Appendix 1

Proposed Section 256 Schemes

(1)	**Increasing Reliance on Non- Bed Based Care**	To increase the capacity of the intermediate care service to support more care provided within a community setting. This will involve working closely with private providers and reducing length of stay in acute and community hospitals. It will also facilitate the move to non-bed based care in future years.	£340,000
	Benefits	Reduce dependence on bed based care and continue to decrease the number of people admitted permanently to care homes. Provide support to achieve better outcomes that enable people to remain in their own homes, which reduce their reliance on both health and social care services, as well as helping them remain active within their communities for as long as possible.	
	Measures	* Increase clients supported within their own home * Reduction in long term dom care services * Reduce I/C crisis or respite care required * Support shorter LOS at DGH & CHs * Reduce ambulatory care admissions * Reduce delayed discharges from DGH & CHs * Reduce re-admissions within 30 days * Help avoid emergency admissions * Improve mobility & confidence thus reducing falls	
(2)	**Redesign of Client/Patient Assessment & Re-Assessment Processes**	To enhance capacity within frontline teams to stratify assessment and reassessment processes according to client/patient complexity whilst also developing outcome focused care and support plans which ensure needs are being met appropriately and individuals discharged in a timely manner.	£140,000
	Benefits	Optimise staff skill mix Greater focus on what is most important to the patient or client Closer working between MDTs and care agencies along with more regular client reassessments will enable packages of care to be individually tailored and reduced, where possible.	
	Measures	* Improved case management * Revised review policy adopted based proportionality and stratifying users needs * Development of outcome focused contracts with dom care providers * Closer working relationships between IC/Reablement teams with dom care providers * Clients receiving IC/rehab services x3 p/a * Ave hours per week of dom care reduces by XX% * Reduced need of small POC as alternatives found	

(3)	**Develop a Intensive Reablement Service for Clients with Low Level Needs**	To intensively reable clients particularly focussing on those clients with low level needs and those discharged following a stay in hospital, in the first instance.	£290,000
	Benefits	Provides time limited intensive support aimed at maximising client independence and restoring confidence and mobility levels for clients: * following a hospital stay * with low level needs, i.e. under 4 hours p/wk Provides clients with dignity as they are no longer dependent on others for their care Increases levels of mobility and confidence which may help reduce feelings of isolation Frees up resources to assist clients with higher levels of need	
	Measures	* No. clients assisted following hospital discharge * No. clients assisted with low level needs * No. clients 'discharged' with 6 wks & 12 wks * Reduction in dom care funding achieved * Client satisfaction survey results - develop a PROM or perform 1:1 interviews	
(4)	**Ensuring High Quality Care Provision**	To actively improve the quality of care provision through closer working relationships - particularly with care homes and also domiciliary care providers.	£180,000
	Benefits	Care homes provide fundamental support to both health and social care services. Although permanent placements are being actively minimised, increasing reliance is being sought for temporary or short term placements, e.g. crisis and intermediate care patients, EOL care, respite, etc. Additional staff will enable the proactive sharing of skills, training and best practice to: * Improve the quality of care provided * The range of skills available * Level of patient complexity care for by the homes we contract with. More frequent contact with the homes, as part of the quality assurance process being developed, will alert staff to potential issues earlier and hopefully minimise the number of whole home safeguarding investigations required. As we move to non-bed based care, an increasing reliance will be placed on dom care providers. Consequently, we must also help improve the skills and experience available to these staff too.	
	Measures	** Reduce emergency admissions from care homes - including EOL & re-admissions within 30 days* ** Decrease % of patients dying within DGH* ** Support shorter LOS at DGH & comm hospitals* ** Reduce time required to manage whole home investigations* ** Improvemobility & confidence of clients thus reducing falls*	

		** Increase number of homes with good/excellent quality assurance rating (internal process not CQC)*	
(5)	**Enhancing our Ability to Actively Respond to Commissioning Requirements** *Benefits* *Measures*	To design and implement new ways of working which improve productivity and enable increasing levels of demand to be met within reduced resources, maximising new technology, where appropriate. Maximise the consistency and quality of in-house service provision whilst ensuring system architecture is simplified and optimises: * The best possible outcomes for patients/clients * Recording of client information * Staff productivity *Workflow arrangements * Performance reporting * Key business processes mapped (Used to develop service specs with Commissioners?) * Standard Operating procedures developed * Ability to differentiate and report on client complexity levels * Ability to report on client outcomes * Development of workflow/case management * Increased ability to implement CIDs (community information data set)	£135,000
(6)	**Investing in system wide integration**	To support existing adult social care commitments which will provide health benefits	£1,600,000
	TOTALS		**£2,685,000**