

Appendix 9 – Potential impact of BCT work streams on social care

	Proposals:	Leading to:	Impact on adult social care:
Urgent care	<p>A focus on demand, capacity management and prevention</p> <p>7 day working</p> <p>Focus on alternatives to admission</p> <p>Mobile technologies project</p> <p>Single points of access scheduling tool</p>	<p>Reductions in delayed transfers of care</p> <p>Reductions in length of stays</p> <p>Improvements in number of patients remaining home after discharge</p>	<p>Increased social care support may be required for the time patients would previously have been in hospital</p>
Frail older people	<p>These are contained within the three Better Care Fund projects</p>	<p>Reductions in admissions</p> <p>Reductions in delayed transfers of care</p> <p>Reductions in length of stays</p> <p>Reductions in falls</p>	<p>A wide range of interventions targeted at delivering against the targets set in the BCF working in partnership with CCG's across the area</p>
Planned care	<p>Decommissioning</p> <p>Shift to community based settings</p> <p>Repatriation of out of county outpatient and day case activity</p>	<p>Reductions in length of stay</p>	<p>Possible social care input in to pre-assessment for certain patient groups for example the frail elderly.</p> <p>Reductions in length of stay in an acute setting may increase the requirement for social care as patients move into social care settings more quickly.</p>
Children and young people, maternity and neonatal	<p>Consolidation of women's and neonatal services to be supported by a multi-disciplinary workforce that responds to</p>	<p>Ensuring the best possible start in life</p>	<p>Positive impact on demand for social care through improving children's prevention and early intervention and</p>

	Proposals:	Leading to:	Impact on adult social care:
	<p>changes in volume and complexity Improve the uptake of antenatal and parenting support</p> <p>Work towards achieving better perinatal outcomes Ensure neonates are cared for in the right cot and at the right time</p>		improving health and well-being of mothers, children and young people.
Long term conditions	<p>Promoting prevention, self-care, improving rehabilitation for patients Adoption of a Chronic Care Model Pathway review Service integration Introduction of PRISM Increased use of electronic referrals</p> <p>Up to one hour of generic social care support per patient per day may be delivered through the ICS model, depending on patient need</p>	<p>Integrated pathways Reduced health inequalities Improved experience of care Care provided in appropriate cost effective settings</p>	<p>Will have positive impacts on local social care Demand in the long term. As we move towards a greater emphasis on prevention and self-care Local authorities will need to support and the refocus</p>
Mental health	<p>Refocus the crisis response team</p> <p>Commission a new crisis house</p> <p>Improve flow through the inpatient service</p> <p>Commission a step down service</p> <p>Remodel CMHT's to</p>	<p>People should move through recovery to greater independence.</p> <p>Some will move into social care settings more quickly whilst others may avoid or move through social care more rapidly</p>	<p>The net effect will need to be assessed.</p> <p>Positive impact on social care, in reducing the time social workers spend on assessments and developing care packages. In particular Inpatient beds should be</p>

	Proposals:	Leading to:	Impact on adult social care:
	<p>strengthen support to primary care focus on people with a clinical need</p> <p>Social prescribing – 3 pilot sites</p> <p>MH first aid</p> <p>Mindfulness programme</p> <p>5 ways to well being</p> <p>Increasing recovery college sites</p>	<p>Earlier sustained discharges from statutory care, improved clinical outcomes and reduced use of secondary care costs</p>	<p>available to AMHPs when required as well as a PSAU that meets the required standards for all ages.</p> <p>A need to align health and social care commissioning particularly with the VCF Sector</p>
Learning disabilities	<p>Outreach - create a Multi-Disciplinary Outreach team increased from 5 day to a 7 day service supported by realigned pathways</p> <p>High cost placements review – all high cost placements to be reviewed and Care</p> <p>Funding Calculator applied to health</p> <p>Short Breaks – redesign</p> <p>Improve Health and WellBeing – engage the VCF Sector in health facilitation</p> <p>Market Position statement – a shift from residential and acute settings to community based provision</p>	<p>Reduced stays in hospital</p> <p>Potential reduction in CHC funding</p>	<p>Will lead to an increase in care and support required within the community</p> <p>Potential for Continuing Health Care Packages to cease leading impacting on Council Care Budgets</p> <p>Will lead to increased demand for community based social care</p>

	Proposals:	Leading to:	Impact on adult social care:
	Circle of support – a team to provide User led support		
End of life care	<p>Early recognition of patients in the last year of life Care planning</p> <p>Provision of appropriately co-ordinated 24/7 care for people at the end of life and those who are important to them</p> <p>Anticipatory medicine Strategic partnerships with the VCF Sectors Education – a lead GP in every practice</p>	Better support when life comes to an end	Possible increase in social care packages as a result of shifting from fast-track CHC route (social services will have access to unified care plans).