



INTEGRATED CARE FUND UPDATE - March 2017

Aim

- 1.1 The aim of this report is to provide the Executive Management Team (EMT) with a brief update on the Integrated Care Fund (ICF) as well as seek approval for funding for three further proposals.

Background

- 2.1 The ICF was first allocated to the shadow partnership in 2015/16 with the award of £2.13m per annum (2.13% of £100m p.a.), a total allocation of **£6.39m** over the 3 years of the programme. Between 2015 and 2017 a number of projects have been approved with a combined spend of **£683k** over this time. Analysis of the spend to date is detailed in **Table 1**.

Table 1 – Summary of ICF Projects Approved to Date

Approved Projects		Approved
1	Community Capacity Building	£ 400,000
2	Independent Sector representation	£ 93,960
3	Transport Hub	£ 139,000
4	Mental Health Integration	£ 38,000
5	My Home Life	£ 71,340
6	Delivery of the Autism Strategy	£ 99,386
7	BAES Relocation	£ 241,000
8	Delivery of the ARBD pathway	£ 102,052
9	Health Improvement (<i>phase 1</i>) and extension	£ 38,000
10	Stress & Distress Training	£ 166,000
11	Transitions	£ 65,200
12	Delivery of the Localities Plan (18 mths)	£ 259,500
13	Locality Managers x 1 locality for 1 year	£ 65,818
14	H&SC Coordination x 1 locality for one year	£ 49,238
15	Community Led Support	£ 90,000
16	The Matching Unit	£ 115,000
17	RAD	£ 140,000
18	Transitional Care Facility	£ 941,600
19	Pharmacy Input	£ 97,000
*	Programme Delivery	£ 580,458
Total		£ 3,792,552

*Please note: additional resources have been required in order to provide data analysis for the development of the Strategic Commissioning Plan, Annual Performance Reporting and to complete the Pathways Analysis

Update

- 3.1 The remaining ICF balance is **£2.597m**. A decision was ratified by the Integration Joint Board (IJB) in December 2016 to close the ICF to new bids in order to enable the EMT, with IJB ratification, to direct funding to deliver transformational and strategic priorities – primarily focusing on the care pathway, dementia and transformation. Proposals for funding to support these key priority areas will be presented to the IJB for ratification over the coming months.
- 3.2 Subsequent to this, there are three further proposals for ICF funding which are in line with the Partnership’s key priorities and which represent a further spend approval of **£223k**. A summary of these proposals is detailed in **Table 2** below:

Table 2

Proposed for Approval			
20	GP Clusters Project	£	50,000
21	Pathways		
	Domestic Violence Pathway Project	£	120,000
	Care Pathways and Delayed Discharge consultancy	£	7,000
22	Alcohol & Drug Partnership Transitional Funding	£	46,000
	Total Additional Funding Requirement to 31.03.17	£	223,000
	Budget	£	6,390,000
	Resource Remaining Uncommitted	£	2,374,448

GP Clusters Project

- 3.3 In October 2015 the Scottish Government announced that the Quality and Outcomes Framework which had been a fundamental part of the Scottish GP Contract was to be dismantled. In its place, Scottish Government has introduced Transitional Quality Arrangements (TQAs) – at the core of this approach is the establishment of GP “cluster working” which will be closely linked to the health and social care integration agenda. Indeed the expectation is that GP practices and GP clusters will have oversight and direct involvement in improving the quality of all health and social care services provided to patients registered within their locality.
- 3.4 Local GP practice, professional and advisory structures in liaison with health and social care were tasked with identifying appropriate cluster formation and in Scottish Borders the proposal is for 4 clusters – East, West, South and Central. Each GP Practice is required to have a Practice Quality Lead (PQL) which, apart from any work requested beyond what is specified in the GP contract, will be funded as part of core GMS resource.
- 3.5 Partnerships are also required to have Cluster Quality Leads (CQLs) in place and operational by 1st April 2017. This role is critical in terms of filling the existing gap in GP engagement and participation as the Health and Social Care Partnership makes progress towards delivering its strategic objectives and locality plans.
- 3.6 The national guidance states that the CQL posts will not be funded through core GMS resource and will require funding from out with the GMS funding envelope.

Enquiries have been made to Scottish Government about opportunities to use the Primary Care Transformation Fund (PCTF) to support these roles in Borders but the response has confirmed that the PCTF cannot be used for this purpose, although it has been confirmed that training and development support to the posts can be provided by it.

- 3.7 It is proposed to utilise ICF funding to establish the CQL posts at 2 hours per week per post and to assess capacity levels against their remit over the initial 12 month period. The cost of this would be circa £50k over one year.

Domestic Abuse Service Pathway

- 3.8 The Pathway Project brings together the key services required to develop a coordinated community response (CCR) to addressing domestic abuse in the Scottish Borders.

- 3.9 The project has three main elements:

- 1) Domestic Abuse Advocacy Support (DAAS) service;
- 2) Domestic Abuse Community Support (DACS) service ;
- 3) CEDAR Groupwork programme.

- 3.10 The DAAS service receives referrals for all victims but actively works and case manages the highest risk victims working to risk assess and safety plan with victims, providing crisis intervention, advocacy and referral on to DACS.

- 3.11 The DACS service is the long term support, community outreach service, commissioned to Children1st and provides practical and emotional support to adults and children. This service works with the medium to low risk cases, across the five localities in the Scottish Borders

- 3.12 The CEDAR Workgroup programme delivers a 12 week group-work programme for mothers and their children to recover from and rebuild their lives after domestic abuse

- 3.13 The main funded outcome for the Pathway:
More individuals who are affected by domestic abuse in the Scottish Borders have increased access to a more comprehensive range of support services.

There are two key outcomes for service users of this project:

- Survivors of domestic abuse feel safer, better supported and more resilient by having increased access to new and improved support services.
- Survivors of domestic abuse feel more supported and empowered to influence and shape services to meet their needs.

- 3.14 The current funding for the Pathway project ends in March 2017. A Big Lottery Funding application is in process and initial feedback is positive, but this requires confirmation of match funding. This project has requested £40k in 2016/17 and in each of the following 2 years to contribute to the match funding required for the Big Lottery Application. The total funding requested is £120k.

- 3.15 It is recognised that further work is required to redesign domestic abuse services to ensure a sustainable service will be available at the end of this funding period.

Alcohol and Drug Partnership (ADP) Transitional Funding

- 3.16 In 2017/18, the Alcohol and Drug Partnership forecasts recurring commitments of £1.283m against a Scottish Government allocation of £1.050m, a shortfall of £0.261m. This pressure is directly attributable to a reduction in the ADP funding to partnerships as part of the Scottish Government's Health Board allocation. Over the last year, the ADP has put in place a range of measures aimed at reducing its expenditure profile. In 2016/17, the IJB agreed to the direction of £220k to fund on a non-recurring basis, the shortfall on resources pending redesign of the service. This followed a programme of savings identified by the partnership itself being implemented.
- 3.17 The ADP has identified and implemented additional savings to further mitigate the current gap and following a number of discussions with the Executive Management Team, has committed to implementing a redesign programme that will deliver £136k savings next financial year. To enable this, EMT has recommended the non-recurrent direction of a further £46k of transitional funding from the ICF in order to allow further work to be taken forward by the ADP to work with commissioned service providers in developing a new model of delivery following service redesign. A report will be brought back to the EMT in early June 2017 on the outcome of this redesign work and reported to the IJB thereafter. If unsuccessful, a more radical programme of savings through service rationalisation will require consideration.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the current expenditure position of the ICF.

The Health & Social Care Integration Joint Board is asked to **ratify** proposals for further ICF funding.

Policy/Strategy Implications	The programme is being developed in order to enable transformation to new models of care and achieve the partnership's objectives expressed within its Strategic Plan and national health and wellbeing outcomes
Consultation	The recommendations to the IJB have been made following consultation with a wide range of stakeholder representatives through the ICF Executive Management Team.
Risk Assessment	There is a risk that if funding for the domestic abuse project is not provided, then significant external funding will be lost to the Health and Social Care Partnership. Without funding for the Drug and Alcohol Partnership's transitional period of redesign, there is a risk that outcomes will be

	adversely impacted and targets will not be met.
Compliance with requirements on Equality and Diversity	There are no equality implications associated with the proposals
Resource/Staffing Implications	The proposals approved within the programme to date will be funded from the ICF grant allocation over its life

Approved by

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