

**NORTH LINCOLNSHIRE COUNCIL**

**CABINET**

**Council Contribution to Winter Pressures**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 The Council continues to invest in reablement services to vulnerable people
- 1.2 Cabinet is asked to note that high performance has been maintained through this winter period and recent adverse weather.

**2. BACKGROUND INFORMATION**

- 2.1 North Lincolnshire Council is highly ambitious for North Lincolnshire to be the best place, and the residents to be; Safe, Well, Prosperous and Connected.
- 2.2 The Council prioritises the Protection of Vulnerable People and Enable Community Health and Wellbeing. This means enabling as many people as possible to be independent and be active in their communities for as long as possible.
- 2.3 The Care Act (2014) places a responsibility on Local Authorities to ensure that people in the area receive services that prevent, reduce and delay their need for long-term care and support.
- 2.4 More recently the Cabinet Member for Adults and Health has agreed to invest and increase services that are provided in the home. The Home First Services focus on short term reablement and rehabilitation and are described in the appendix.
- 2.6 This winter has been a very challenging time for the services as admissions to hospital continue to increase. Home First-Hospital, has seen a 8% growth in referrals from the wards for people who may need care on discharge. In the past three months this means a total of 648 people who required ongoing care from hospital were supported by the Home First Services.

- 2.8 The performance of the service has been excellent during this winter period despite these increases, social care hospital discharge figures have in some weeks been down to zero, the latest published figure 1.1 against a target of 2.3 ( low is good ) The services also continue to be effective, despite working with increased numbers and with people with increased complex need, 91% leave the service with their needs having been met.
- 2.9 During the recent adverse weather conditions all Home First services continued to be delivered with few disruptions .Staff working in the community found the road closures particularly challenging and many worked above and beyond to get services to vulnerable residents across the whole of North Lincolnshire.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 Cabinet is asked to note that high performance has been maintained through this winter period and recent adverse weather

### **4. ANALYSIS OF OPTIONS**

- 4.1 The investment has enabled the workforce to work across the whole reablement system to follow people out of hospital and to home this has increased capacity and the person to feel supported by the 'one team'

### **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

- 5.1 £650k has been invested in the Home First services, increasing capacity in Home First - Community day and night teams

### **6. OUTCOME OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 6.1 All Home First services are accessible to people over the age of 18 with an eligible need.

### **7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 7.1 The opinion of people who use the services is very important to enable us to improve further. Some of the comments which demonstrate successful outcomes include:

*"Thank you for your help and kindness to get me back on my feet again after my trauma. I am glad to say I am now doing very well, getting back to doing everything for myself without your help. I don't know how I would have got better without everyone's care."*

*"I am now home and managing on my own, walking without sticks. I enjoyed my stay with you and didn't really want to come home."*

**8. RECOMMENDATIONS**

- 8.1 Cabinet is asked to note that high performance has been maintained through this winter period and recent adverse weather

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**Background Papers used in the preparation of this report: Nil**

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## Appendix

### **Home First - Hospital**

Embedded in the local general hospital, this element provides social work intervention within the hospital and home from hospital services to people with eligible needs, facilitating safe and timely discharge from either hospital wards or the urgent care centre.

The team operates 8am-8pm, seven days a week, 365 days a year, providing a flexible response to differing demands within the hospital, including attendance at board rounds with consultants each morning.

The extended hours enable conversations with carers and families during visiting hours, preventing further delays when families are working during the day.

### **Home First - Residential**

The purpose-built, specialist centre, Sir John Mason House, with full en suite rooms and community facilities.

The on-site team includes social care staff, occupational therapists, physiotherapists, district nurses and primary care practitioners.

By working in an integrated way they are able to:

- deliver support plans that bring together services to achieve the outcomes important to each individual
- improve transition between health and social care services
- ensure effective, timely and inclusive decision making between social care and health
- MDT discussions held regularly at the site, enable the GP's to create meaningful discharge summaries which are then shared with regular GP's to maintain continuity of care

### **Home First – Community**

This element also covers 24 hours a day, seven days a week and is organised into three groups aligned to Care Networks, co-designed with primary care and based on patient populations.

Working with community health colleagues, they deliver programmes of rehabilitation and reablement into people's homes.

The overnight team are based in A & E to enable rapid response to prevent unnecessary admissions and to reduce pressures at busy times, supporting people to return home or access a short stay period within a residential home, if appropriate.

This element provides the join with the Council's community wellbeing hubs, introducing them to the facilities alongside or when statutory support is no longer needed.