

BCF Plan 19/20 (JCMG approved projects)

APPENDIX B

	Description	Length of funding	Investment	Indicative savings / quality impacts
A.	<p>Commission a 24 Hour Home Care Pilot – to deliver wrap around 72 hour nurse-led care at home and needs-led support for up to 11 further days to support complex assessments to take place outside of the hospital.</p> <p>This is to support our strategic aims to prevent hospital admissions and readmissions.</p>	<p>3-6 month pilot to commence Q3</p>	<p>Based on costs of E Kent Model ‘Home to Decide’:</p> <ul style="list-style-type: none"> • £1420 for 72 hour wrap around service and assessment • £180/£290/£395 per day for recovery / moderate/ intensive support for up to 11 days • Estimate total investment to support 20 patients in pilot £100k (average £4,600 per patient) <p>Early discussions with another provider indicates an opportunity to reduce these costs through a tender process to around £1000 per week.</p>	<p>This pilot aims to expand on the established Discharge to Assess model to support more complex assessments outside of the acute and reduce transfers from hospital to long-term residential or nursing care.</p> <p>There is potential for reduction in the cost of long-term placement or care package – supports a period of ‘settlement’ prior to assessment for more complex patients / those with mild dementia.</p>

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<p>B.</p>	<p>Expansion of non-weight bearing (NWB) pathway. To include those with restricted movement.. £55k additional funding requested (for £165k total investment in 19/20)</p>	<p>2019-20</p> <p>Expansion from August 2019</p>	<p>£55k</p> <p>Additional investment provides care for up to 18 additional patients based on current NWB average pathway costs of £3k per patient (<i>average length of care 6.1 weeks at £500 per week</i>)</p> <p>Estimated system savings of £122k a week based on comparing cost of acute care @ £1610 a week.</p> <p>£9821 (cost of acute care over 6.1 weeks) with £3000 (NWB cost) = £6821 saved per patient supported (x18) = £122k</p>	<p>This builds on the existing successes of NWB Pathway. This will support earlier discharge of patients from the hospital and potential reductions in delayed transfers to care.</p>
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C.	<p>Medway Council already purchases a portal for the purpose of trading with schools, This proposal is to purchase a second portal as a provider portal.</p> <p>The portal would give all Council and CCG teams a presence, and would list key information and could go as far as embedding social media and YouTube videos.</p>	Two year pilot	£1000. With the aim to be self-funded by end of year 3	<p>Providers have previously raised communications as an issue, in terms of being able contact the correct team/person and outflow of emails from Council and CCG.</p> <p>The portal would enable providers to come together to realise cost savings through greater purchasing power</p> <p>Further functionality is a newsreel, training booking, communication forums, survey capability, and an opportunity for third parties/ external agencies to advertise.</p>
D.	<p>PCN social prescribing overhead and support funding</p> <p>The PCNs are utilising the new NHS funding Link Worker roles for individual settings. However the funding is post only and no allocation for backroom activity or opportunities to collaborate.</p>	annual	£35k	This investment will ensure the potential 7 new service providers of social prescribing do not unintentionally destabilise the exiting social prescribing services, such as care navigators. Supporting the PCNs will also ensure a close linkage with existing activities such as patient activation and ensure a robust evaluation process will be in place to track progress against Medway's 5 year social prescribing plan
		Total	£191k JCMG will be offered additional options to spend against the currently unallocated funds.	