



**Integrated Care Fund 2018/19
Project Brief**

Project Title	Interim Placement Scheme
Is this a new project or continuation?	Continuation of existing project, abet with a more focused objective
What alternative delivery concept is being tested?	Partnership between the statutory service providers with private service providers
In which financial year will the project complete testing of concept?	2019-20
Which ICF theme does it align with?	<ul style="list-style-type: none"> • Frail and older people • People with learning disabilities • Carers
Regional Project Lead/Link Representative	
Local Authority Project Lead/Leads and/or Link Representative/ Representatives	
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.)*

Spot purchase of both interim residential and nursing beds have been supported by ICF in previous years. Both have worked successfully by enabling timely assessment in the appropriate place of care (away from acute hospitals), however in 2017-18 there were challenges utilising local authority based care homes due to staffing issues.

In 2017, HDUHB introduced a new Home of Choice Policy which encourages flow from acute hospitals to residential / nursing home beds. Whilst funding for these placements is the responsibility of the individual rather than the statutory provider, the process for ensuring appropriate use of beds remains.

The fundamentals of the IPS scheme are:

1. Spot purchase of interim nursing / residential beds on a needs basis to enable timely assessment of patient needs in the appropriate setting.

2. Improve integrated working between statutory and private sectors:
3. Develop shared processes and procedures associated with MDT decision making and delivery of care plans

Therefore, enabling timely assessment of patients.

In Ceredigion there is a shortage of both privately managed nursing home and EMI placements. The scheme is being used to 'spot' purchase beds which meet individual patient needs as well as stimulate the market.

The focus for 2018-19 will be to encourage the market associated with EMI placements.

- 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 scheme is dependent upon joint working between: <ul style="list-style-type: none"> • HDUHB Nursing Services • CCC & HDUHB Therapy Services • Privately run nursing care homes • CCC/privately run residential homes With jointly agreed and delivered care plans
Alternative Delivery Methods	
Prevention	By enabling timely assessment, patient's longer term care plans are developed in a timely fashion resulting in less demand for long term care packages.

- 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 understand what care, support and opportunities are available and use these to help them achieve their well-being.	Patients / Clients using the scheme would occupy a hospital bed (in the short term) if it wasn't for capacity within the scheme. If the scheme is not in operation, these patients / clients would be assessed at their lowest ebb and likely be deemed appropriate for long term nursing needs. In contrast, according to 2016-17 figures, 33% returned to their own home on discharge and only 18% were admitted into hospital.
Citizen's voices are heard and listened to	
Citizens live in a home that best supports them to achieve my well-being	

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

When will project development commence?	Already commenced, abet additional focus for 2018-19
When will initial expenditure commence?	1 st April 2018
When will staff recruitment commence (if required)?	Nursing support already in post

When will project delivery commence?	Already commenced
Expected date of completion of project concept testing.	March 2019
Expected date of project review/embedding learning into mainstream practice or termination.	March 2019

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

The annual cost of the spot purchase element of the scheme is:

Interim Placement Scheme	WTE	Cost per WTE / unit	Total cost
Nurse Lead (Band 6)	0.6	£50,347	£30,208
Bed nights purchased	625	£101	£63,125
Patient transport	49	£50	£2,450
Total annual cost			£95,783

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)
<ul style="list-style-type: none"> Support up to 49 patients with interim beds purchased through the scheme. Monitor patient outcomes to enable appropriate evaluation and monitoring 	<ul style="list-style-type: none"> Ensuring safety – each patient referred to the scheme has a care plan developed to ensure the home can meet needs (this may include additional support); Joint planning – reducing duplication and clarity for all those involved; Timely assessment – having a set period of time to assess a patient’s long term needs ensures that decisions are made appropriately and safely.
How will people be better off as a result? (Quality and Quantity of effect)	
<ul style="list-style-type: none"> Reduction in the use of hospital beds as either admission avoidance or timely discharge which affects both the flow within the hospital, but also the long-term care needs of the patient. 	

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)

Work is ongoing in relation to demonstrating the impact upon the need for acute hospital beds.

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

The core element of interim placements into block purchased private nursing home beds in South Ceredigion is funded as a result of closure of hospital beds in Cardigan Hospital, however this budget does not allow for spot purchase of beds to meet the flexing demand or purchase of residential / EMI beds across the county.

Without this additional funding more longer-term assessments are likely to take place in the acute setting and will result in patient's care plans reflecting their needs immediately after an acute episode, rather than in a timely fashion.

The additional funding also enables alternative service delivery models to be explored and tested which will help inform the Cylch Caron model of care.

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 IPS service is collaboration between statutory service providers and private providers, and only succeeds as a result of shared planning and service delivery.

Monthly updates are received by the Ceredigion County Steering Group which has representation from HDUHB Community & Primary Care, Ceredigion County Council Ceredigion HSCWB Exec and CAVO.

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

The scheme will need to flex with demand and capacity, with an average cost of £7,982 per month