NHS
Lancashire and South Cumbria
Integrated Care Board

North-West Region
Social Care Nursing Advisory Council
Quarterly Meeting - January 2025

Lancashire and South Cumbria ICB

Safe Transfers (Pathways) of Care Workstream

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LSC ICB Care Sector Team

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The ICB vision for the Care Sector provision across Lancashire and South Cumbria (LSC) is to improve and sustain people's experience as they utilise out of hospital Adult Social Care (ASC) services with their families, carers, and local communities. Also to establish effective integration in the delivery of high-quality care in the community.

A key aim of the ICB Care Sector Programme is to support market dialogue and development within LSC, and to draw on all key stakeholders to drive integration and oversee the delivery of quality and safe care.

- Priority Workstreams 2024/25 include:
  - Dementia
  - End of Life/Palliative Care
  - Out of Hospital/Enhanced Health in Care Homes/Admission Avoidance
  - Safe Pathways (Transfers) of Care

Safe Pathways (Transfers) of Care

Initial focus was planned to be around **safe discharges** given the consistent feedback received from the care homes.

Recognition that this was a large multifaceted task.

Secondary focus was around **quality of admission handovers**

Anecdotally we received a range of soft intelligence around

- the growing lengths of stay in Emergency departments (previously 6-8 hours and increase to 24/48/72 hours)
- and the associated pressure on providers to send escorts (operational and financial impact, strain and impact to safe staffing within ASC, strained relationships with NHS providers, threats of a safeguarding being raised, requests for second staff members, variance noted across LSC system, roles, responsibilities and insurance cover)

This anecdotal area became our primary focus as it was a system wide issue with, what we hoped, was a simple resolution

Concept to resolution (Quarter 1 – 2024/25)

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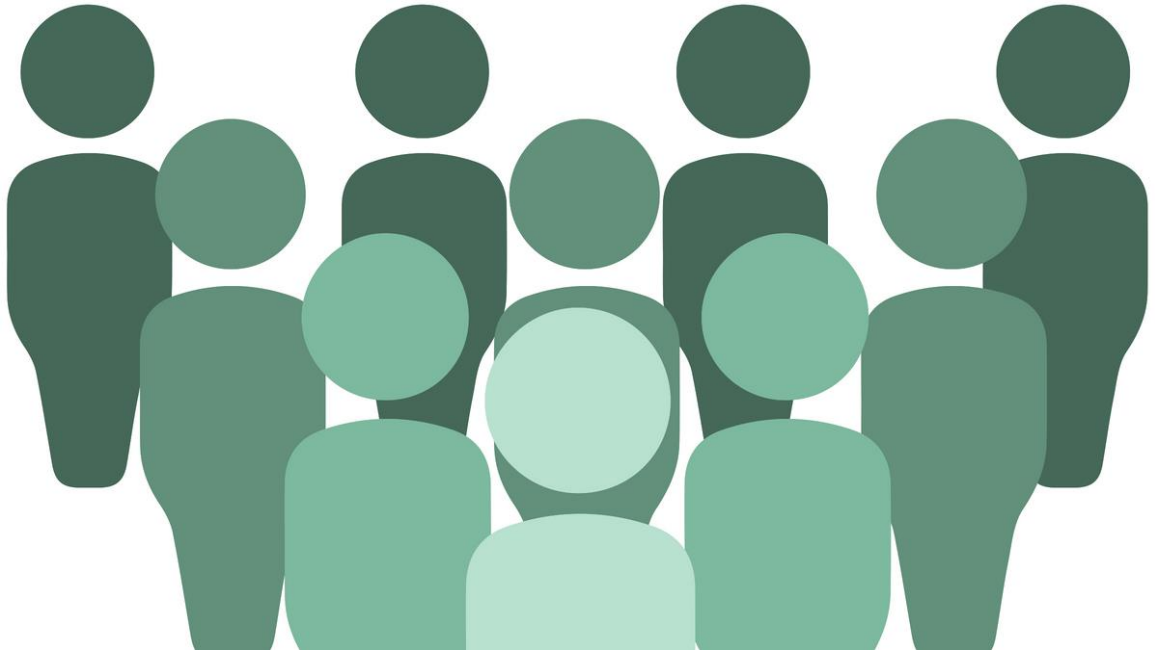
Plan: 3 Task and Finish Groups

1. T&F Group 1 – Care Sector escorts at Emergency Department
2. T&F Group 2 – Safe handover of care and information
3. T&F Group 3 – Safe and effective discharges

Membership?

- Care Sector Providers
- NHS Integrated Care Board
- 4 Local Authorities
- 5 Hospital Trusts
- North-West Ambulance Service



Care Sector Representatives

The workstream lead ….

- Met with any provider who had contacted their local authority in the past 6 months to understand the issues faced and invited them to represent the sector
- Reviewed the current NHS contract and service specification which stated:

  5.6.10. In no circumstances shall charges be applied to unscheduled visits to hospital, e.g., following a fall or collapse. In such circumstances, the Provider will undertake a risk assessment and determine if the Service User is able to attend hospital without an escort. Handover information will be comprehensive and will adhere to local hospital transfer pathway guidance, e.g. Red Bag Scheme
- Sent questionnaires to all Nursing home providers to request examples of their risk assessment and subsequently invited anyone who responded, to meet with them and become involved in the T&F group.
- Promoted the project at provider forums
- Reviewed the representation and directly invited providers where there were gaps in service provision (ie Learning disability or supported living settings) or where there were gaps in geographic representation for each of the acute trust areas or local authorities.

Wider System Representation

The workstream lead ….

- Contacted senior level leadership within the 4 major acute trusts in LSC (Blackpool Teaching Hospital, East Lancashire Hospital Trust, Lancashire Teaching Hospital, University Hospitals of Morecambe Bay) as well as Mersey and West Lancashire Teaching Hospitals who accept the West Lancashire patient flow.
- Contacted North-West Ambulance Service
- Contacted all 4 Local Authorities within LSC
- **Held an initial meeting with the above organisations (purposefully without care sector provider representation) to set the scene, establish any local policies, service specifications or agreements and to promote the opportunity of multi-agency collaboration, and identify the appropriate organisation representation for the smaller group work.**

Regular group discussions (Commenced Quarter 2 – 2024/25)

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Aim: To agree a set of core principles based on evidence and best practice and create some example documents (or agreed standards) that could be used system wide to reduce variance and promote quality improvement and assurance.

Discussion of care sector background concerns:

Initial outcomes

- Not all residents who lack capacity require 1:1
- Only residents with pre-existing, community commissioned 1:1 would be expected to be escorted in ED by a carer*.
- NWAS may encourage family to support a resident but will not enforce a carer attending.
- No single blanket approach would work, and collaboration was key.
- The importance of Risk Assessment (completed by the homes), which the sector felt safe would not be challenged by the wider system
- Importance of clear handover information (would link into T+F group 2)

* Remains under discussion

Regular group discussions (continued during Q2 – 2024/25)

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- Reviewed all relevant national and local guidance
- Developed of a set of key principles (around 'support' as well as 'risk'), primarily regarding CQC Regulations 12 (safe care and treatment) and 9A (visiting and accompaniment in care homes, hospitals and hospices) – acknowledging that all organisations were regulated by the CQC.
- Development of a Joint Statement comms including

  Background

  Overarching principles

  ICB principles

  LA principles

  Acute provider principles

  NWAS principles

  Care Sector provider principles

  Escalation routes

- Sighted Healthwatch and CQC on workstream and draft comms

Regular group discussion paused during Quarter 3 2024/25

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Overarching principles: Focus on improved communication and respect with the individual at the heart of care planning, identification of the principal care provider and joint working.

ICB and LA principles: Primarily related to whether pre-existing 1:1 can be used to support a resident – *this is currently undergoing some legal advice*.

Acute provider principles: Most significant change is that all acute providers agreed in principle to having a care home champion on shift and are currently working towards this operationally. They also agreed to respect the operational risk assessment from the care provider and to support with associated breaks if an escort remains for a prolonged period.

NWAS principles: To work in partnership and respect the homes risk assessment.

Care Sector provider principles: To primarily work on the principle that an escort if possible is a resident want one UNLESS risk assessed that operationally one cannot be provided. Example SITREP and SOP developed as part of comms. Regular review of the risk assessment and regular communication with the acute setting. Handover of comprehensive key clinical information. Awareness of insurance policy. To work in partnership with the acute setting and consider their residents basic needs while escorting.

Escalation routes: Developed for both real time situations and post incident learning.

Next Steps …..

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Intention to complete the comms during Quarter 4 2024/25, as well as commence the 2nd T+F group regarding safe handover of care and information.

The second workstream has been highlighted at a range of forums, and initial expressions of interest for involvement from providers has been commenced.

If you are from the LSC area and are interested in becoming involved, please email Angela.Clarke26@nhs.net

Additionally, if you are from outside the LSC area and would like a further informal discussion, please contact Angela.

Any Questions?

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