

Change	Change Descriptor	£'s	Impact		
			Social Care	Health	System
1	Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.				
	Planned Activity				
	Investment in social care resource that contributes to the integrated discharge team	£ 100,000.00			
	Investment in social care resource that contributes to the early discharge of patients with complex needs from both an acute and non acute setting	£ 90,000.00			
2	Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.				
	Planned Activity				
	Investment in technology (eg CareTrak) to monitor patient flow which will enable prediction of likely scenarios - joint CCG and SBC initiative (incl resource to manage)	£ 100,000.00			
3	Multi-disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients				
	Planned Activity				
	Social worker to develop collaborative and Multi disciplinary working in the area of CHC	£ 50,000.00			
	Joint commissioning manager for integrated discharge to assess model	£ 30,000.00			
	Voluntary sector investment to increase capacity and co-ordinate activity, engagement with MDTs, enhance preventative approach (hub) and SPOA (incl wellbeing pioneer worker)	£ 90,000.00			
4	Home First/Discharge to Assess. Providing short-term care and reablement in people's homes or using 'stepdown' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.				
	Planned Activity				
	Resource to support Discharge to Assess model to assess patients who are in step down or interim beds etc	£ 160,000.00			
	Hospital 2 Home service that will maintain existing service whilst model is reviewed	£ 130,000.00			
	Priory investment - resource to enable enhanced provision of step-up facility	£ 110,000.00			
5	Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs				
	Planned Activity				
	Enhancement of Home Again service (HAS) to support the system 7/7 and complex care cohort	£ 50,000.00			
	Realigning of social care working patterns to support 7 day working	£ 50,000.00			
6	Trusted Assessor. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way				
	Planned Activity				
	Trusted Assessor model (model to be scoped, defined and agreed)	£ 300,000.00			
7	Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.				
	Planned Activity				
	Resource to support the development of an asset based approach in the community and to enhance the Locality based MDT approach with a focus on enhancing choice and ensuring high quality domiciliary care provision.	£ 150,000.00			
8	Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.				
	Planned Activity				
	Gold Standard Framework (GSF) investment - further training for additional care homes to go through the GSF training	£ 30,000.00			
	Investment in resource to provide training for care homes in terms of fluid intake, falls prevention and nutrition	£ 50,000.00			
		£ 1,490,000.00			
9	Investment to meet adult social care needs				
	Planned Activity				
	Investment in social care by adopting whole system transformational change which will include community groups, health and social care. Using a strength-based approach we will focus on individual abilities and family and community assets, rather than an approach that overly focuses on deficits and services to meet need. Our model is empowering and facilitates the individual in taking control of their own lives rather than being told what is best for them. Health, social care and partners will take a preventative approach to practice in a community setting. This investment will include (but will not be limited to) supporting training, enhancing capacity, capital investment and technology to support prevention.	£ 2,500,000.00			
		£ 2,500,000.00			
		£ 3,990,000.00			