iBCF 2017/18

Proposals of

Pennine Lancashire LDP

Summary

Scheme Title	Description and aims	£s in 2017/18
Multi-Disciplinary Discharge Team	Support joined up leadership to ensure consistent and effective discharge pathways across PL	£219,600
Home First	Support delivery of discharge to assess and assess to admit; facilitating step up and down	£1,384,023
CHC pathways	Opportunity to align existing budgets as a means to ensure wherever possible, CHC assessments are completed outside of hospital setting	
Implement Home of Choice policy	Delivery of national guidance on Supporting patient choice	
Total		£1,603,623

Overall Vision

- System wide approach with opportunity for shared investment and mutual benefit
- Focus on maximising long term independence and reducing long term system cost
- Retain focus on developing integrated neighbourhood and out of hospital services
- Align resources across funding streams to reduce duplication and avoid cost shunting

Data requirements

- Clarity of definition - DToC measure
- % breakdown of patients per pathway
- % contribution to DToC
- Assurance of transitional funding/impact on future pathways- year 2 onwards

Impact required to move to 3.5% DToC rate for PL

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	TOTAL
DToC Days	1265	1163	1048	1019	955	863	891	863	891	891	805	891	11545
% DToC	5.14%	4.57%	4.25%	4.00%	3.75%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.85%
1617 DToC Days	1024	1106	1112	1374	1118	1413	1392	1049	1285	1476	1206	1325	14880
2017-18 Variance to 2016-17	241	57	-64	-355	-163	-550	-501	-186	-394	-585	-401	-434	-3335
% Shift in DToC days	23.5%	5.2%	-5.8%	-25.8%	-14.6%	-38.9%	-36.0%	-17.7%	-30.7%	-39.6%	-33.3%	-32.8%	-22.4%

Apportionment of DToC - PL

2016-17	Apr-Oct		Nov-Mar	
Agency Responsible	Days	%	Days	%
NHS - Days Delayed	4272	50.0%	2328	36.7%
Social Care - Days Delayed	3793	44.4%	3971	62.6%
Both - Days Delayed	474	5.6%	42	0.7%
TOTAL	8539		6341	

- Using 16/17 data, 1970 of the 3633 reduced days delay required to meet 3.5% DToC level would be social care related (54.22%)
- Relevant areas of delay to the proposed key schemes:
  - MD discharge team (code A – 29% DToC) – 571 days reduction
  - Home First (code E 18.2% DToC) – 358 days reduction
  - CHC pathways (code B 9.2% DToC) – 181 days reduction
  - Supporting patient choice (code G 23.6% DToC) – 465 days reduction

Scheme 1- Integrated Discharge Service

Issues to be addressed

- Virtual IDS operational across PL
- Requirement for consistent leadership across acute, community health, LA and VCF
- Inconsistent 7 day offer with limited capacity to support discharge over weekend period
- Implementation of system wide Trusted Assessment
- Reduce DToCs as the result of assessment processes

Scheme 1…Integrated Discharge Service

Proposed new or additional activity

- Provide single functional leadership to facilitate further development of IDS across PL
- Develop consistency of approach and effective use of integrated discharge pathway
- Deliver system wide trusted assessment
- Consistent performance inc. development of single performance dashboard
- Implement enhanced 7 day offer

Delivery timeline

- Partnership Recruitment process – 2 months
- Training and development change programme for teams 4-6 months

Scheme 1…Integrated Discharge Service

Costs

1 x 8B/L Grade post - £75,000

Enhanced 7 day social work - £144,600
(extrapolated from BwD requirement across PL)

Total= £219,6000

Scheme 1…Integrated Discharge service

Planned impact	A reduction of?	Details
NELs	-	
DTOC	571 days	Assessment delays contribute to 29% of DToC in last 12 months across all organisations (588/2055 DToCs)
Residential Admissions	-	Will support use of pathways that maximise independence and impact on long term admissions
Other		

How will impact be measured and reported?
Increase in trusted assessments completed **Increased completed discharges at weekend**
Reduction in LoS **Reduction in DToC**

Scheme 1…Integrated Discharge Service

Barriers / Challenges to successful delivery	Managed by….
Alignment to admission avoidance strategies Complexities of cross organisational management Culture change required Staff contracts to achieve sustainable 7 day offer	AEDB/SLF AEDB/SLF One workforce/SLF
Risks	Managed by…
Timescales for delivery Recruitment of lead role Sign up from all agencies to single leadership approach	

Scheme 1…Integrated Discharge Service

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	
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.	
Alignment with Plans		
Urgent and Emergency Care		X
A&E Delivery Board		X
Operational plan (s)		X
Better Care Fund plan		X

Scheme 2…Home First

Issues to be addressed

- Insufficient community capacity to offer rapid assessment and support in community
- Limited step up support
- Assessments predominately being carried out in acute setting
- Some alignment with INT offer but not systematised
- Differential offer/pathways across PL footprint for both health and care
- Opportunity to align with Intensive Home Support and VCF services

Scheme 2…Home First

Proposed new or additional activity

- Additional 7 day capacity to support assess to admit step up and discharge to assess step down
- Optimise current fast track reablement pathways
- Enable immediate assessment and 3-5 day wrap around service inc. social work, reablement, crisis and dom care
- Undertake assessment at home
- Facilitate transition to INT/single agency pathway
- Align to Intensive Home Support, VCF and Carers offer with view to future integration across health and care

Delivery timeline

- Already beginning to mobilise in PL
- Plans to cover 50 cases per week by September 2017
- iBCF investment would deliver further step change

Scheme 2…Home First

Costs (BwD detail provided – need to extrapolate across PL)- Total cost £1,384,023

Job Title	Grade	SCP	Total Pay	Number of Staff	Total Cost
		(mid-point)	£		£
Team Manager	J	47	51,842	1	51,842
Social Worker	H	37	39,879	2	79,757
Therapist	H	37	39,879	2	79,757
Referral and Assessment Officer	F	27	29,391	2	58,783
Support Worker / Care provision	D	17	21,245	8	169,957
Business Support Officer	D	17	21,245	1	21,245
			Total	16	461,341

Scheme 2…Home First

Planned impact	A reduction of?	Details
NELs	To be determined	Diagnostic will determine potential scale of impact
DTOC	358 days	Package of care waits account for 18.2% of DToC
Residential Admissions	To be determined	Diagnostic will determine potential scale of impact
Other		

How will impact be measured and reported?
Increased number of complex patients supported at home **Increased number of step up and step down care packages** **Improved patient experience** **Increased numbers of patients stepped into INT support**
Reduced emergency admissions **Reduced admissions to long term residential care**

Scheme 2….Home First

Barriers / Challenges to successful delivery	Managed by….
Ability to identify those suitable for this pathway is critical – trusted assessment is critical Requirement of Dom Care not fully scoped	
Risks	Managed by…
High cost of provision does not release required benefits Staff recruitment within timescales	

Scheme 2…Home First

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	
2	Systems to monitor patient flow.	
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… Better Care Fund plan!		X

Scheme 3 – CHC/STC pathways

- **Issues to be addressed**
- Long term decisions being progressed prior to full recovery
- Assessment decisions based on patient presentation in a hospital setting
- Funding discussions driving patient outcomes
- Low % outcomes for CHC from MDTs triggered in an acute setting
- Primarily bed-based pathway driving longer term care outcomes

Scheme 3 – CHC/STC pathways

Costs

- BwD identify 59 STC admissions per year that could fit with revised pathway - £498.98 per week average cost.
- Replicated in EL, this would equate to 138 placements
- At BwD cost, for free 3 week placement, annual budget cost of £294,897 across Pennine Lancashire
- In last 12 months in PL, 161 patients who triggered for CHC who had neither a CHC or FNC outcome, a free 3 week cost placement would equate to £351,624 annually (on average CHC cost placement)
- Decision on whether costs are delivered from current budgets or pump primed from iBCF

Scheme 3…CHC/STC pathways

Planned impact	A reduction of?	Details
NELs	-	
DTOC	181 days	Public funding decisions account for 9.2% of DToC. A further 931 days delayed for patients awaiting MDT prior to formal entry into DToC would be avoided.
Residential Admissions	To be determined	Potential impact on STC and CHC placements who return to own home
Other		

How will impact be measured and reported?
Increased number of complex patients supported at home **Improved patient experience** **Increased number of CHC MDTs in the community** **Increased % of MDTs following hospital admission with a CHC / FNC outcome**
Reduced long term care costs for the system (risk/gain share required) **Reduced admissions to long term residential care**

Scheme 3….CHC/STC pathways

Barriers / Challenges to successful delivery	Managed by….
Ability to identify those suitable for this pathway is critical Ability to deliver increased community based MDTs at scale and pace required	Local ‘trigger’ process agreed Shift of current resources
Risks	Managed by…
Risk that efficiencies are realised within single provider/element of the system Capacity in the care system to deliver the pathway	Risk/gain share needs to be agreed Pilot model has established potential capacity

Scheme 3…CHC / STC pathways

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	
2	Systems to monitor patient flow.	
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… Better Care Fund plan!		X

Scheme 4 – Supporting patient choice

- **Issues to be addressed**
- Hospital beds continuing to be used whilst patients make choices about long term care options
- Extended stay in acute increasing the risk of higher need and longer term dependency
- Impact of reduced flow on the emergency system

Scheme 4 – Supporting patient choice

Costs

- Although patient choice accounts for significant element of formal DToC – 23.6% of DToC days in Pennine Lancashire – delivery of a revised STC/CHC pathway should address the level of longer term decision making in acute settings.
- Choice policy is also more geared to delivery of communications to patients and families, which will form part of IDS delivery (Scheme 1)
- However, policy suggests up to 3 week free placement in support of choice. Costs for 2 patients a week on this pathway at STC BwD placement cost would equate to £155,682 cost per year

Scheme 4… Supporting patient choice

Planned impact	A reduction of?	Details
NELs	-	
DTOC	465 days	Patient and family choice account for 23.6% of DToC.
Residential Admissions	-	
Other		

How will impact be measured and reported?
Reduced level of patients awaiting home of choice in acute settings
Reduced costs for the system (risk/gain share required)

Scheme 4…. Supporting patient choice

Barriers / Challenges to successful delivery	Managed by….
Sign off of the policy Identification of funding to deliver the policy Delivery of the policy on the ground	Process for sign off agreed Shift of current resources Training and development to front line teams
Risks	Managed by…
Risk that efficiencies are realised within single provider/element of the system Capacity in the care system to deliver the pathway	Risk/gain share needs to be agreed

Scheme 4… Supporting patient choice

	Alignment with High Impact Change Model of Transfers of Care	Yes= X
1	Early discharge planning.	
2	Systems to monitor patient flow.	
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	X
4	Home first/discharge to assess.	
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… Better Care Fund plan!		X