
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</tbody>
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* Estimate Subject to detailed discussions with Halton Council
Existing arrangements for the transfer of reablement monies are based on demonstration of activity and actual expenditure, however the proposals require the funding to be paid in advance for services and commitments to be made. It is therefore proposed that funding is made available in order to progress the proposals in a robust timescale. Monitoring arrangements are to be agreed between the relevant parties to ensure compliance with the proposals.

18. EQUALITY IMPLICATIONS

If agreed there will be a requirement to undertaken an Equality Impact Assessment in relation to these proposals.