Annex A – Measures taken to reduce Delayed Transfers of Care

Scheme	Additional Costs 2017/18 (£k)	Description	Benefits
7 Day Discharge Co-ordinator for Social Care Reablement	9	CYC commissioned service providing co-ordinated support to access reablement over the 7 day period commencing in January 2018.	Improving the flow of people through the system; improve capacity / access to acute care; improve performance - York system has been one of the poorest performing in the country for weekend discharges.
7 Day Hospital Social Work	19	Adult Social Care Social Workers commenced 7 day working on the 2nd December 2017	As above -this adds additional capacity to smooth the flow of work on discharge, avoiding backlogs and delays in the system . Within 6 weeks 48 patients were given support to enable more timely discharge. Currently on average 14 people are seen each weekend.
Increased Home Care through adopting flexibility with call times	9	More home care delivered through a more flexible approach, offering customers time-slots rather than fixed times.	Increasing this capacity enabled people to return home, plus move off the reablement services, freeing this up for new customers. An additional 53 hours of home care were delivered. 8 more people were supported to leave the reablement service for ongoing care packages.
CYC Personal Support Service providing short term support to customers to facilitate discharge home.	0	The CYC Personal Support Service, using spare capacity at the time, supported people needing a short term packages of care for up to 4 weeks	This more flexible use of the service improved capacity to be added at short notice, enabling discharge.
Increase in reablement service.	0	A revised approach and amended service specification for Reablement.	Promoting people to be more independent and less reliant on long term care. Without the service people delay in hospital as they are unable to return home.,

			The revised approach created an additional 16 more places in the service through the addition of 144 additional hours
Increased external home care	28	137 extra hours of home care delivered for people requiring on-going support.	17 customers accessed ongoing packages of care, also freeing up capacity in the reablement service to take new customers who would otherwise have been delayed in hospital.
Use of In House step down beds and 8 Nursing step down beds	98	Commissioned eight nursing beds.	The nursing home beds enabled 12 people with the most complex care needs who were waiting for long term care to leave hospital.
7 step down beds at Glen Lodge	23	Seven beds were allocated at Glen Lodge to enable people to step down from hospital.	To date 9 customers have accessed the step down flats, leaving hospital and avoiding residential care.

Annex B – Use of £800k recurring Adult Social Care Budget

Scheme	Proposal	Benefit	2018/19 (£k)	2019/20 (£k)
Increase in Reablement contract	Increase the existing Reablement contract by an additional 100 hours per week	Reablement is demonstrating its effectiveness in promoting independence and reducing need for services and managing cost pressures. The service will also be targeting those in the community who are at risk of losing their independence and at risk of hospital admission.	80	90
Enhancement to Falls Prevention Service	Increase the capacity of the Falls Service, increasing coverage to more households where there is a high risk of falls.	Evaluation of the scheme to date has shown its effectiveness in reducing injuries and hospital admission. By increasing access to this service we expect to further reduce falls and the consequent impact this has on the need for hospital admission, and associated costs	100	75
Increased stability in the Care Market	Enable providers to continue providing sufficient high quality care by supporting them to meet increasing costs of care, including living wage and pension requirements.	Stable home care market - residential, nursing care and step down remain a last resort. Improved flow from the hospital and through the reablement service. Contributes to our management of cost pressure.	307	307

Demographic Growth	Increase the residential and nursing budget to assist with pressure emanating from increases in demographic growth.	This supports those with the most complex needs, to live in residential and nursing homes, educing DTOC from hospital - improves hospital capacity to admit those who are acutely unwell.	283	283
Local Area Co-ordinators	Expand the existing programme to build on the successful implementation to date in Westfield, Tang Hall and New Earswick.	Local Area Coordinators evaluation has demonstrated effective prevention by helping people access community support, delaying and or preventing the need for statutory services.	30	45
Total			800	800

Annex C – Use of £457K non-recurring Government Grant

Scheme	Proposal	Benefit	2018/19 (£k)	2019/20 (£k)
Two residential or nursing beds for Step Down	Continued commissioning of 2 Residential or Nursing Care Beds for Step-Down.	Nursing home beds enable people with complex care needs waiting for long term care to leave hospital. Free up acute capacity	42	42
Community Micro Enterprises Project	Develop community led alternatives to traditional home care models through local small enterprises with greater community ownership.	Less reliance over time on traditional home care. Greater sustainability in the market through home grown approaches. More involved active community supporting local people with care needs. This contributes to the management of our cost pressures.	79	62
Yorkshire Housing volunteering service	Develop a volunteering approach to supporting people with low level care and support needs.	Reduced dependency on paid for home care model – cost effective. Improved capacity and sustainability in the home care market.	25	25
Home Share	Develop opportunities for individuals to stay with people who may need low levels of support in return for a reduced rent.	Help people retain their independence and live in their own home, Prevent or delay the need for formal care. Use spare accommodation as an asset	41	41
Shared Lives	Extend the shared lives scheme currently in place for those with a learning disability to other customer groups,	Provide an alternative, more family orientated personalised and cost effective service to people who risk being dependent on institutional care	27	27
Out of hospital Pathway Manager	Contribute to extending the Pathway Manager post until 30th September 2018.	Improve joint working and develop integrated pathways for those	46	0

Post		discharged from hospital. Focus on improving delays for people with complex mental health needs. Reduced delays promote increased independence,less reliance on bed based services and contribute to improved control of costs.		
Total			260	197
Cumulative Total				457