

Adult Care Transformation & Innovation Fund (ACTIF)

Health & Wellbeing Board
8 May 2019

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Adult Care Transformation & Innovation Fund

ACTIF brings together a number of short-term funding streams

Focus;

- Alleviating winter / system pressures across NHS / social care
- Promoting innovative approaches to supporting providers, increasing capacity and quality to support service provision

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Supporting the Provider Market – Main Areas:

- Recruitment and Retention
 - Promotion of Values Based Recruitment
 - ‘*Get into Care*’ marketing and events
 - Care Academy
- Training and Development
 - Free access now available to online training for care providers
 - Training offered to date
 - Planned training
- Proactive Interventions
 - Provider newsletter, supporting providers with practice
 - Planned
 - ‘Pocketbook of Practice’ being developed for care staff
 - Council website development ‘Provider InfoHub’

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Supporting the Provider Market

- Technology and Innovation
 - Health Call System
 - Joint work between DCC and CDDFT
 - Observations (e.g. blood pressure, temperature) taken by care home staff and sent to Clinicians via a tablet 'app'
 - Clinicians provide immediate advice and prioritise work of Nurses / GPs
 - More efficient and responsive system
 - 4 Care Homes using Health Call at present & further roll out planned
 - Falls pilot (Chester le Street) partnership
 - Falls information incl. blood pressure to be sent to Health via a smart phone 'app'
 - Will ensure that 'fallers' have appropriate health intervention
 - Evaluation to inform wider roll out
 - * Reducing hospital admissions
 - Exploring use of Alexa in Care Homes with Alzheimer's Society
 - Developing Technology & Innovation Fund - Providers to bid

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Supporting the Provider Market

- Social Care and Health Systems and Provider Interfaces
 - Short Term Assistance Service commission:
 - Soft market testing completed
 - New service to commence early 2019/20.
 - Prompt hospital discharge, admission avoidance and provide replacement care in unpaid carer emergencies.
 - Compacts between Providers & CDDFT:
 - Provider responsibilities linked to admissions and discharges
 - Residential and Nursing Care & CDDFT Compact – In development
 - Domiciliary Care & CDDFT Compact – draft compact to be shared with providers
 - Unsafe discharges to domiciliary care providers:
 - New process implemented to log concerns
 - DCC working with CCG / CDDFT on issues raised
 - Work to ensure safeguarding referrals made by Providers when appropriate

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Winter Pressures:

- Domiciliary
 - Commissioned rapid response out of hours, incl. weekends / bank holidays, across Christmas period. Increased demand was met.
- Trusted Assessor
 - Three of the largest Res / Nursing Providers agreed to take new referrals on TA basis using established IC checklist, when needed.
- Brokerage
 - DCC procured Brokerage to start Nov 18. Service performing well
- Home from Hospital
 - Service provided by Care Connect to ensure patients are supported when returning home, incl. those without specific social care needs..

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Alleviating NHS Pressure:

- The use of the NHS element of the ACTIF must meet the following criteria:
 - Must ease NHS pressure and have additional benefits for adult social care.
 - Invest to save initiatives will be viewed favourably.
 - Utilised for strategic initiatives linked to admission avoidance and hospital discharge.
 - Funding must be used to enhance provision for County Durham residents only.

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Alleviating NHS Pressure

- Also must contribute to and impact upon these performance outcomes:
 - Admissions of OP 65+ to residential and nursing care per 100,000 population.
 - Proportion of OP 65+ who are at home 91 days after discharge.
 - Readmissions within 30 days of a previous admission.
 - Delayed transfers of care (delayed days from hospital per 100,000 population).
 - Rate per 1,000 population of A&E attendances.
 - Rate per 1,000 of avoidable emergency admissions (AEA).
 - Reduction of adjusted bed days (AEA).
 - Proportion of older people who receive Reablement after discharge from hospital.
 - % of people who have no ongoing care needs following completion of a Reablement package.
 - % of hospital discharges where trusted assessor utilised via D2A approach.
 - Commissioners were asked to suggest schemes and proposals were analysed and agreed using the CCGs Executive Function

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List of Agreed Schemes:

- GP Home visiting service
- Discharge Brokerage Service
- Care home Trusted Assessor (pending)
- Palliative Care
- Falls Enhanced Service (CDDFT)
- Falls Training to Care Homes
- Falls First Responder (Care Connect)
- Falls Medications Review

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List of Agreed Schemes (continued):

- TEWV - additional IC+ staff and pharmacy
- IC+ additional SW resource
- Transport Co-ordinator in A&E
- Digital Programme inc. Health Call
- Transformation Project Support
- TAPs allocations for local schemes

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Next Steps

- Key progress reported into ACTIF group
- Project reviews/ evaluations
- Prioritise projects to be extended
- Review of service pressures
- Planning for winter 2019/20

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