Integrated Care Fund 2018/19
Project Brief

Project Title	Accessing Alternatives to Admission In Reach Team
Is this a new project or continuation?	This scheme builds upon the Accessing Alternatives to Admission scheme which has been supported previously with ICF. The service was reviewed in 2017, and findings from that review have been used to inform the next phase of testing.
What alternative delivery concept is being tested?	Collaborative working across Health and Social Care Services offering an in-reach service into Bronglais General Hospital
In which financial year will the project complete testing of concept?	2019-21
Which ICF theme does it align with?	• Frail and older people • People with learning disabilities • Carers
Regional Project Lead/Link Representative	
Local Authority Project Lead/Leads and/or Link Representative/ Representatives	Carys James
HDUHB Project Lead/ Link Representative	Jina Hawkes
Third Sector Project Lead/ Link Representative	

1. **Background/Rationale:** *(No more than 300 words, including how your proposal (1)* ***tests alternative delivery concepts*** *(2)* ***links with local strategies and plans such as Transforming Clinical Services; Integrated Medium Term Plan; Well Being Plans etc.*** *(3)* ***contributes to regional priorities*** *and (4)* ***supports delivery of objectives within the West Wales Area Plan.****)*

To facilitate the continued development and implementation of effective patient flow within Ceredigion's acute general hospital. This acknowledges the significant risk of permanent loss of function associated with frail elderly people being admitted to an acute general hospital and that morbidity and mortality increases with long lengths of stay. Moreover, the complex discharge planning and care requirements can also further impact on long lengths of stay and hence compromise patient flow and organisational performance.

The Accessing Alternatives to Admission (AA2A) service has been funded year on year from ICF since 2015. It enables a multidisciplinary approach to care planning be enabling access to Nursing, Therapy, Social Care, Medicines Management and 3rd Sector Services (through the facilitators).

The introduction of the Social Care and Wellbeing Act (Wales) has introduced an additional element associated with all statutory providers having (and documenting) the 'What matters' conversation. As a result, the AA2A monitor their compliance with this aim, which has not traditionally been a responsibility associated acute care. A review of AA2A took place in October 2017; finding that that there would be greater capacity in the team if they were based outside the acute setting. Additionally, there have been a number of staff resignations in part associated with the short-term funding arrangements of the schemes, enabling an opportunity to re-think the use of both core and short-term funding. This revised scheme continues the objectives set out in the previous AA2A scheme. Whilst the AA2A In-reach service will be based in the community, they will attend multidisciplinary meetings twice a day (7 days a week) in Bronglais General Hospital to support patient flow, seamless care planning and delivery.

2. **Purpose: What will you do and how will you do it?** *The proposal should support at least one of the aims identified within the Welsh Government* Guidance *for use of the ICF. Please outline how your service would meet a particular Aim (or Aims).*

ICF Aim	Description of how your proposal will meet the Aim(s)
Integration Partnership working and co-operation	The AA2A In-reach service is made up of: • Community Specialist Nurses; • Therapies; • Ceredigion County Council Social Care staff • Medicines management. Working in the community with an in-reach to support patient flow within BGH
Alternative Delivery Methods	The MDT approach which not only works across organisational boundaries, but also across acute and community care.
Prevention	The service will work with patients at the 'front-door' of BGH with a view to avoid hospital admission as well as supporting discharges for complex patients therefore preventing unnecessary reliance on statutory service provision.

3. **Outcomes:** *Please list which of the outcomes from the regional outcomes framework will your proposal contribute towards and how it will do so (minimum of 1, maximum of 3.)*

Regional Outcome(s)	Description of how your proposal will meet the Outcomes(s)
Citizens get the right care and support, as early as possible	The multidisciplinary approach enables the appropriate joint decisions are made in a timely fashion. The multi professional capacity within the service will ensure that the appropriate professional undertakes the service delivery.

4. **Implementation Timescales –** *please indicate the following:*

When will project development commence?	Scheme already operational
When will initial expenditure commence?	1st April 2018

When will staff recruitment commence (if required)?	The majority of staff are already in place.
When will project delivery commence?	In part, already commenced.
Expected date of completion of project concept testing.	March 2020
Expected date of project review/embedding learning into mainstream practice or termination.	March 2020

5. **Amount Requested** (*include detailed breakdown of costs and if revenue or capital*)

The full annual cost of the AA2A In-reach team is as follows:

Staffing	WTE	Cost per WTE	Total cost
Nurse (Band 6)	1.00	£38,038	£38,038
Nurse (Band 5)	1.20	£31,328	£37,594
HCSW (Band 3)	5.20	£23,355	£121,447
OT (Band 6)	0.67	£43,274	£28,994
Physio (Band 6)	1.00	£36,882	£36,882
Social Worker	0.50	£43,200	£21,600
Assessment / Reviewing Officer	1.00	£33,869	£33,869
CCC Quality Assurance	0.50	£50,400	£25,200
Medicines Management (Band 8a)	0.25	£63,104	£15,776
Management overhead			£9,660
Total annual cost			**£369,059**

As the pharmacy, some of the HCSW and some of the Band 5 Nurse posts are currently being recruited to, the full annual cost will not be required in 2018-19; the total required from ICF in 2018-19 is £347,438.

6. **Proposed Performance Indicators:** *(What will it enable you to achieve in addition to what you are doing now. i.e. how many additional participants/outcomes? Please refer to ICF 17/18 C)*

Performance Indicators

How much will you do? (Quantity)	How well will you do it? (Quality)
• Number of new patients discussed at 'front of house' in BGH • Number of new patients requiring support from AA2A In-reach to support discharge	• Number of patients whose 'what matters' conversation was documented • Number of patients discharged at front of house with support from AA2A In-reach

How will people be better off as a result? (Quality and Quantity of effect)
• Reduction in admissions and Length of Stay in BGH

- Clear and communicated care plans which are delivered in a timely fashion close to home.
- Patient stories demonstrating integrated working

7. **Sustainability:** *After testing and review, how will successful concepts be incorporated into either mainstream delivery, IMTP, TCS, Area Plan or Well-Being developments and what is the exit strategy? (no more than 100 words*)

Staff employed to the afore mentioned ICF funded roles will be on a fixed term basis until March 2020.
All community funded posts will be reviewed by a panel when vacancies arise. The panel will prioritise roles and where possible will fund these posts from core funding streams.

9. **What are the implications if this business case isn't supported?**

Traditionally there is a blame culture associated with inappropriate admissions and lengthy stays in acute hospital. The culture does not enable constructive problem-solving solutions to be implemented.
Without the team in place there is a significant risk of reversing back to this traditional model with referrals being made to all community services, rather than having one professional lead. This approach causes delays due to confusion and duplication in the system for complex patients.

10. **Please provide supporting evidence of engagement with key stakeholders, in the development *or* delivery of the project, particularly 3rd sector and community partners when alternative delivery concepts are being tested.**

The AA2A In-reach service will utilise the existing AA2A operational and steering groups to monitor, review, support and evaluate progress. Both groups will meet regularly and have representation from BGH, Ceredigion County Council, HDUHB Nursing, HDUHB Therapies and HDUHB Community County Team.
Monthly updates are received by the Ceredigion County Steering Group which has representation from HDUHB Community & Primary Care, Ceredigion County Council, HDUHB Medicines Management, Ceredigion HSCWB Exec and CAVO.

11. **Please ensure a completed 12 month budget profile is attached.**

April 18	£20,602
May 18	£20,602
June 18	£29,440
July 18	£30,755
August 18	£30,775
September 18	£30,775
October 18	£30,775
November 18	£30,775
December 18	£30,775
January 19	£30,775

February 19	£30,775
March 19	£30,775