



Western Bay Programme Intermediate Care Funding 16/17

List of Schemes

REVENUE FUNDING Frail and Older People Funding - £5,190k			
Ref	Scheme	Estimated Cost	Brief Description, including Achievability / Delivery of Scheme
1.	Continued development of integrated Intermediate Care Services across Western Bay including a review and reprioritisation where necessary, of the key features of the optimal model in context of whole system.	£5,190,000	<p>Implementation of the Western Bay optimal model Business Case 2014 /2017, with targeted review. Features of the model include Common Access Point (including Third Sector Broker), Acute Clinical Response and Reablement Services</p> <p>Service delivery monitored through S33 agreements and each locality via their Joint Partnership Boards and overseen at a regional level by Community Service Planning and Delivery Board and the Regional Partnership Board.</p> <p>The aims of the scheme are to ensure high quality, consistent and responsive services to older people across the region. The services promote independence, choice and focus on what matters to each individual to be able to address their particular situation.</p> <p>The services will ensure that where possible individuals will be able to stay at home rather than be admitted to hospital or residential care. Ultimately it aims to provide a better model of care for older people, which allows for citizens to receive more coordinated and holistic care.</p>



REVENUE FUNDING

Learning Disability and Complex Needs for Children Funding - £687k

Ref	Scheme	Estimated Cost	Brief Description, including Achievability / Delivery of Scheme
2.	Delivering further right sizing, right pricing work within the Contracting and Procurement (C&P) Project for Social Care and Health teams across Western Bay	£311,022	<p>Delivering further right sizing, right pricing work within the Contracting and Procurement (C&P) Project in order to fully embed the practises within social work and health teams, including an extension of right sizing, right pricing work to include children with complex needs to support transition into adulthood.</p> <p>Proposal underpinned by business case and overseen by C&P Project Board and Regional Partnership Board.</p> <p>Outcomes for service users: Promotion and maximisation independent living opportunities, by creating a more outcome based future for the individual. Co-produced outcomes where possible will include a plan for reablement and improvements to their quality of life</p>
3.	Extended Services of Specialist Behavioural Support Services by recruiting additional staff in order to provide a seven day service	£122,500	<p>Enhancement of specialist behavioural service to a seven days service to support all community services, reduce escalation of needs in health and social care settings and reduce likelihood of hospital admission as well as effective discharge. Outcomes for service users:</p> <ul style="list-style-type: none"> • Extended hours of access for patients, carers • Reduce the potential demand for hospital admission due to the extended working hours and the speciality of the • More timely discharge and move on from our assessment units and specialist residential units. • Enhance the provision of the core community service by working closely with them to manage patients on their caseloads out of hours thus prevent the build



			<p>of crisis.</p> <ul style="list-style-type: none"> Reduce the need and demand for some of our inpatient units by enhancing the community provision which will give better outcomes to patients. <p>Main risk to achievability is recruitment of specialist practitioners to extend hours of working.</p>
4.	Introduction of a hospital Liaison service within the general hospital settings at Princess of Wales and Morriston hospitals with the aim of improving access to secondary health care for people with a learning disability and improving physical health outcomes.	£55,000	<p>Introduction of a hospital Liaison service within the Emergency Departments at Princess of Wales and Morriston hospitals by recruiting 2 nurses, with the aim of improving access to secondary health care for people with a learning disability. This service will work alongside the Primary Care Educator Role. Outcomes for service users will be:</p> <ul style="list-style-type: none"> Enhanced level of appropriate care to patients that will attend the acute hospital for assessment and potential admission. Admission avoidance if the person is assessed in A&E in a timely manner and community service can be engaged to support outside the hospital. Timely discharge from acute hospital setting by the liaison nurses involvement in the discharge planning process and linking community setting. Timely Specialist Learning Disabilities advice for the acute hospital staff Enhanced specialist advocacy role for this patient <p>Attractive role and working along with liaison within DGH settings being a priority make this highly achievable with plans being made to continue beyond March 2017.</p>
5.	Alongside hospital liaison Primary Care Educator Role within community networks will improve processes to access mainstream preventative health services for people with learning disabilities	£55,000	<p>Primary Care Educator Role for Learning Disabilities Services with a view to , enhance the links between primary care and secondary care learning disabilities services, by providing education to staff, reviewing referral patterns to facilitate earlier intervention. This role will work alongside the hospital Liaison service (see proposal 4). Outcomes to service users and staff will include:</p> <ul style="list-style-type: none"> Enhanced level of appropriate care to patients with LD who access primary



	within health and social care settings.		<p>care.</p> <ul style="list-style-type: none"> • Expand the potential for patients with Learning Disabilities to access services provided by the networks across ABMU that they may have not previously being able to access for various reasons by better education and awareness. • A structured awareness training program for primary care and network teams on issues relating to Learning Disabilities. • Better advice and training in relation to risk assessment and risk management for this patient group. <p>The primary care educator role can be delivered as a time limited task focused activity within the year.</p>
6.	Enhancement of therapy provision in specialist learning disability in patient units to improve effective discharge planning.	£55,000	<p>Therapy Provision in Specialist Learning Disability Services Provision for service users from the Western Bay area who are admitted to the ABMU Acute Assessment and Treatment Units. Outcomes to service users and staff will include:</p> <ul style="list-style-type: none"> • Enhanced skill mix in team to reflect the complexity of the presenting needs, providing a more comprehensive assessment and treatment provision and more effective discharge planning. • Increasing the effectiveness of the discharge process has the potential to reduce the number of delayed transfers of care and readmission rates. • Improve the quality of life experienced by in-patients with the predicted outcome of reduction of challenging behaviour and improvement in overall health and wellbeing. <p>Main risk to achievability is recruitment of therapy practitioners and the need to engage with other health boards for regional provision.</p>
TOTAL		£598,522	Under-spend - £88,478 (though some start up costs will be incurred)