

Integrated Care Fund Project Brief

2015 – 2018

Project Name	Discharge to Assess – Craw Wood		
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Guidance on Project Brief

The purpose of this form is to give an outline on the key aspects of the proposal to the Integrated Care Fund for the continuation of the Craw Wood facility from October 2018 to 2019.

1	Outline project description <i>Please summarise the project in no more than 250 words</i>
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The paper presents the case for continued investment in this Discharge to Assess facility to enable it to remain open up until 31st March 2019.

In 2017, the Integration Joint Board approved the issuing of a Direction to NHS Borders and Scottish Borders Council to introduce a policy of “Discharge to Assess”. In December 2017, Craw Wood opened as a 15 bed Discharge to Assess facility after a period of refurbishment work.

Craw Wood is an assessment facility where people stay for a short period of time. These people must be over the age of 50 and be clinically ready for discharge from hospital. During their stay at the facility, an assessment of care and re-ablement needs is completed.

This enables the multi-disciplinary team to:

- gain an accurate understanding of the person and their strengths and critical needs
- consider the most appropriate place for a person to receive the care and whenever possible to support a person to return to their own home
- minimise delays in discharge for all people who, due to their health status or due to lack of available resources cannot return home at present

The facility is run by SB Cares, supported by input from local GP’s, AHP’s and the District Nurse Team when required. The facility is registered through the Care Inspectorate and valid until October 2018.

The facility opened on 4th December 2017 and quickly after this, opened a second wing and runs with a capacity of 15 beds.

There have been a total of 101 patients that have been discharged from the BGH and have used the facility. This has saved a total of 1980 bed days during this period assuming an average length of stay is 19.6 days for DME wards within the BGH. This would equate to a £259,380 saving if we take the average bed day cost to be £131. (Or the closure of five beds, if the performance was maintained.)

A number of patients who have used the Discharge to Assess facility have needed to be re-admitted to an acute Hospital.

Of the 101 patients who were in Craw Wood:	Number of Patients	Percent
Re-admissions less than 7 days	6	6%
Re-admissions less than 28 days	22	22%
Readmitted During stay at Craw wood	14	14%

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Over a longer period of time the outcomes of these patients will be able to be compared to the longer term outcomes of other patient groups to better understand long term benefits. What is indicative of this data is that the length of stay upon re-admission is shorter than those who have not been discharged via the facility.

The facility has sufficient funding to operate until the end of September 2018. We propose to continue to use the facility up to the end March 2019 to facilitate early discharge from hospital and on-going assessment of critical needs for both rehabilitation and support. Using the data and experience from 2017, it is proposed to flex the number of beds available within the facility to match the demand. The staffing compliment will be adjusted to match this need.

The table below illustrates how the facility will flex over the period, and demonstrates what the potential savings in occupied bed days would be is operating at full capacity.

Month	Oct 18	Nov 18	Dec18	Jan19	Feb 19	Mar 19	Totals
Beds	8	8	15	15	15	15	
Bed days available	248	248	465	465	420	465	2311
Max number of patients. <small>(CW length of stay 12 days)</small>	21	21	39	39	39	39	198
Length of hospital days avoided <small>(DME ward ave 19.6 days)</small>	412	412	764	764	764	764	3880
Operating full capacity, with a hospital bed costed at £131, the potential saving available is;							£508,280

The continuance of Craw Wood over the winter months of 2018/19 will significantly contribute to the alleviation of the winter pressures. It is forecast that this model could potentially offer a saving of no less than bed days from October 2018 to March 2019. Average cost of a hospital bed is £131 therefore a potential saving of £508,280.

2 Project's strategic fit (see guidance notes section 2) *Which Strategic objectives will it meet?*

IJB Strategic Plan Objectives

Improve the health of the population and reduce the number of hospital admission

The facility provides further recuperation for patients after their stay in an acute setting. The environment is more homely so more accurate assessment of needs can be undertaken. All of which reduces the likelihood of an acute readmission.

Improve the flow of patients into, through and out of hospital

The facility allows discharge from hospital when alternative support is not available. The evidence for the last winter months is that the facility was well utilised and the average throughput of patients was less than two weeks, which is exceptional in comparison with other similar facilities.

Improve the capacity for people to better manage their own conditions and support those who care for them

Through a more timely discharge from an acute setting, access to better assessment of need and a supported transition to a care home or their own home, these patients are more able to support themselves, and their carers are more able to care for their needs.

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3	ICF Conditions <i>Please give a description of how the project meets each condition for ICF?</i>
1.	Investment of the resource must be in line with the strategic commissioning plan and weight given within that to the key priority areas of reducing delayed discharges and unscheduled admissions
<p>The START Team within the BGH are focused on identifying patients who meet the criteria for being transferred to Craw Wood. This has a direct impact on the number of delayed discharges. Since December 2017, 101 patients have been discharged to Craw Wood, saving at least 1980 occupied bed days.</p> <p>It is estimated that the continuance of this facility from 1st October to 31st March 2019 operating at full capacity could provide a further saving of 3,880 occupied bed days if operated at full capacity throughout this period.</p>	
2.	Projects must have a positive measurable impact on delayed discharge numbers and occupied bed days
Please see data in Point 1 above.	
3.	Projects must deliver change which result in reduced costs
The use of Craw Wood as a Discharge to Assess facility has a reduction 3,880 occupied bed days, average bed cost being £131; this would amount to £508,280.	
4.	Projects must be evidenced based
Borders is an outlier in the provision of this type of service. All other areas have a similar model that supports early discharge.	
5.	Funding for each project will be non-recurring and each project must have a clear exit strategy
Over last winter, Craw Wood provided essential step down facilities for patients who would have been delayed within BGH. Until other initiatives planned within the community are fully operational there will be a need for the Craw Wood facility. Plans to introduce these new community facilities are underway and it is anticipated that Craw Wood will not be required beyond March 2019.	
4	Project Aims/ Achievements <i>Please give a high level description of what will success look like?</i>
<p>The investment will enable the continuance of the discharge to assess facility which will:</p> <ol style="list-style-type: none"> 1. provide timely discharge and assessment out with the acute hospital 2. remove the unnecessary need to stay in an acute hospital when medically fit and provide a realistic and practical assessment of need in a 'homely' setting 3. improve patient flow out of hospital, by having a clear pathway and criteria of patients able to use the service 	

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5 Project outcomes and benefits (see guidance notes section 3)
Please be specific about project benefits and outcomes – outcomes should be measurable

The benefits of this model include:

- A personalised assessment of need which looks at critical needs and also a re-ablement approach with the aim to maximise the early rehabilitation potential of the person during the early weeks of care
- Supporting individuals to develop their confidence and skills so that they can carry out activities themselves to enable them to continue to live at home.
- Support early discharge from hospital

Patient opinion who have been transferred to the discharge to assess facility:

'Felt comfortable and safe'

'Friendly staff, willing to spend time which makes me relaxed and comfortable'

'Everyone has been very helpful. I can't praise Craw Wood enough and would recommend it to anyone'

'Can't fault the facility'

6 What areas of the Borders will the project cover
Will the project affect the whole of the Borders or a specific locality, if so please state?

The project covers discharging patients from the BGH and from all areas of the Borders who meet the criteria.

7 Which care groups will the project affect? (see guidance notes section 4)

There are three pathways to admission to Craw Wood. In all instances the following six criteria must be satisfied:

1. The person must either retain capacity for making welfare decisions or the legal proxy for welfare decisions must have signed a letter of undertaking regarding the timely discharge of the person from the facility. The anticipated date of discharge will be advised to the person, their family and/or proxy by the support team at Craw Wood in conjunction with social work within 3 days of admission. Section 13ZA of the mental health act may apply for those patients meeting this criterion; final decisions on these cases will be the responsibility of the Chief Social Work Officer.
2. The person must be medically fit for discharge and not require on-going medical or nursing input on discharge from an acute medical bed and from a community hospital. This is because Craw Wood does not have nursing staff on site.
3. The person to be admitted must be an adult over the age of 50.
4. The person to be admitted must be able to transfer with a maximum of two carers.
5. The person must be transferred following the agreed discharge protocol.

8 Estimated duration of project
Please provide high level milestones and including planning and evaluation time

The project is currently operational. This request is for continuation of funds to March 2019, to cover the forthcoming winter pressures. SBCares are ready to increase the provision as requested within the timescale required.

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9 How much funding would the project need and how would it be spent? (see guidance notes section 5) Please break down into individual costs

In order to continue to run the Discharge to Assess Facility from October 2018 – March 2019 this will require funding of £411,102

10 What would happen if ICF didn't invest in the project?

- Detrimental impact on Occupied Bed Days
- Increase in Delayed Discharges
- Loss of flexibility and capacity for flow of patients
- Increase use of surge beds within acute care
- Loss of ability to assess need in a realistic environment
- Loss of accumulative benefits with other transformation change projects

11 How would the project release resources in order to sustain the project? What services would longer be provided or would be provided in different ways

Predicted saving based on:	
OBD Saved	3,880 days
<i>Sub-total saving</i>	£508,280
Less cost running facility from 1 st October 2018 – 31 st March 2019 (6months)	£411,102
Predicted saving (6months)	£97,178

12 How would you identify/ recruit staff to support the project?

Facility is operated by SB Cares, existing MDT to continue support the facility.

13 Would the project require dedicated project support from the programme team (see guidance notes section 6)

Project support would continue to be provided by the Better Borders NHS and the Council's transformational change teams.

**Please return this form to the Programme Team
Email: IntegratedCareFund@scotborders.gov.uk
Phone: 01835 82 5080**

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Appendix 1 – Annualised costs April 2018 – March 2019

	Detailed elements	WTE	HRS	Grade	1.0 wte Salary	Full Year cost Apr 2018- Mar 2019 (15 beds)	Full Year cost Apr 2018- Mar 2019 (8 beds)	
Care Staff	Senior Support Worker	3.4	119	7A	£32,912	135,197	135,197	
	Support Worker (days) - 8 beds	6.8	210	4D	£22,974		157,518	
	Support Worker (days) -15 beds	8.28	306.4	4D	£22,974	229,826		
	Senior Sleep Over payments (Nights)	10 hours per night at minimum wage					21,024	21,024
	Support Worker (nights) - 8 beds	4.3	133	4D	£22,974		99,774	
	Support Worker (nights) - 15 beds	4	148	4D	£22,974	111,027		
	Cleaner - 8 beds	0.38	14	1D	£17,657		6,161	
	Cleaner - 15 beds	0.5	14	1D	£17,657	8,106		
	Unit Admin	0.57	20	6A	£26,795	15,273	15,273	
	Allocation of management time	0.2	7	10A	£50,657	10,131	10,131	
	Team Leader	1	37	9A	£43,489	43,489	43,489	
	Agency Cost estimate provision					0		
	Total Staffing Costs						574,073	488,567
	Non-Staff Running Costs	HLP - Additional utilities/heating/lighting					38,000	38,000
Unit Consumables and admin expenses						10,000	10,000	
Equipment, fixtures and fittings						3,000	3,000	
Catering Costs						29,901	15,947	
Waste disposal						1,500	1,000	
Grounds maintenance						800	800	
Total Non- Staff Running Costs							83,201	68,747
Rent	Lease - Eildon					60,000	60,000	
TOTAL SBC/SE CARES COSTS						143,201	128,747	
NHS COSTS								
NHS Staff Costs	Staffing							
	GP Cover					25,000	25,000	
	OT					45,300	45,300	
	Physio					45,300	45,300	
	District Nurse					22,650	22,650	
TOTAL NHS COSTS						£138,250	£138,250	
TOTAL COSTS						£855,524	£755,564	