

APPENDIX 1

Proposals for spending the grant in 2017/18

Scheme	Detail	Funding in 2017/18 £ ,000	Grant conditions		
			Meeting needs	NHS/ hospital discharge	Market
Extra nursing home capacity for complex needs	Conversion of all or part of Holcroft House residential care home to offer nursing in addition to residential care (subject to feasibility and registration); and/or commission additional capacity in private sector. This would not involve moving any existing clients from the premises	1,500	✓	✓	
Meeting increased demand and complexity	Additional investment to meet an increase in demand and complexity over and above original forecasts	1,000	✓		
Stabilising the provider market – workforce, home care and nursing	Additional investment to provide extra training and career development for carers; to consolidate increased domiciliary care capacity; and to support financial stability in the nursing home sector	850			✓
Speeding up hospital discharges for people with complex needs	Investment to support the complex discharge pathway, a discharge to assess scheme for Continuing Health Care (CHC) and an assess at home scheme covering the Royal South Hants (RSH) hospital	500	✓	✓	
Establish a dedicated Direct Payments Team	A new dedicated team working across the Council and Integrated teams to increase direct payment uptake, increasing choice and control and improving outcomes, including people leaving hospital	350	✓	✓	
Weston Court replacement care/short stay scheme	Working with a domiciliary care agency to provide support required to utilise existing facilities for replacement care, short stays, including for people with a learning disability, and to support hospital discharge	250	✓	✓	
Accelerating the extra care housing programme	A pump prime fund to accelerate plans for increasing the local supply of extra care housing, which leads to better outcomes in a more cost effective way when compared with residential and nursing care	250	✓		

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			Meeting needs	NHS/ hospital discharge	Market
Expanded 7 day social care operation in the hospital discharge team	To support discharge of individuals with complex needs from University Hospitals Southampton at the weekend	130		✓	
Enhanced social care out of hours service	To help prevent hospital admissions and support hospital discharges	100	✓	✓	
Care Technology Coordinator post	A dedicated Care Technology Coordinator working across Council and Integrated Teams to sustain an increase in referrals, supporting independence, preventing admissions & supporting timely discharges	50	✓	✓	
TOTAL		4,980			