ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 31 OCTOBER 2017**

REPORT ON: **PROPOSED MODEL OF CARE FOR OLDER PEOPLE – BUSINESS CASE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB37-2017**

1.0 PURPOSE OF REPORT

This report provides the business case for the proposed model of care for older people that was outlined in the Remodelling Care for Older People report (DIJB21-2017) presented to the Integration Joint Board in June 2017.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the content of this report;

2.2 Agrees the four phased transformational plan as outlined in the report (paragraph 4.8) and associated financial framework (Appendix 1).

3.0 FINANCIAL IMPLICATIONS

The financial framework set out in Appendix 1 sets out the phasing and levels of investment and resource release required to deliver the change in service delivery model. This model utilises short term transformation funding, held within the IJB's reserves, to assist with the transformation of services which over time will result in resource release and reinvestment from mainstream services, contribution to Transformation Programme efficiencies, culminating in a net resource release for the Partnership to consider at the end of the transformation period.

4.0 MAIN TEXT

4.1 As outlined in the Remodelling Care for Older People report presented to the IJB in June 2017 and the Medicine for the Elderly (MFE) report (DIJB6-2017) presented to the IJB in February 2017, services face the combined challenges of increased demand for care, an ageing population and pressures on funding. In response to these challenges the Dundee Health and Social Care Partnership is progressing improvement work to modernise pathways of care in partnership with other care providers to integrate care, breaking down the boundaries experienced between hospital and non-hospital care and moving care into communities.

4.2 Previously, the model of service provision promoted people being assessed at Ninewells and accessing other resources from there. Once in hospital frail people are at risk of delirium, infection and functional deterioration. This means they often end up deeper into the hospital system and experience a range of poor outcomes including longer stays in hospital.

4.3 The Christie Report estimated that 40% of current spend on health and social care could have been avoided if a more preventative approach had been taken. It is anticipated that by completely transforming the way in which services are provided to frail people to provide early intervention and where the care wraps around them in their own home, the bed base can be further reduced, people can be supported in their own home longer with less need to move into care homes and the pressure on acute hospital care can be significantly reduced. This shift to early intervention and prevention is one of the fundamental priority areas as set out within Dundee Health and Social Care Partnership's Strategic and Commissioning Plan.

4.4 Work has been undertaken through the Older People Strategic Planning Group and Integrated Care Fund Monitoring Group and with wider engagement with a broad range of stakeholders to develop models which will support the care being delivered around the frail person rather than the person moving around the care system. These models have the support of Practitioners from a range of disciplines and have been demonstrated to provide better outcomes for people. Much of the funding in these models is short term with the majority of funding still within inpatient services.

4.5 The models promote a rapid assessment in the community with direct access to a range of resources which can prevent people deteriorating, prevent unnecessary admission or facilitate a timely discharge with a range of supports.

4.6 These models have resulted in a reduction in the level of demand for inpatient hospital provision and the subsequent retraction of the Royal Victoria Hospital (RVH) site. An investment of £1 million short term change funding has therefore supported the release of around £1.9 million to deal with cost pressures and reinvestment.

4.7 Work is underway to redevelop inpatient services for Older People. These will be co-located as the presenting population have both physical and cognitive issues. In the meantime an intermediate model will provide 74 beds in Royal Victoria Hospital and 49 in Kingsway Care Centre and has been achieved as a result of these improvements in community based care. The money released will remove the historical structural budget deficit of £500k in inpatient services and release £1.4 million to support efficiency savings and the development of the community model.

4.8 This report outlines a four phase proposal to mainstream the existing service model and further develop a range of robust community models including an acute pathway with access to polypharmacy review and support with medication enhanced Community Rehab services, rapid response social care and step-down and step-up models of care.

Phase 1 - Mainstream the Dundee Enhanced Community Support Model across all four clusters

This proposal will roll out and mainstream a number of community initiatives that have been tested through the reshaping care for older people programme. This involves multidisciplinary team meetings to coordinate the care of frail people, access to consultant support on a cluster basis, access to Comprehensive Geriatric Assessment, enhanced Community Rehab services including Physio/Occupational Therapy and Nutrition and dietetics and the introduction of volunteer services to the model. This phase will cost £1.6 million and will be funded through a combination of resource release from Royal Victoria Hospital, existing mainstream funding and temporary and permanent Integration Funding.

Phase 2 - Develop and test Dundee Enhanced Community Support Acute (DECSA) in one cluster

This proposal involves the short term monies which have been released by mainstreaming and rolling out Enhanced Community service being reinvested to test an Acute response in one cluster. This investment will provide on call consultant cover, and sufficient medical cover in the first instance to facilitate the development of the Advanced Nurse Practitioner role. Nursing and social care availability will be significantly enhanced to care for this more unwell group of patients. The cost of this is £1.36 million and can be funded by Integrated Care Fund monies. This model is planned to be in place by February 2018 with smaller tests of the model commencing in October 2017.

Phase 3 - Roll out DECSA across all four clusters

Testing the model in phase 2 will allow a more robust financial modelling of this phase however currently the additional cost of the roll out is expected to be a further £770k. This will predominately enhance the nursing and social care compliment to care for this more dependent group. This is planned for October 2018.

Phase 4 - Reduce inpatient and care home bed base to ensure the sustainability of the model

As outlined above the total anticipated cost of the model is £3.7 million. With limited short term investment £1.9 million has been released which will fund the budget shortfall in the remaining wards and provide £1.372m for reinvestment in the new model. Further change will allow

further reductions in the non-acute bed base and release pressure on the acute hospital provision. While it should be noted that this model is not necessarily cheaper in the short term than an acute hospital bed it provides potentially better outcomes and a lower long term cost as it reduces the harm associated with admission. This model will be funded by further resource release in line with the strategic direction outlined. As a result we anticipate that there will be a reduction of up to a further 20 beds at Royal Victoria Hospital with a potential resource release of up to £1 million. This is anticipated to be achieved by March 2019. The impact of the new community based model of care will also lead to a reduction in the demand for care home placements across the city, further releasing resources set aside for residential forms of care. The impact of the changes will also support the reduction in the value of the large hospital set aside as a result of a reduction in unplanned admissions and shorter stays in hospital.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	Over stretched Primary Care Services are adversely affected.
Risk Category	Operational
Inherent Risk Level	12 - High
Mitigating Actions (including timescales and resources)	Involvement of primary care in developing the model Secondary care model developed Discharge criteria developed Close links with Enhanced Community Support model Monitor impact by testing model
Residual Risk Level	6 - Moderate
Planned Risk Level	6 - Moderate
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	Out of hours services are adversely impacted.
Risk Category	Operational
Inherent Risk Level	12 – High
Mitigating Actions (including timescales and resources)	Involvement of out of hours in developing the model Development of a 8am – 8pm model Clear lines of communication developed Monitor impact by testing
Residual Risk Level	6 – Moderate
Planned Risk Level	6 – Moderate
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 27 September 2017

Jenny Hill
Locality Manager

Proposed ECS Model				
Phase 1	**Mainstream the Dundee Enhanced Community Support Model across all 4 clusters**			
			Cost Per Cluster	Total Cost for 4 Clusters
1.0	OT	Band 6	42,053	168,212
2.0	Physio	Band 6	84,106	336,424
0.5	Pharmacy	Band 8a	29,759	119,036
1.0	Pharmacy Tech	Band 5	33,992	135,968
1.0	Comm Nurse	Band 6	42,053	168,212
3.0	Comm Nurse	Band 5	101,976	407,904
0.3	GP		70,000	70,000
0.2	MFE (2 Sessions)		20,000	80,000
0.5	Dietician	Band 6	21,027	84,106
	Volunteer coordinator		30,000	30,000
			474,966	**1,599,862**
Funded by:				
Resource release from RVH (less contribution to Transformation Programme Efficiencies)				1,000,000
Pharmacy Technician (Integration Funding - Mainstreamed)				33,000
Permanent Integration funding				197,000
Integrated Care Fund (IJB Reserves) - temporary funding until Phase 4 resource release				370,000
Phase 1 Total Funding				**1,600,000**
Phase 2	**Develop and test Dundee Enhanced Community Support Acute (DECSA) in one cluster**			
				Total Cost for Rollout to One Cluster
Acute additions				
1.0	Consultant			120,000
1.2	MFE 12 sessions			96,000
1.0	ANP	Band 7		50,930
1.7	Comm Nurse	Band 6		71,490
2.0	Comm Nurse	Band 5		67,984
2.7	Generic support worker	Band 3		66,474
1000 Hrs Social Care Rapid Response (city wide)				834,240
Travel / Transport / Supplies / Training				50,000
				1,357,118
Funded by:				
Advanced Nurse Practitioner Support (Delayed Discharge Fund - Mainstreamed)				40,800
Integrated Care Fund (IJB Reserves) - temporary funding until Phase 4 resource release				1,316,318
Phase 2 Total Funding				**1,357,118**
Phases 3 & 4	**Roll out DECSA across all 4 clusters/Reduce hospital inpatient & care home bed base**			
			Cost Per Cluster	Total cost for additional 3 clusters
1.0	ANP	Band 7	50,930	152,790
1.7	Comm Nurse	Band 6	71,490	214,470
2.0	Comm Nurse	Band 5	67,984	203,952
2.7	Generic support worker	Band 3	66,474	199,422
			256,878	770,634
Funded by:				
Resource release from reduction in hospital inpatient beds				1,000,000
Reduction in Care Home Beds				1,750,000
				2,750,000
Net Resources Released: Phase 4				1,979,366
Less - Balance of Phase 4 Resources to Fund:				
Permanent Funding Required for Phases 1 & 2 Above (Initially funded from reserves)				1,686,318