

Swansea Bay University Health Board

MH and LD Delivery Unit Continuing Health Care Improvement Plan

STATUS - **UNAUTHORISED DRAFT** . Issue date: Date January 2020

Work Stream 1- Analysis of the problem

Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost improvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
1	Review the current budget allocation for 2019-20	UND	30-Apr		Confirm if budget allocation is appropriate for population needs		Budget allocation for 2018/19 was set below that which was required for the costs of existing packages and placements. In addition to this there has been further growth of activity.	LOW
2	Review the benefits of the newly established Locality Scrutiny panels	Locality Manager and Finance Manger	30-Mar		For the localities to increase their understanding of the needs being requested and what should be commissioned going forward to meet some of this need.			
3	Undertake review of Demand	Locality Manager/ Finance Manager and CHC Service Manager	01-Jun		Confirm the drivers which contribute to cost	Reduce waste, variation	Demonstrated that growth in depend and requirements to expedite flow have increased the growth in CHC spend	LOW
4	Undertake risk assessment and place on Unit Risk Register	Locality Manager	31-Jan			Ensure risk is registered	Identified as High Risk 20 (ID2027) NHS care is commissioned in community under the Adult NHS Funding Framework. The budget allocated to commission care is below that which is required to meet the demands for community care. Funding is insufficient to enable the unit to support the strategic objective to improve patient flow and support care closer to home.	LOW
5	Undertake review of scrutiny and funding application/brokerage proces for different levels of support packages/placements	CHC Service Manager/ Locality Managers/relevant LA leads	01-Apr		Confirm and agree process with Health & LA partners	Good Governance. Reduce waste, variation	Demonstrate all the key scrutiny roles are in place and operating correctly. Improve quality of information provided for clinical and finanacil decsion making	LOW

Work Stream 2 - Strengthening Scrutiny & Assurance

Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost improvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
6	Scheduling of agreed reviews in the Locality Scrutiny panels for updates on packages/placements	CHC Service Manager	01-Jul		Most cost effective provision to meet needs	Reduce waste, variation	Assessment timescales met in line with All Wales framework and CTP reviews under the Mental Health Measure	LOW
7	Continue with the expansion of the CHC Long Term Care team in line with funding from IBG submission and enable support to localities and increased review and right sizing work.	CHC Service Manager	01-Apr		Ability to complete comprehensive reviews of placements and right sizing	Reduce waste, variation	Ability to manage the current demand and support the wider clinical teams	LOW
8	Report position of CHC budget and plan through Delivery Unit SMT meetings, Board, Performance and Finance Committee and Corporate Financial Management group.	Locality Manager and Finance Manger	01-Apr			Improve assurance and governance oversight	Ensure good governance	LOW
9	Review the Charter development by KPMG to establish how to implement the Charter actions across the service	Locality Manager and Finance Manger	01-Apr					LOW
10	Appoint to the Right sizing posts from the ICF funding to establish the right sizing reviews as part of the individual reviews completed by all members of the CHC Long Term Care team, inceasing the capacity for the right sizing reviews in addition to 6 above.	CHC Service Manager	01-Jun		Ability to complete comprehensive reviews of placements and right sizing	Reduce waste, variation. Improve assurance and governance oversight	Ensure good governance	LOW
11	Close working with local authorities in respect of pricing and uplift of packages of care and challenge to providers on cost structure	Finance Manager	01-Apr		Containment of inflationary pressures	Value for money	Reducing impact of inflationary increeases.	LOW
12	Appint to the Contracting Manager post	CHC Service Manager	01-Apr		Ability to lead on contract development and negotiation with providers and help manage the market	Reduce wast, variation. Improve assurance and governance oversight	Ensure good governance and compliance with contract and commissioning requirements. Contracting Framework supported by good management and monitoring of non NHS services.	LOW

Work Stream 3 - Cost Containment Actions								
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost improvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
13	Confirm and agree plan with Unit and Executive Senior leadership Team	COO	30-Sep			To ensure that appropriate governance and authorisation has been received.	Ensure good governance	LOW
14	Revisit our SPAM referral pathway for patients requiring placements from the community to Access NHS beds	All Locality Manager and Medical Director	01-Jul			Ensure all parties are aware of the referral and management process, with clear documented justification when these facilities would not be appropriate.	Changes are correctly communicated	LOW
15	Consider options around potential to 'cap' number of placements and impact of this on system	Senior Management team	To be Authorised		Would manage and limit costs in the short term			HIGH
Work Stream 4 - Transformation								
Ref	Key Deliverables / Milestones	Lead	Completion Date	Action RAG Report	Cost improvement Rationale	Governance Rationale	Expected Outcomes	Risk to USC Targeted Intervention
16	Establish a working group with both Local Authorities in relation to potential alternatives to current arrangements regarded funded care such as pooled budgets etc.	TBC	TBC		Could potentially have costs benefit saving in relation to packages/placements but also in relation to clinical staff time in relation to current process for submission of requests.	Potential improved monitoring and review arrangements.		HIGH
17	Scope opportunities for MHLD and PCS to work more collaboratively when commissioning and managing more complex patients	Locality Managers and HON in Primary Care	01-Jun		Collaborating and maximising resources between both Units can improve outcomes for patients and potentially offer greater opportunities to influence the sector	Reduces the need for cost containment actions which can impact flow	More effective working between Units	LOW
18	Scope for opportunities in relation o combining current commissioning and contracting posts within MHLD and PCS	Locality Managers and HON in Primary Care	01-Sep		Collaborating and maximising resources between both Units can improve outcomes for patients and potentially offer greater opportunities to influence the sector	Provides more robust scrutiny and governance arrangements	More effective working between Units	LOW
19	Review the market position statements with in the Local Authority Areas and refresh the joint Commissioning Strategy	Locality Managers for their areas	01-Sep		A clear strategy will support providers to understand the changing needs of the population and support fee negotiations	The sector will be resilient and responsive to changing need	Care sector provision to meet population needs	LOW
20	Implement more robust systems jointly with the LAs in relation to reviewing current provision of supportive living and residential placements across the areas.	Locality Managers/Finance Manager/CHC Service Managers	01-Nov		Up to date monthly data in relation to current provision, occupancy, voids etc. Should potentially reduce costs by enabling step down from higher level of provision	Improved joint governance arrangements in place and potential better reviews of placements and patient/carer experience		LOW