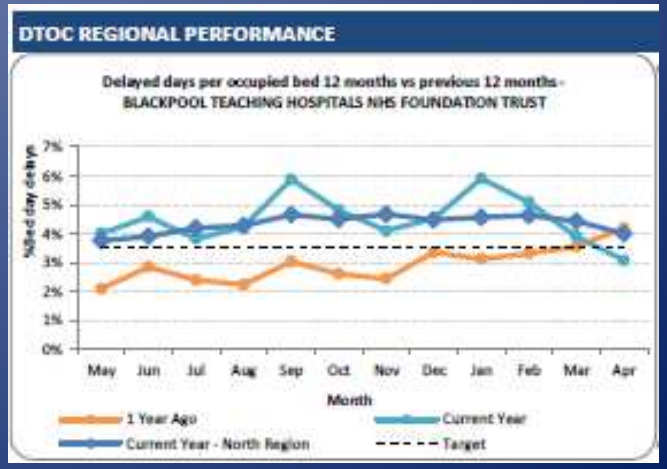
iBCF 2017/18

Proposals of

Fylde and Wyre/BTH/BCCG

Overall Vision

- Reduce DTOC
- Standardised, simplified process counters variation
- Workforce development
- Increase capacity in the community
- Increase options for Home First model
- Increase integrated working
- Fylde Coast solution
- Neighbourhood focus
- Improving position?



Context – Complex Service Provision

BTH Acute and Community:

- ESD
- AA
- Enhanced primary care
- Extensive care
- Rapid response
- Admission avoidance teams
- Access to ARC
- HDT
- Outreach from Clifton
- Outreach from acute
- Rehab coordinators (2) – ARC, Clifton (8) and Thornton House (18, F&W)

LCC:

- Team manager
- On-site SW (5); Social Care Support Officers (6)
- Rapid response+ (1SW & 2SWSO)
- Residential rehab
- Reablement with therapy
- 18 IC beds in Thornton house
- Crisis Hours (with Morecambe Bay)
- ICT capacity
- SW/SCAO capacity for rehab and crisis
- Community Staff reviewers
- Short term care placements
- Access to dom care market

Vanguard/NMOC

- 6 hubs in Blackpool
- SPOA
- 4 hubs in F&W
- Can follow people into & through hospital
- CHC team in community offices at BCCG
- CHC team via CSU

BCC:

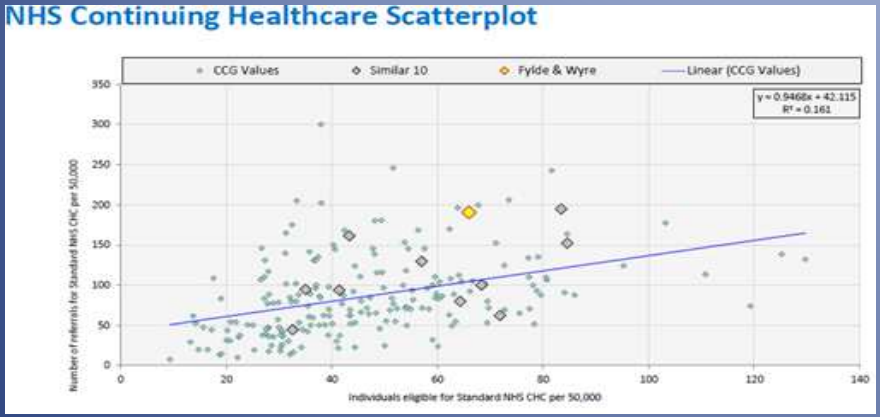
- Social workers in HDT
- IC (ARC) – 10 enhanced/23 LAIC
- Packages of care
- Reablement (mostly private)

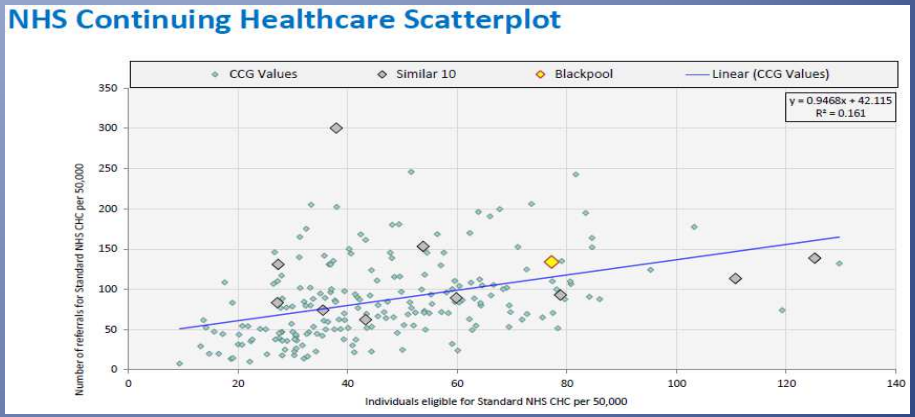
Context - Variation

F&W

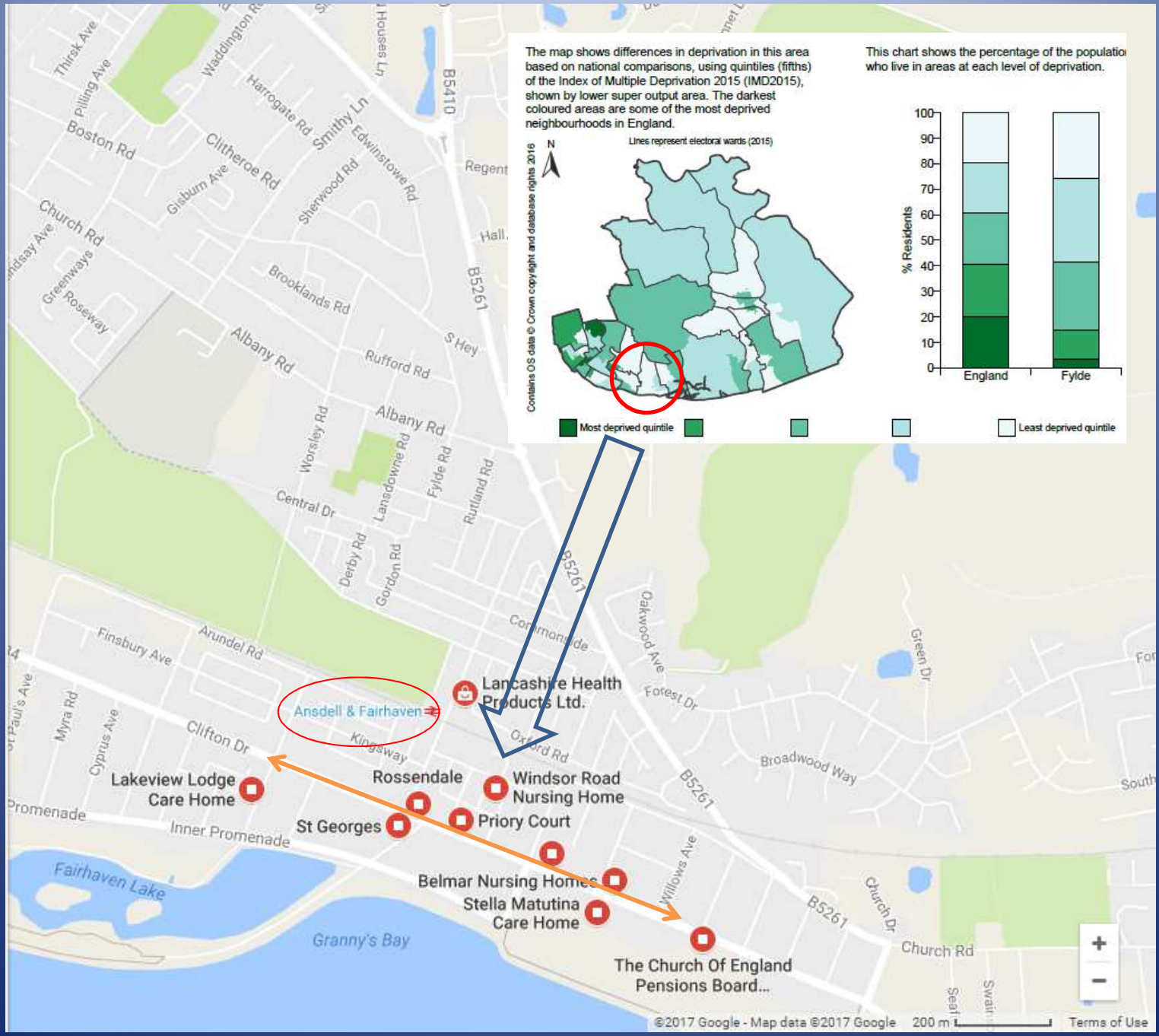
BCCG

Issue to be addressed





There is a slight positive correlation between referrals and individuals eligible. Above the line suggests more referrals than would be expected given the number of individuals eligible for CHC


The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.
Lines represent electoral wards (2015)
N
Contains OS data © Crown copyright and database rights 2016
Most deprived quintile
Least deprived quintile
This chart shows the percentage of the populatio who live in areas at each level of deprivation.
% Residents
100
90
80
70
60
50
40
30
20
10
0
England
Fylde
Lancashire Health Products Ltd.
Ansdell & Fairhaven
Lakeview Lodge Care Home
Rossendale
Windsor Road Nursing Home
St Georges
Priory Court
Belmar Nursing Homes
Stella Matutina Care Home
The Church Of England Pensions Board...
Fairhaven Lake
Granny's Bay
Inner Promenade
Promenade
Clifton Dr
Kingsway
Oxford Rd
Commonside
Arundel Rd
Finsbury Ave
Albany Rd
Rufford Rd
S Hey
Brooklands Rd
Church Rd
Boston Rd
Clitheroe Rd
Harrogate Rd
Smithy Ln
Edwinstowe Rd
Sherwood Rd
Gisburn Ave
Greenways
Roseway
Thirsk Ave
Pilling Ave
Waddington Rd
Houses Ln
B5410
B5261
Regent
Hall
Worsley Rd
Lansdowne Rd
Fylde Rd
Rutland Rd
Central Dr
Derby Rd
Gordon Rd
Oakwood Ave
Forest Dr
Broadwood Way
Green Dr
Willows Ave
Church Dr
Church Rd
Myra Rd
Cyprus Ave
St Paul's Ave
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200 m
Terms of Use

Summary

Scheme Title	Description and aims	£s in 2017/18 (fye)
Aligned Social Work	Neighbourhood and A&E deployment of F&W SWs to support discharge & cover in A&E working 12/7	£75,000 (£150k)
CHC process review (trusted assessment)	Trusted assessment, better screening (5Q Care Test), better home of choice compliance	£75,000 (£150k)
Re-ablement Hours	Hospital Discharge and Reablement service would aim to provide individuals a single service specification that meets the health and social care needs of our communities	£137,000 (£274k)
Trusted Assessor (care homes)	Targeted locality TA support	£27,000 (£54k)
Total		£314,000 +£8,000 set up costs (£628k)

Scheme 1

SWs to support AA SW cover in A&E working 12/7

- Neighbourhood and A&E deployment of F&W SWs to support discharge SW cover in A&E working 12/7

- preventing admissions
- early diversion
- reduced discharge delay
- reduced re-attendance
- saving ED staff time

Delivery timeline

Quick win - October 2017

SWs to support AA SW cover in A&E working 12/7

Costs

Staffing (4.5 WTE) social workers 12/7 working

Spending plan…monthly spend in 2017/18

- £10,000 pm if recruit 4.5 WTE
- £2,500 set up costs
- £150 pm travel/sundries

SWs to support AA SW cover in A&E working 12/7

Planned impact	A reduction of?	Details
NELs	5%	10-12 admissions per day via A&E are amenable to SW intervention
DTOC		
Residential Admissions		
Other		

How will impact be measured and reported?
A&E Performance baseline
PREMs

SWs to support AA SW cover in A&E working 12/7

Barriers / Challenges to successful delivery	Managed by….
Access within A&E/Neighbourhoods	Capital investment Leadership development
Risks	Managed by…
Recruitment	Job Description Candidate selection values Evaluation

SWs to support AA SW cover in A&E working 12/7

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	X
2	Systems to monitor patient flow.	X
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	X
4	Home first/discharge to assess.	X
5	Seven-day service.	X
6	Trusted assessors.	X
7	Focus on choice.	?
8	Enhancing health in care homes.	X
Alignment with Plans		
Urgent and Emergency Care		X
A&E Delivery Board		X
Operational plan (s)		X
Other…		

Scheme 2
CHC process review (Trusted Assessment)

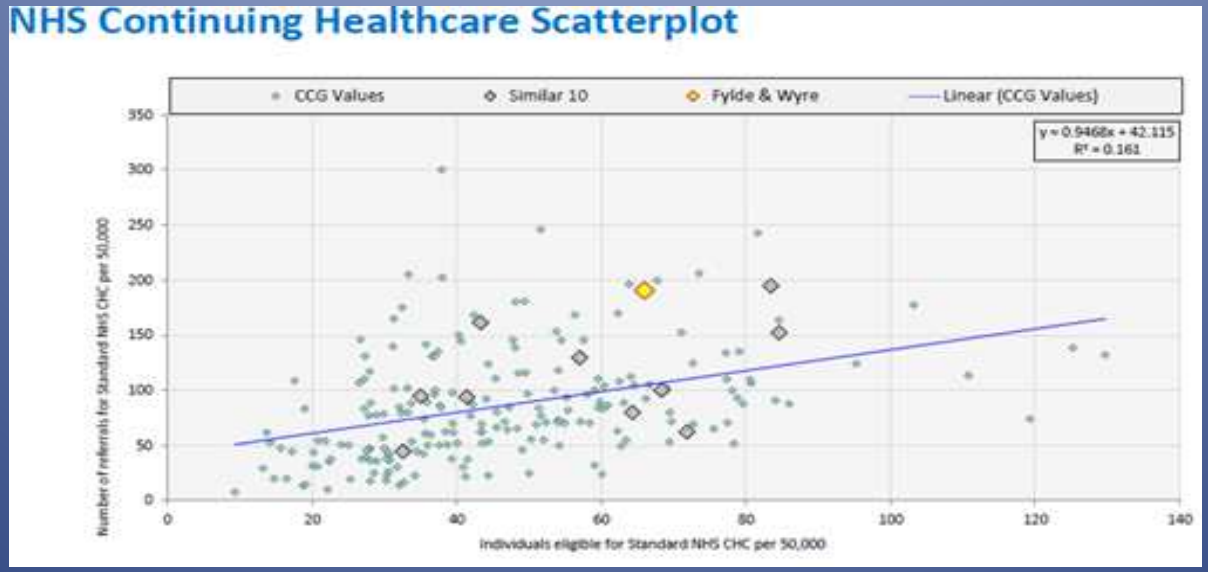
Hospital-based CHC Assessment

- Better, faster screening (5Q Care Test), better home of choice compliance after August 1st
- Chasing home discharges
- Model has been shown to work (Norfolk)

Scheme 2

CHC process review (Trusted Assessment)

Proposed activity will address variation and delay



Delivery timeline

Quickish win, but possibly somewhat fraught

Scheme 2
CHC process review (Trusted Assessment)

Costs

- Extended HDT 4 WTE x Band 6 staff from October
- £77,000 for 2017/18
- £10,000 pm if recruit 4.0 WTE
- £2,500 set up costs
- £150 pm travel/sundries

Scheme 2
CHC process review (Trusted Assessment)

Planned impact	A reduction of?	Details
Reduce CHC referrals Increased number of reviews at home Reduced number of challenges to home of choice policy	50%	Screening patients out of the process will reduce volume and delays

How will impact be measured and reported?
Number of CHC referrals/reviews – reduced in total; proportion reduced in hospital, increased at home

Scheme 2
CHC process review (Trusted Assessment)

Barriers / Challenges to successful delivery	Managed by….
Policy interpretation Non-standardised process	Pan-Lancashire approach
Risks	Managed by…
Major challenge to existing practice	Clear expectations

Scheme 2
CHC process review (Trusted Assessment)

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	X
2	Systems to monitor patient flow.	X
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	X
4	Home first/discharge to assess.	X
5	Seven-day service.	X
6	Trusted assessors.	X
7	Focus on choice.	X
8	Enhancing health in care homes.	X
Alignment with Plans		
Urgent and Emergency Care		x
A&E Delivery Board		x
Operational plan (s)		X
Other…		

Scheme 3
Re-ablement Hours

Issue to be addressed – discharge to crisis hours for a relatively large proportion of people from F&W.

Hospital Discharge and Reablement service would aim to provide individuals a single service specification that meets the health and social care needs of our communities across Fylde Coast

Hospital Discharge and Reablement system allows individuals to return home quicker, with on-hand support if needed. This enables people to remain independence, whilst the reablement reduces the risk of re-admission.

Scheme 3
Re-ablement Hours

Proposed new or additional activity (including quantity)

- Full home safety check
- Falls risk assessment
- Plan of support to aid health and wellbeing and return to independence for longer.
- Follow up telephone calls to people discharged from A&E to ensure they are managing with daily activities (if not seen by the service in A&E)
- Model has proved successful when piloted out of Clifton hospital

Scheme 3
Re-ablement Hours

Costs

3 teams: Acute, Fylde and Wyre, located with Neighbourhoods

3 WTE band 6

6 WTE band 3

12/7 service

Caseload of 8-15 clients per team(piloted at 15, but strained)

Staffing cost £137,000 (pye); £274 FYE

Benefits

- Increased re-ablement capacity and workforce
- Reduced long term packages/inappropriate packages
- Savings could be re-invested to deliver further training posts

Scheme 3
Re-ablement Hours

Planned impact	A reduction of?	Details
DTOC, A&E Admissions, readmissions	228 people pa	Increase re-ablement packages will increase flow, enable people to live at home, reduce number of frequent attenders

How will impact be measured and reported?
Pathway waiting list reductions PREMS
Increased number of people receiving re-ablement in place of normal residence

Scheme 3
Re-ablement Hours

Barriers / Challenges to successful delivery	**Managed by….**
Established model(s) may militate against innovation	Local team Leadership development System development (ACS)
Risks	Managed by…

Scheme 3
Re-ablement Hours

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	X
2	Systems to monitor patient flow.	X
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	X
4	Home first/discharge to assess.	X
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6	Trusted assessors.	X
7	Focus on choice.	X
8	Enhancing health in care homes.	X
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Urgent and Emergency Care		X
A&E Delivery Board		X
Operational plan (s)		X
Other…		

Review

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