Scottish Borders

Integrated Care Fund Project Brief

2016 – 2017

Project Name	Transitional Care Facility		
Project Owner	Murray Leys	**Application Main Contact**	Murray Leys
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Guidance on Project Brief

The purpose of this form is to give a brief outline on the key aspects of the proposal to the Integrated Care Fund 2015-16 following discussions at the Integrated Care Fund Workshop on 27th January 2015.

Please refer to the accompanying guidance notes for more information on the Integrated Care Fund (ICF) when completing this document.

1 Outline project description

Please summarise the project in no more than 250 words

The majority of individuals leaving hospital will return to their own homes and do so without issue. However, individuals with more complex care or support needs may have experienced delirium, loss of confidence and loss of independence in hospital, making it more difficult to return home.

The Scottish Government is committed to significantly reducing the number of people awaiting a move from hospital wards to more appropriate settings. Delays in discharge from hospital can occur for a variety of reasons, but are usually due to a lack of appropriate care or services available. In order to improve outcomes for people who have been hospitalised, it is necessary to have robust systems in place to facilitate a safe and timely transition from hospital to home (e.g.) a Transitional Care Facility.

The purpose of a Transitional Care Facility is to provide short-term, directed support to individuals (over a maximum 6 week period) to enable them to return to their homes. Without a facility such as this, the outcome for individuals may be increased dependency, increase packages of care and potentially residential care. A transitional unit of 16 beds is being created at Waverley Care Home (Galashiels), with works due to be completed by 31st December 2016 – these works will create 16 modern en-suite rooms, along with upgraded kitchen facilities, sluice facilities and nurse call system.

The purpose of this ICF bid is to secure the funding to staff the transitional facility with a multi-disciplinary team, whose primary focus is to ensure that individuals admitted to the unit receive all the support required enabling discharge to their own home within 6 weeks.

2 Project's strategic fit (see guidance notes section 2)

Which ICF local four priority areas and Scottish Government ICF principles will it meet?

Four priority areas

(mark 'x')

Health improvement	X	Community capacity building		Access to services	X	Early intervention and prevention	X

Scottish Government ICF principles

(please describe how your project will address these)

Co-production	The creation of a Transitional Care Facility has been discussed at length by SBC, NHS and SB Cares colleagues and a preferred approach identified.
Sustainability	In large part, this proposal will contribute to achievement of discharge targets, but the aim is to also produce improved outcomes for individuals, increased independence and reduced levels of care packages required for them to remain in their own homes.

Locality	A Central Borders location is proposed, but this will cover the entire Borders population. It can also be used as a test of change to establish any future requirement for local provision of this nature.
Leverage	There are strong links between this proposal and the Enablement ICF bid
Involvement	The proposed 'Model of Care' has been developed by a group comprising reps from SBC, NHS and SB Cares.
Outcomes	Successful implementation will result improved outcomes for individuals, where independence is increased and long-term care requirements are reduced. Successful delivery of transitional care will also contribute to the achievement of discharge targets.

3 Project Aims/ Achievements

Please give a high level description of what will success look like?

The 'Model of Care' for the transitional facility has been developed by representatives form SBC. NHS and SB Cares. The aim of the project is to ensure that there is sufficient staffing in place within the facility to deliver this model. The facility will cater for individuals who have received hospital treatment, who now no longer need hospitalisation, but who have assessment and/or rehabilitation requirements preventing them from immediately returning to their own homes. In summary :

- Prior to submission to the facility, all individuals must have a care plan in place.
- This plan must demonstrate that each client (with support) is capable of returning to their own homes within 6 weeks.
- The care plan will be available to transitional facility staff from Day 1.
- Admission to the Transitional Facility will be controlled by the Facility manager
- Discharge form the Facility will be by agreement of the multi-disciplinary staffing team

The full detail of the 'Model of Care' will be presented separately, but the staffing requirement for the facility includes:

- GP cover
- District Nurse - [2.0 FTE]
- AHP support (OT, Physio and speech therapy) – [2.25 FTE]
- Additional care home staff
- Additional equipment from OT store

…at an estimated cost of **£258,500** per annum, and total cost to ICF, over a two-year period including project resource, of £532.0k

4 Project outcomes and benefits (see guidance notes section 3)

Please be specific about project benefits and outcomes – outcomes should be measurable

The critical success factors are:

4.1) That individuals admitted to the facility can transition back to their own homes
(Measure : % of individuals returning to their own homes within 6 weeks of admission)

4.2) That individuals who return home, stay at home
(Measure : % of transitional unit individuals readmitted to hospital within 6 months discharge)

4.3) That individuals remain as independent as they were prior to their admission to hospital
(Measure : % of transitional unit individuals requiring more care than was required prior to their admission to hospital)

5 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 Transitional facility will be based in central-Borders but will cater for individuals from Borders-wide. Proportionately central-Borders has higher hospital admissions and discharge rates than other Borders localities, making Waverley (Galashiels) an ideal location for a facility such as this.

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

All adults, but particularly older people.

7 Estimated duration of project

Please provide high level milestones and including planning and evaluation time

- ICF/IJB approval : September 2016
- Staffing/recruitment : November 2016
- Full completion of Waverley (16 bedrooms) : January 2017
- Transitional Care Facility up and running : from January 2017
- Review of unit : March 2018

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

The project requires revenue funding for staffing to cover:

Funding Type	2016/17 (£'000) *3mths*	2017/18 (£'000) *12mths*	2018/19 (£'000) *9mths*	
Model of care staffing	64.6	258.5	193.5	
Project Resource	7.5	7.5	0	
	72.1	**266.0**	**193.5**	**531.6k**

Notes :

- Project resource is required for initiation, communications, implementation and review.

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

If funding is not secured then the long-term outcomes for individuals will not improve, requiring additional resource to fund increased packages of care. There may also be risks to achievement of the Government discharge targets.

10	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*

There are already many claims to proposed savings across Health and Social Care. However, if the Transitional Unit project delivers successfully it will impact on the budget required for commissioning flex-beds during the winter 'surge', it will impact on the budget required to fund long-term, complex packages of care and it will impact on delayed discharge. The proposed review of the unit in March 2018 will determine exactly how it has impacted on each of these areas. On the back of this, a strategic decision will be required to either allocate defined budget for the unit or to close the unit down (i.e.) to return the upstairs of Waverley to residential care.

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

Murray Ley's is leading on defining the 'Model of Care' and will also lead on the recruitment of staff.

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

Yes - it is anticipated that project resource is required for implementation and communications

Please return this form to the Programme Team by 12pm, Friday 27th February 2015
Email: ReshapingCare@scotborders.gov.uk
Phone: 01835 82 5080